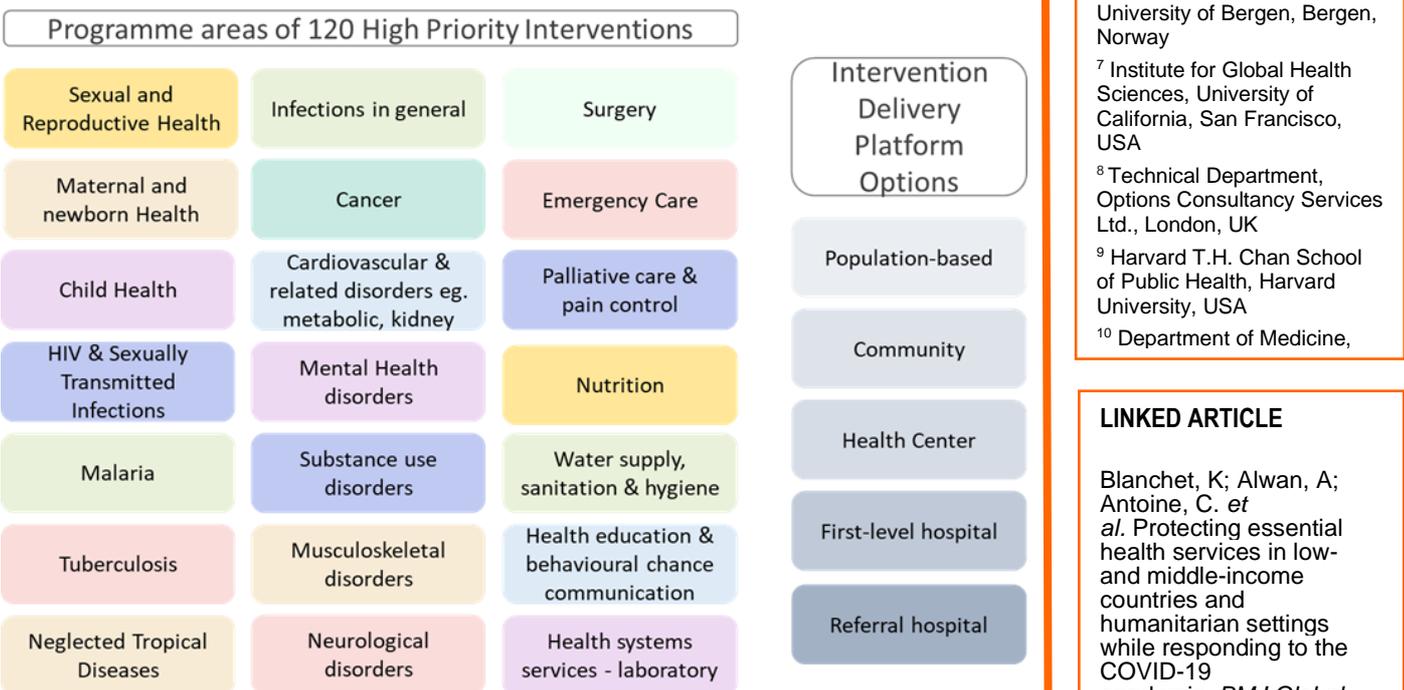


Protecting essential health services during COVID-19: Decision support to policy makers in low- and middle-income countries and humanitarian settings

Antenatal care in Amhara, Ethiopia. Photo credit: UNICEF Ethiopia/Zerihun Sewunet



COVID-19 creates unprecedented disruptions in delivery of routine health services, particularly in low- and middle-income countries and in humanitarian settings. In this paper, a team of international experts present 120 essential health services that should be universally publicly financed during the pandemic.



Bergen Centre for Ethics and Priority Setting (BCEPS) is an interdisciplinary research centre based at the University of Bergen working on ethics and economics of priority setting in health. The centre works in Norway, Ethiopia, Malawi, Tanzania, Zanzibar, Uganda and India.

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KEY FINDINGS

Essential health care for all

Responding to COVID-19 is leading to additional resource limitations in some areas of the health system, and scarcity of resources is affecting both health service delivery and health seeking behaviour.

Fair allocation of resources prioritizing maximum benefit should be applied for all people who need health care. This may require shifting the platform of delivery for some interventions to protect health staff and increase access.

Selecting healthcare interventions

Principles for selection were based on humanitarian and universal health coverage principles of non-discrimination and maximising benefits produced from scarce resources by giving priority to those worse off in terms of poverty or health, combined with the humanitarian principles of humanity, impartiality and neutrality.

The existing list of interventions in the highest priority package for universal health coverage from the Disease Control Priorities (DCP-3) project was modified taking into account COVID-19 - including urgent interventions in which delays would substantially impact clinical outcomes and non-urgent interventions where delays of 3-6 months would not affect the health impact.

This research resulted into a list of 120 essential, non-COVID-19 health interventions that should be unconditionally protected and universally publicly financed despite the disruptions caused by the pandemic. These are presented by level of health system or 'platform of delivery'.

Service delivery platforms

We propose that some interventions change delivery platform, to take into account task shifting to accommodate COVID-19 interventions, while others are paused (e.g. cataract surgery, physical rehabilitation). The model presented here suggests the recommended lowest delivery platform; this will vary by country.

IMPLICATIONS FOR POLICY MAKERS

- **Populations living in low- and middle-income countries and humanitarian settings are most at risk of consequences due to disruption in health care due to COVID-19**
- **Governments and humanitarian agencies must make clear decisions to sustain delivery of essential routine services to their populations whilst mitigating the impact of COVID-19.**
- **The modified highest priority package can be adapted to context by governments and donors to guide decision-making about disinvestments and continued investments during the pandemic and recovery phase.**

Collaborating partners

