

Short Communication

Essential health services during COVID-19: an unidentified lead

Hannah Jose, Vineet Kumar Pathak*

Department of Community and family Medicine, All India Institute of Medical Sciences, Raipur, Chhattisgarh, India

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***Correspondence:**

Dr. Vineet Kumar Pathak,

E-mail: pathakvineet2089@gmail.com

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ABSTRACT

The struggle against COVID-19, which once started as an amicable endeavor with an anticipated climax has now turned into an unending, mysterious puzzle with lesser hope. What impacts more is the deficiency of financial backups in the health sector, for such an unexpectedly long duration. All these are pointing us towards a more sustainable, cost-effective method to fight against COVID-19, where the daily health and lifestyle of people are also considered. Maintenance of provision of essential health care services is important and urgent since this is the only way to decrease the indirect morbidity and mortality from other health conditions, thereby preventing the health system from collapse. Various new reforms have been made in health policies of different vulnerable groups including, people living with chronic diseases, the elderly, children and mothers, and pregnant women. To avoid the re-emergence of vaccine-preventable diseases and also future similar contagious diseases, reforms are also made in immunization services. Implementation of these amendments in the health care sector is a need of the hour and it demands a broader perspective with a long-term goal. Further, identifying gaps for innovative initiatives in the same direction are also to be welcomed, for a sustainable post-COVID-19 phase.

Keywords: COVID, Essential health care, Health policy reforms, Advisory

INTRODUCTION

The COVID-19 (Coronavirus disease-2019) pandemic has left our health system in a perplexed situation with the pandemic on one side and the essential health care services on the other side. Since the beginning of the pandemic, we are having three main priorities; first, to prepare for, and respond to the spread of the virus itself; second, to protect the health care workers from the infection and third to keep existing essential medical services up and meet the expectations of the public.

The real picture of a pandemic affecting millions is novel and scary for most. Adding to this panic, are the knowledge gaps about the virus, which makes the response cumbersome and out of hand. To be fair and square, now our health system is being channelized to handle an out of box pandemic in the most feasible

manner, compromising the essential health services to diseases which were once under clutches. Therefore, in most places in our country, the balance between these two priorities got shattered amidst the struggle. Additionally, health seeking may also be deferred due to the stigma related to the disease, non-separation of COVID-19 and Non COVID-19 health facilities and also inevitable infection prevention and control measures like physical distancing.

Maintenance of provision of essential health care services is crucial since it will minimize indirect morbidity and mortality from other health conditions like vaccine preventable and treatable diseases. Seeing the health crisis from a broader perspective, it is advisable to make more long-term stable decisions to balance both the rising demands of COVID-19 along with strategic planning to maintain essential health service delivery. This

coordinated action will undoubtedly help in mitigating the risk of system collapse and making the post COVID-19 phase a better one to live.

WHAT ARE THE ADDED REFORMS IN DIFFERENT HEALTH PROGRAMS?

Advisory for those with chronic diseases

Evidence indicates that chronic diseases play a major role in the rapid physical declines that contribute to morbidity and mortality. Low- and middle-income countries (LMIC) like India continue to experience a double burden of disease, with high rates of both communicable and non-communicable diseases. This is an alarming and bitter fact, which is a consequence of the epidemiological transition. The daily lifestyle, which most of them were already advised by their doctors before this pandemic, itself holds to be the most important weapon against this fight too. These measures are not unfamiliar, but reinforcing them again in your daily life, can be an attempt worth it. This includes, including nutritious food items in the diet, avoiding or minimizing smoking, alcohol and other drug addictions, and additionally, carrying out routine physical activity. Also, taking vaccinations for respiratory illnesses and supplement tablets for boosting immunity are also being advised.

Advisory for elderly

Geriatric population with chronic medical conditions is expected to be extra careful during this phase. Along with the normal infection prevention and control measures, there are certain added specific things which have to be followed by the elderly. Senior citizens above the age of 60 years face an increased risk in COVID-19 times, due to the presence of both co-morbid conditions and low immunity. Going to hospital for routine check-up or follow up is now not expected. Elderly people can either rely on other healthy young family members to get medicines for them or they can utilize the tele-consultation services. Also, there are some home care centers, which are taking special initiatives to provide the essential health care services for the venerable. Additionally, the older people should be specifically educated not to self-medicate because it may lead to unexpected consequences and hospitals visits. Going to crowded places like markets and religious places should also be avoided.¹ Care givers should be extra cautious while taking care, by washing hands frequently and by providing the elder person, good nutrition including immune boosting food items and plenty of oral fluids (with monitoring in those with kidney or heart disease).

