



Understanding Child Health in the Context of COVID-19: Ethiopia's Experience Continuing Essential Health Services During the Pandemic

October 13, 2020



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CONTINUING ESSENTIAL HEALTH SERVICES DURING THE COVID-19 PANDEMIC: ETHIOPIA'S EXPERIENCE

GLOBAL CHILD HEALTH TASK FORCE MEETING

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Acknowledgement

The MOH would like to acknowledge all the stakeholders who have continually supporting the MoH to strengthening the RMNCHA-N services and continuing essential health services during the COVID-19 pandemic.

- HPN group
- Donors
- UN Agencies
- Implementing partners (participating in Safe motherhood, child health, EPI working groups)
- Civil society organizations
- Professional associations



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HEALTHIER CITIZENS FOR PROSPEROUS NATION

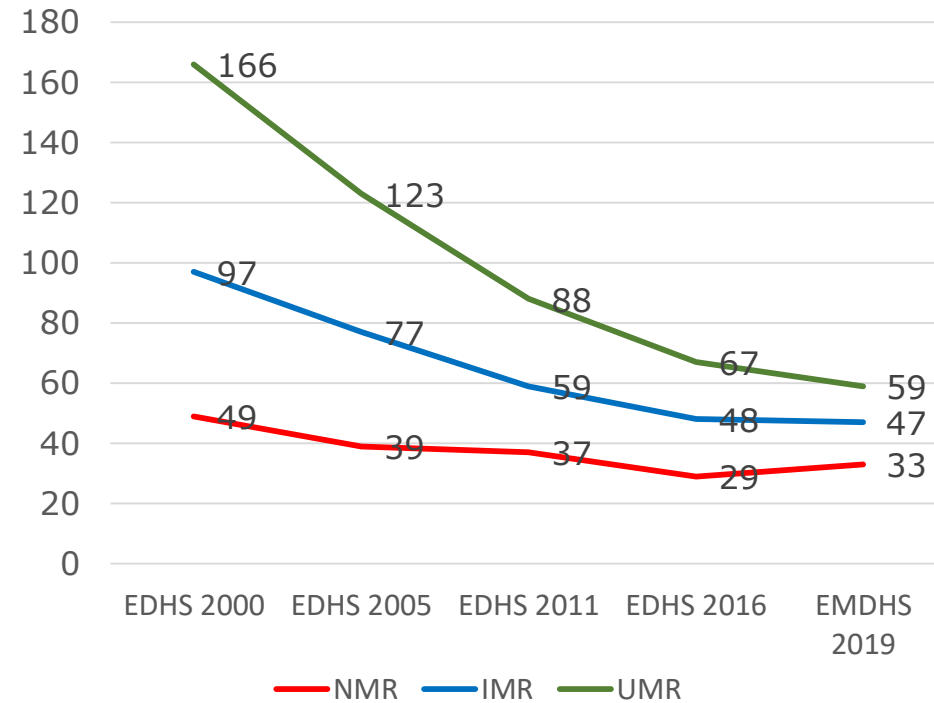
Presentation outline

- Background information-Ethiopia
- Context of COVID-19 in Ethiopia
- Impact of COVID in Ethiopia
- Actions taken to ensure the continuity of child health /primary healthcare services during COVID-19
- Lessons
- Next Steps

Background-Ethiopia

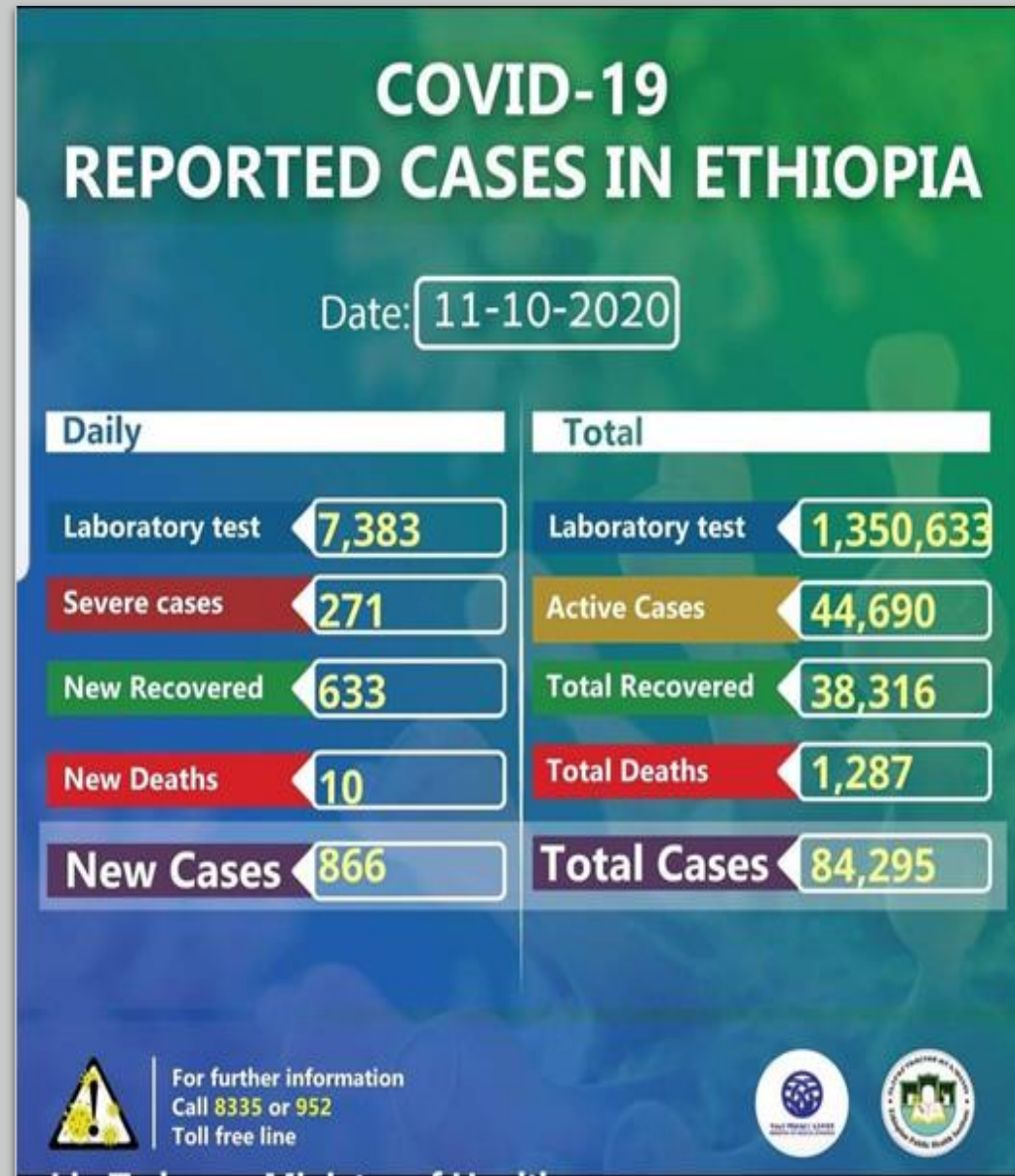
- With a population of over 100 million in 2020
- U5MR is reduced from **166** per 1000 live births in 2005 to **59** in 2019.
- Neonatal mortality declined from 49 deaths per 1,000 live births in 2000 to 33 deaths per 1,000 live births in 2019