Advisory for people living with TB

People living with TB (Tuberculosis) constitutes a major proportion of population in countries like India. Certain reforms should be pointed out specifically here, since

these are taking us back to where we have started. Directly Observed Treatment Short Course, which was itself brought upfront to improve medication adherence, is now being compromised. Presently, health care workers should ensure that patients are getting adequate TB medicines during their visit to take home, so that they will not run short of medicines till the end of their treatment. These alternative arrangements should be made to reduce visits for TB follow-up for the patients and to avoid exposure to other clinic attendees. It is critical that TB services are not disrupted during the COVID-19 responses. The risk of death in TB patient may approach 50% if left untreated and may be higher in the elderly or in the presence of co-morbidity.²

Reproductive, maternal, newborn, child, adolescent health plus nutrition

With more than 2.5 crore pregnancies each year in the country, Reproductive, Maternal, Newborn, Child, Adolescent Health Plus Nutrition (RMNCAH+N) services during COVID-19 pandemic is of paramount importance since this can minimize the increase in secondary maternal and neonatal morbidities and mortalities. Additionally, refutation of these services now, can be detrimental later, since it can increase the health care costs marginally in the post COVID-19 phase. The reforms are made with respect to the available evidences about the effects of the pandemic in the concerned vulnerable population, thereby to ensure their safety. In the guidance note on provision of RMNCAH+N services during the pandemic, it elaborates these services at different levels in accordance with the zonal categorization of containment zones and buffer zones and beyond these zones.³

Beyond buffer zones, all services should be carried out as per the previous guiding principles, but special precautions should be taken to avoid crowding and to provide infection control measures. In the containment and buffer zones, antenatal care and family planning services should be provided on demand to walk in beneficiaries. Any woman with a routine appointment delayed for more than 3 weeks is to be contacted. House to house visit conducted by Health Workers/ASHA/ANMs for COVID-19 purpose should be utilized to enquire about antenatal services required.

Among the antenatal care, high risk pregnancies should be line listed for tele-consultation services. Tele consultation is also put into use for the post-natal care and adolescent health care in containment and buffer zones. All health facilities should continue providing delivery services and birth dose immunization, irrespective of the zone. In case of babies in containment and buffer zones, services to sick new born (irrespective of COVID-19 status) should be provided in the nearest SNCU (sick newborn care unit) and for sick severely acute malnourished babies, in the nearest NRC (nutritional rehabilitation centre). Referral services

should be utilized when necessary. All other services should be carried out as per the preexisting guidelines and by exploring the telemedicine options.

The consequences of an uncoordinated strategy are now getting reflected in many health-related spheres. The Pune-based serum institute of India (SII), which produces 1.5 billion dosages of antibodies yearly, has contacted the drug controller general of India (DCGI), featuring the troubles and challenges, in proceeding with and directing clinical preliminaries of three of its non-COVID-19 immunizations; Tdap, hexavalent immunization and quadrivalent human papillomavirus vaccine (HPV)⁽⁴⁾.

Due to the COVID-19 pandemic, the clinical preliminary exercises are getting limited, thus influencing new enlistment of subjects for the same. According to the chief executive officer, SII, this is mainly because the subjects are terrified to seek further catch-up visits. The resulting dosing of the enlisted subjects and the follow-up visits have been postponed, affecting the conventional immunization plan.

PLAUSIBLE SHORT TERM AND LONG-TERM CONSEQUENCES

What is appropriate for LMICs, given existing disease burdens and limited resources, is now thoroughly studied with the help of modeling expertise. To quote an example, specific benefits of service interruptions during COVID-19 is weighed against benefits of continuing services, and the health impacts are compared for better decision making in public health emergency. Serious backsliding on major areas of progress in global health may occur as a result of secondary morbidity and mortality. The marginalized, vulnerable, and poor will be the most affected by the long term and short-term harms. The new patients who need to be taken care are completely unidentified in all sectors during this phase.

The plausible risks in various sections are

TB and HIV

India had already reported an 80 percent decrease in daily TB notifications. The threats of interrupted access to Anti-Retroviral Therapy (ART) and TB treatment are increased mortality among people living with HIV or TB; increased transmission due to less viral suppression among those already on treatment; and treatment interruption potentially contributing to a rise in drug-resistant virus.¹⁻³

Non-communicable diseases (NCD)

People living with chronic diseases are having an increased risk of severe COVID-19 and the indirect harm due to NCD care disruption. Since the severity of chronic disease is time bound, compromising on the present quality or quantity of care to these patients, can be

retrogressive now and detrimental later. Special care should be taken for mental health, since the present life conditions can induce mental instability.

RMNCAH+N and immunization

Globally, around 200 million women are pregnant each year, 90 million give birth in health facilities, and another 700 million rely on access to modern contraceptive methods.⁵ Disruption of these services can cause backsliding of the system increasing the secondary morbidity and mortality. Management of sexually transmitted infections (STIs) is also being compromised due to supply shortage of contraceptive commodities or medications. Recent tremendous progress made by expanding coverage of essential sexual and reproductive health services, has shown significant reductions in maternal and neonatal deaths as well as unintended pregnancies. Similarly, delays in immunization services to slow the spread of COVID-19 may result in an increase in morbidity and mortality from vaccine-preventable diseases, such as measles, cholera, HPV, yellow fever, and meningitis. Other long-term consequences like reduction in herd immunity and wider community transmission of infectious diseases can also occur.

Loss of frontline workers who are a critical resource to meet all health needs, during COVID-19, can lead to an acute shortage, post this phase.

Recommendations

Even though controlling the spread of COVID-19 is in the top of the priority list, a balanced mitigation strategy can make the whole process a sustainable one. Separating the health facilities and if needed, the whole system into COVID-19 and Non COVID-19 can make it more organized and effective. This can restore the confidence and health seeking behavior of the community. Based on the proportion of morbidity, the healthcare resources can be distributed evenly, meeting the felt needs in all aspects. Since the major limiting resource in health care is finance, various cost-effective innovations to tackle this situation should be encouraged.

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