Trends in early childhood mortality rates (deaths per 1,000 births), in Ethiopia



Context of COVID-19 in Ethiopia

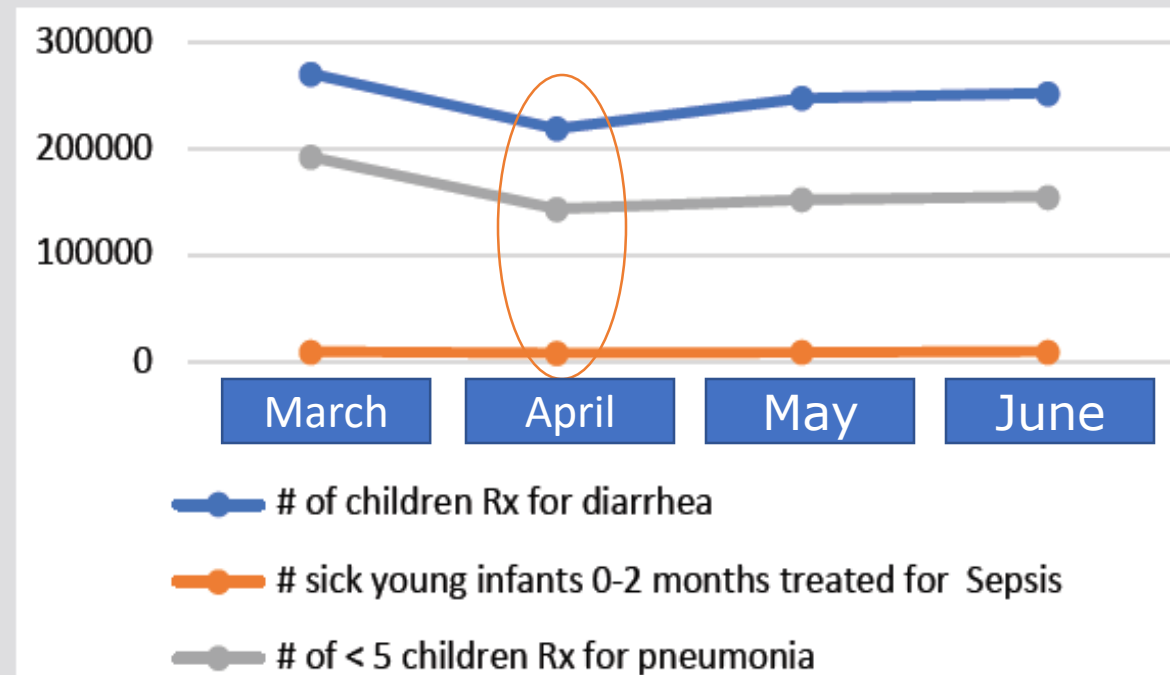
- The first confirmed case of COVID-19 was reported on 13th March 2020.
- As of 11 October 2020, there were 84,295 total confirmed cases and 1,287 total deaths (CFR- 1.5%).
- Unprecedented negative effect on the uptake of essential health care services
 - The fear was from both sides
 - supply side (health system, like closure of health facilities) and
 - demand side (community- not seeking care)



Impact of COVID-19 in the continuity of MNCH and primary healthcare services in Ethiopia

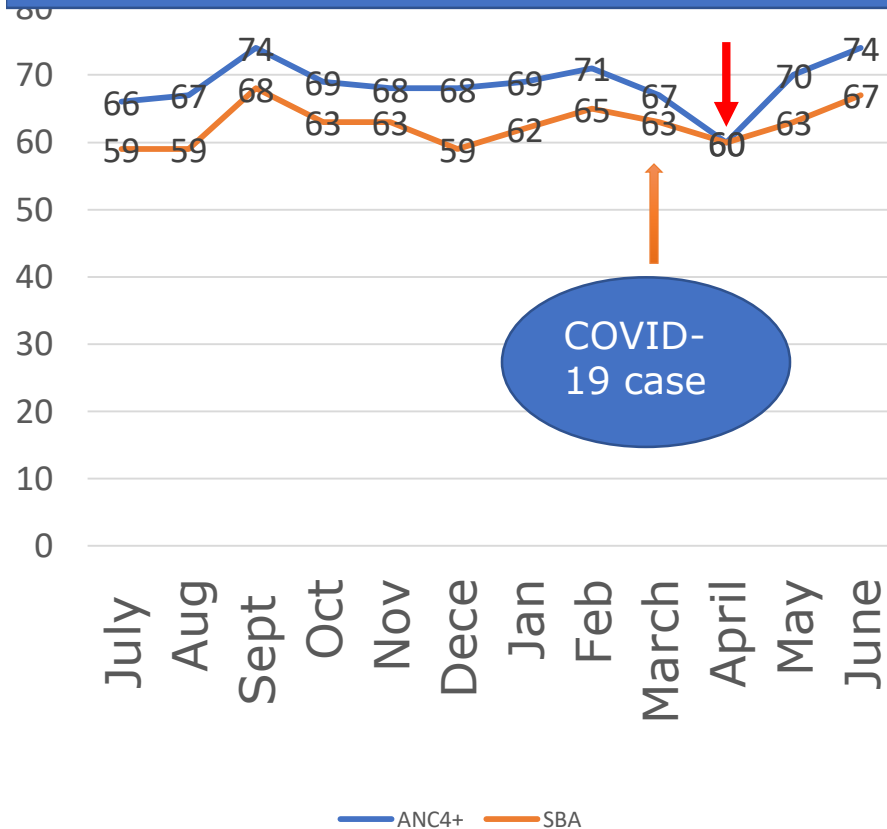
- DHIS2 data analysis compares the previous years (2011 EFY (2018/2019) and the 2012EFY (2019/2020)) monthly trend.
- Immediately after the report of the COVID-19 in March, there was a sharp decline in childhood illnesses management in April.

Management of Sick Children: March to June 2020

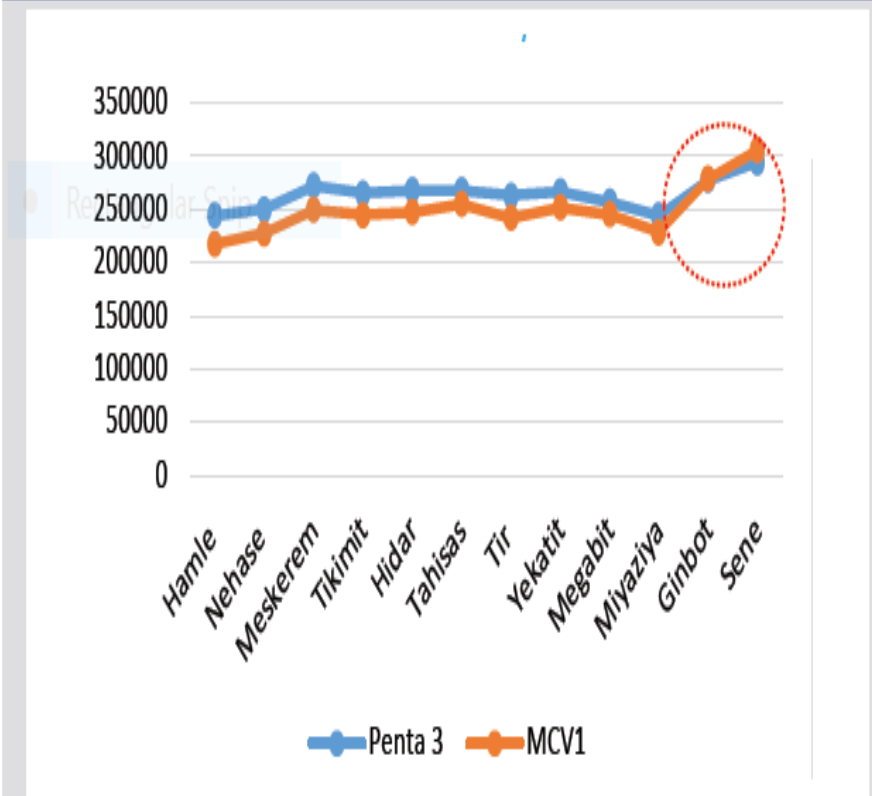


Impact of COVID-19 in the continuity of MNCH and primary healthcare services in Ethiopia (2)

SBA and ANC4+: July 2019 to June 2020



PENTA3 and MCV1 Vaccination: July 2019 to June 2020





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Impact of COVID-19 in the continuity of MNCH and primary healthcare services in Ethiopia (3)

- **Priority:**
 - Diverted attention to only COVID-19
 - Some health facilities were converted to COVID-19 management centers
- **Shortage of commodities and supplies:**
 - Due to the weakening of the logistic information system
 - Reduced movement of the logistic transportation system due to the restriction of movement
- **Restrictions:**
 - Interruption and postponement of routine program supportive supervision
 - Interruption and postponement of review meetings, capacity building/training for frontline worker for essential RMNCH-N services interrupted

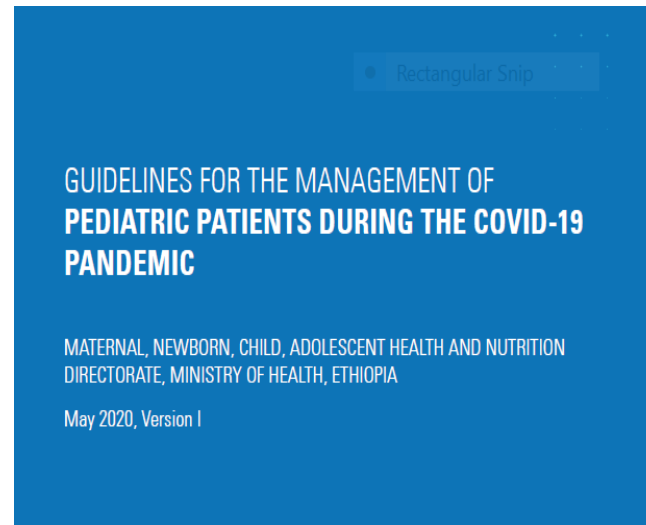
Actions taken - Ensure the continuity of the child health /primary healthcare services during COVID-19



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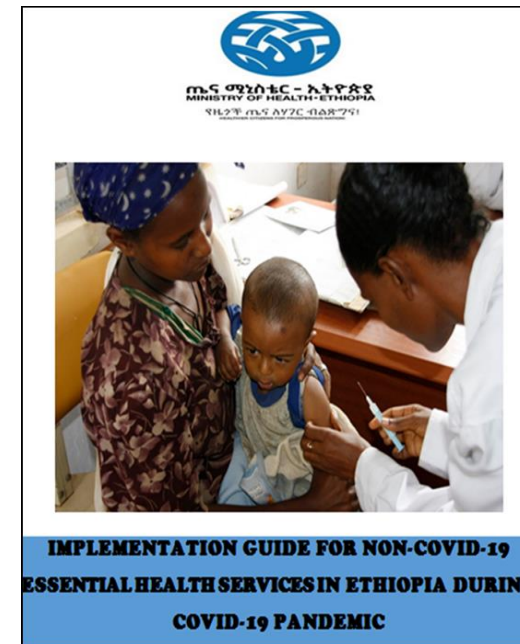
Development of guidelines

Management of pediatric patients during the COVID-19 pandemic- to assessing and managing sick children at all levels of the healthcare system regardless of their COVID-19 status.



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Implementation guideline to maintain Essential Health Services during COVID-19 Pandemic with RMNCAH/N component; and the guideline is contextualized at the regional level





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Actions – Major Pillars

- **Political leadership**
 - Endorsement of guidelines
 - All regions communicated about essential service continuation and information cascaded up to woreda

- **Technical support**
 - Technical support and supportive supervision provided to regions, zones and health facilities led by state ministers, and directorates
 - Partners mobilized to support facilities that had major service disruption

- **Health work force**
 - Trainings/orientations on the new guidelines
 - Leverage all efforts towards availing PPE for HWs and supporting staffs
 - Guideline /TOR on quarantining a health work force suspected of exposure to COVID 19



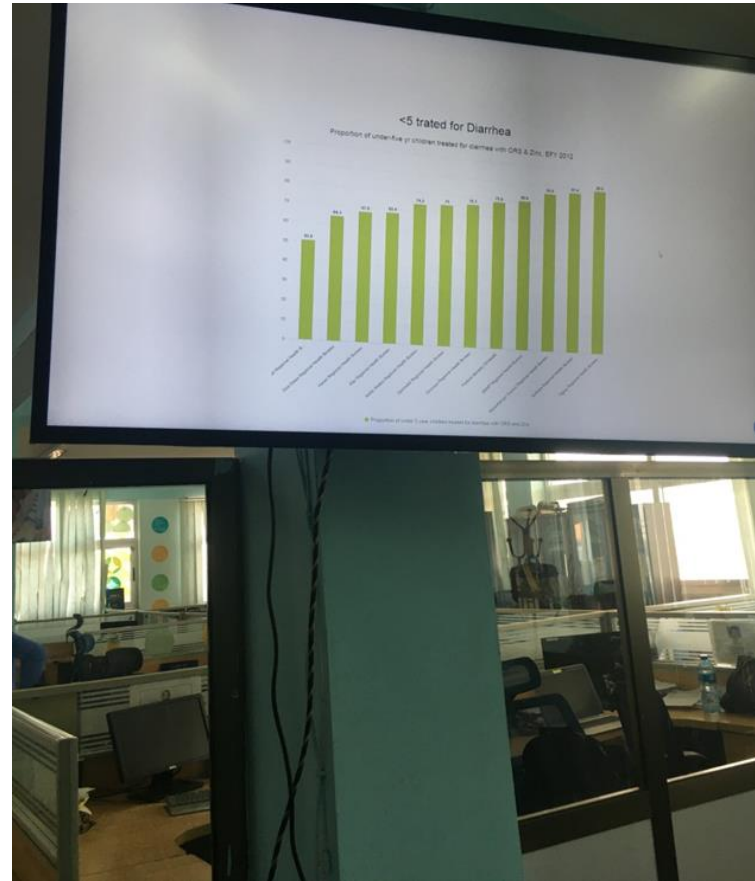
Actions – Major Pillars (2)

- **Service delivery**
 - Revisiting the service delivery approach/Modality- door to door approach by HEW
 - Placing and avail sufficient stock of RMNCAYH-N commodities and supplies during COVID19 pandemic and post pandemic too

- **Resource mobilization**
 - Strong collaboration with the development partners
 - Availability of essential supplies and equipment
 - Data management and decision making
 - Risk communication and community mobilization

Monitoring and communication

- Weekly report prepared using PHEM data on MPDSR, SAM, VPD(Vaccine preventable disease outbreak) like measles outbreak and others monitored
- Dashboard prepared for selected MCH program data (Data dissemination using DHIS2 online)
- Based on weekly report analysis, frequent communication and feedback given to regions
- Created an email group - facilitated the conversation and direct call
- Weekly zoom meeting with regions with high-level officials to monitor essential health services and Technical working groups



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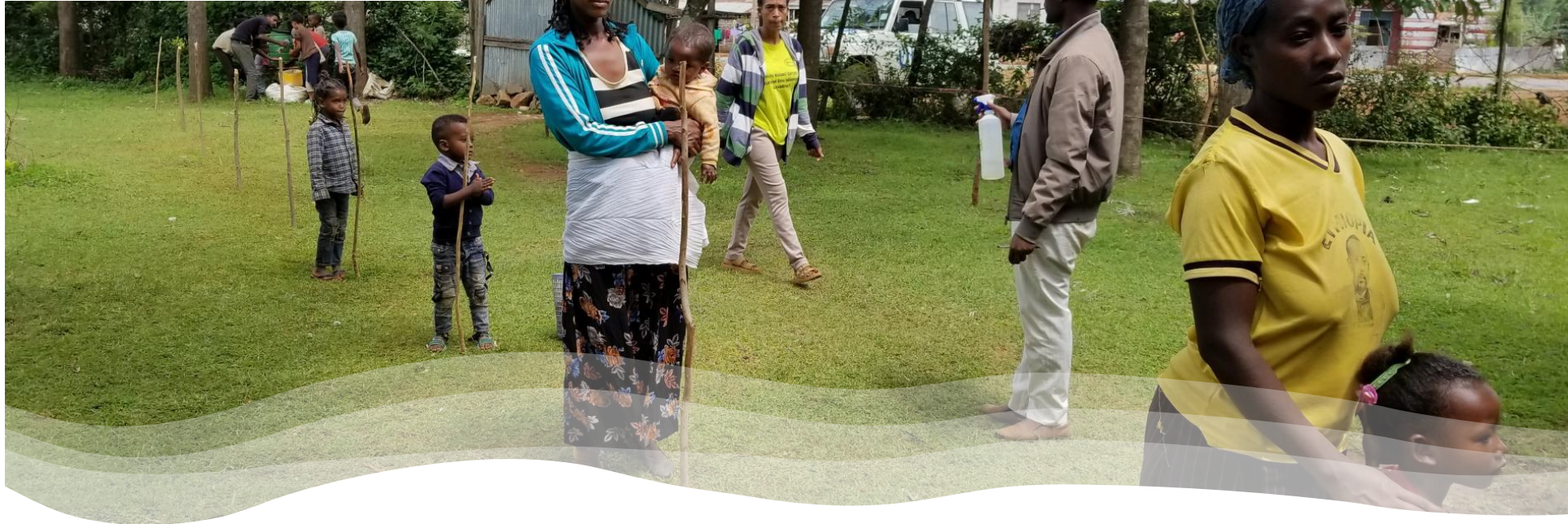
10/18/2020





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A successful measles
vaccination campaign:
lesson from
Ethiopia!

Nearly 15 million children have been vaccinated against measles in Ethiopia in an effort by the health authorities to maintain essential health services, even as the country battle to contain the COVID-19 pandemic.

SIA - KEY CONSIDERATIONS

Rescheduling the plan:

April (when major service decline observed to July 2020 (Service uptake improved)

Length of the campaign:

The campaign ran for 10 days
(Longer than similar past campaigns to limit crowding and risks of COVID-19 infections)

Additional Preparations:

Vaccinators were trained on the COVID-19 prevention measures

communities informed of the campaign and encouraged to turn up, and

vaccination supplies, as well as personal protective equipment and sanitizers, were shipped.

Protective measures:

Health workers wearing face masks

Delivered in open and well-ventilated areas.

Other measures - physical distancing, handwashing and temperature checks



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Balancing the COVID-19 risk communication and provision of services at the community level by HEWs

- Since 2003, health extension workers (HEWs) have been at the forefront of delivering health services, including immunization, at the community level. The HEWs as a bridge between the community and public health institutions.
- With an increase of cases, HEWs are on the ground to prevent and mitigate the spread of COVID-19
- HEWs utilized community based COVID -19 surveillance to educate the community and to provide home-based services.



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Next plan - Ethiopia

- ❑ Building resilient health system by leveraging resources – E.g oxygen concentrators, and pulse oximeters have been procured for COVID-19 case management centers
- ❑ Align Oxygen availability for COVID-19 treatment with the oxygen roadmap
- ❑ Maximize message dissemination on critical behaviors - handwashing to prevent communicable disease like diarrhea for children
- ❑ Increase availability of telehealth/ digital approach and innovations to provide RMNCH-N counseling and services



**THANK
YOU!**

Let us work very hard more than before in solidarity for saving many lives (Mothers, Newborns, Children, Adolescent, Youth).



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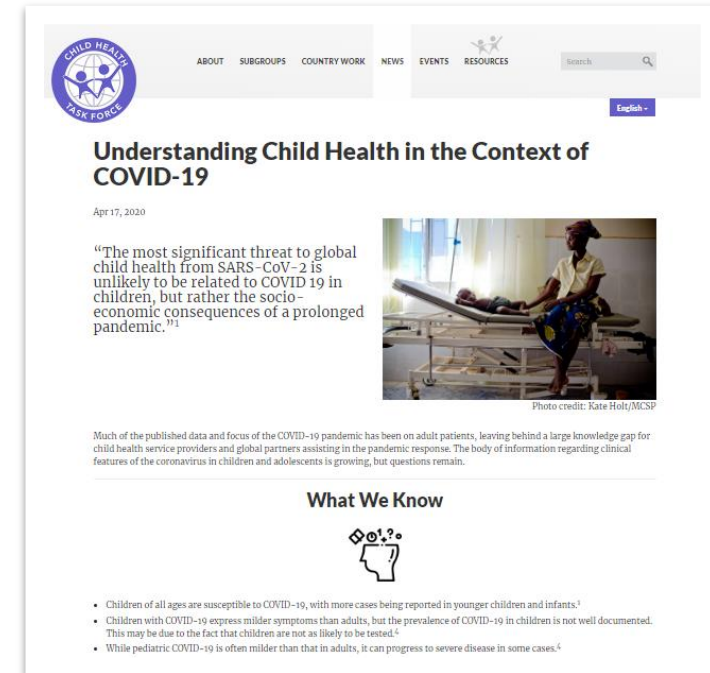
Become a member of the Child Health Task Force:
www.childhealthtaskforce.org/subscribe

Recordings and presentations from previous Child Health & COVID-19 webinars in the series:
bit.ly/3eFnZzE

**The recording and presentations from this webinar will be available on this page later today*

Webinar Series: Delivering Quality Essential Maternal, Newborn, and Child Health Services During COVID-19: <https://bit.ly/2SEcQpu>

**Co-hosted by the Network for Improving Quality of Care for Maternal, Newborn and Child Health and the Quality of Care Subgroup of the Child Health Task Force, with the support of UNICEF and WHO*



The screenshot shows the top navigation bar of the Child Health Task Force website with links for ABOUT, SUBGROUPS, COUNTRY WORK, NEWS, EVENTS, and RESOURCES. The main article title is "Understanding Child Health in the Context of COVID-19" dated Apr 17, 2020. A quote states: "The most significant threat to global child health from SARS-CoV-2 is unlikely to be related to COVID-19 in children, but rather the socio-economic consequences of a prolonged pandemic." A photo shows a healthcare worker attending to a child in a hospital bed. Below the photo, a paragraph discusses the knowledge gap for child health service providers. A section titled "What We Know" includes a head icon with question marks and a bulleted list of key findings.

Understanding Child Health in the Context of COVID-19
Apr 17, 2020

“The most significant threat to global child health from SARS-CoV-2 is unlikely to be related to COVID-19 in children, but rather the socio-economic consequences of a prolonged pandemic.”
Photo credit: Kate Holt/MCSF

Much of the published data and focus of the COVID-19 pandemic has been on adult patients, leaving behind a large knowledge gap for child health service providers and global partners assisting in the pandemic response. The body of information regarding clinical features of the coronavirus in children and adolescents is growing, but questions remain.

What We Know

- Children of all ages are susceptible to COVID-19, with more cases being reported in younger children and infants.¹
- Children with COVID-19 express milder symptoms than adults, but the prevalence of COVID-19 in children is not well documented. This may be due to the fact that children are not as likely to be tested.²
- While pediatric COVID-19 is often milder than that in adults, it can progress to severe disease in some cases.⁴

Check out the Task Force Child Health & COVID-19 web page for additional resources!

Suggestions for improvement or additional resources are welcome. Please email childhealthtaskforce@jsi.com.