



# Child Health in Emergencies and Humanitarian Settings Sub Group

November 10, 2020



## Agenda

Introduction

Revisiting the purpose of the Global Child Health Task Force and the Sub Group

Updates by partners

Presentation: the impact of COVID-19 on essential health services

Review 2020 work plan

AOB



# Child Health Task Force



**Goal:** To strengthen equitable and comprehensive child health programs - focused on children aged 0-19 in line with the Global Strategy for Women's, Children's, and Adolescents' Health (2016-2030) - through primary health care, inclusive of community health systems.

## **Objectives**

1. Strengthen the community health platform to deliver a comprehensive package of health promotion, prevention, and curative interventions, and support the building of strong linkages to primary health care facilities and first-level hospitals.
2. Support delivery of high-quality case management:  
Integrated Management of Newborn and Childhood Illness (IMNCI); and,  
Integrated Community Case Management (iCCM), including community-based management of malnutrition.
3. Support strengthening of Emergency Triage Assessment and Treatment (ETAT).
4. Strengthen referral and counter-referral from community to the primary care facility, the first-level referral hospitals, and back to the appropriate level.



# Child Health Task Force



## Sub Groups

- Child health in Emergencies and Humanitarian Settings
- Digital Health
- Financing and Resource Planning
- Implementation Science
- Institutionalizing iCCM
- Monitoring and Evaluation
- Newborn and Child Health Commodities
- Nutrition and Child Health
- Private Sector Engagement
- Quality of Care
- Re-imagining the Package of Care for Children



# Child Health in Emergencies and Humanitarian Settings Sub Group



**The goal:** to strengthen equitable and comprehensive child health programs through primary health care, inclusive of community health systems in emergencies and fragile settings. This will be achieved by providing a forum for:

- Sharing of information, evidence, and best practices
- Coordination of activities at the global level
- Advocacy
- Joint fund raising
- Achievement of additional deliverables as prioritized by the group

The subgroup will also provide an opportunity to more effectively coordinate and share information with other multi-agency coordinating bodies, such as the Global Health Cluster, the UHC2030 partnership, the Sphere Project, the CORE Group, and the Inter-Agency Working Group on Reproductive Health in Crises.



# Child Health in Emergencies and Humanitarian Settings Sub Group



Update from Partners

- UNICEF
- CDC
- Malaria Consortium
- Save the Children
- IRC



# Child Health in Emergencies and Humanitarian Settings Sub Group



- Presentation on the impact of COVID-19 on essential health services

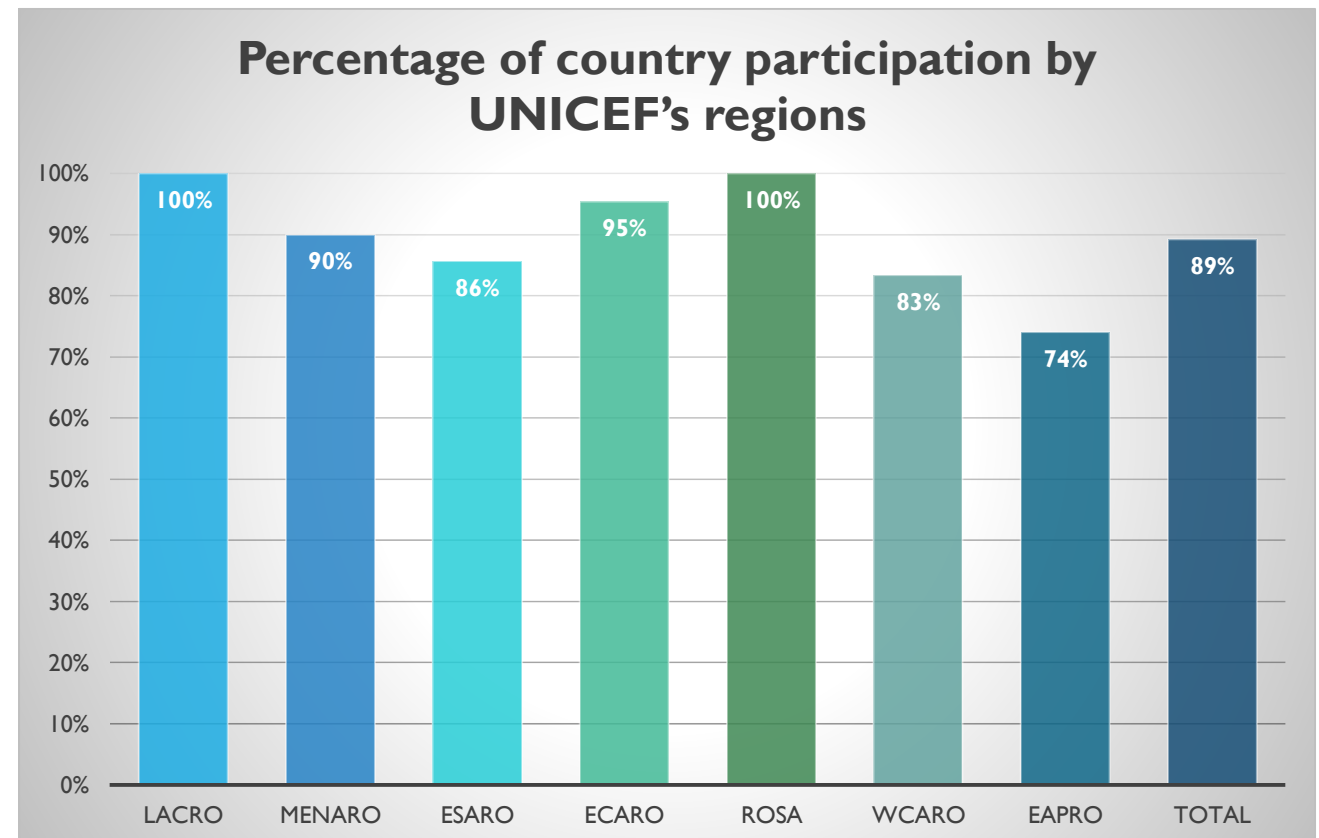


# ANALYSIS ON THE DISRUPTION OF HEALTH SERVICES DURING THE COVID- 19 PANDEMIC, RELATED CAUSES AND RESPONSE: GLOBAL ANALYSIS WITH A FOCUS ON EMERGENCY-CONTEXT COUNTRIES - I.E. HAC COUNTRIES

HEALTH / H.Q.

# GLOBAL SURVEY ABOUT THE IMPACT OF COVID-19 ON ESSENTIAL HEALTH SERVICES - Q3: GENERAL CHARACTERISTICS

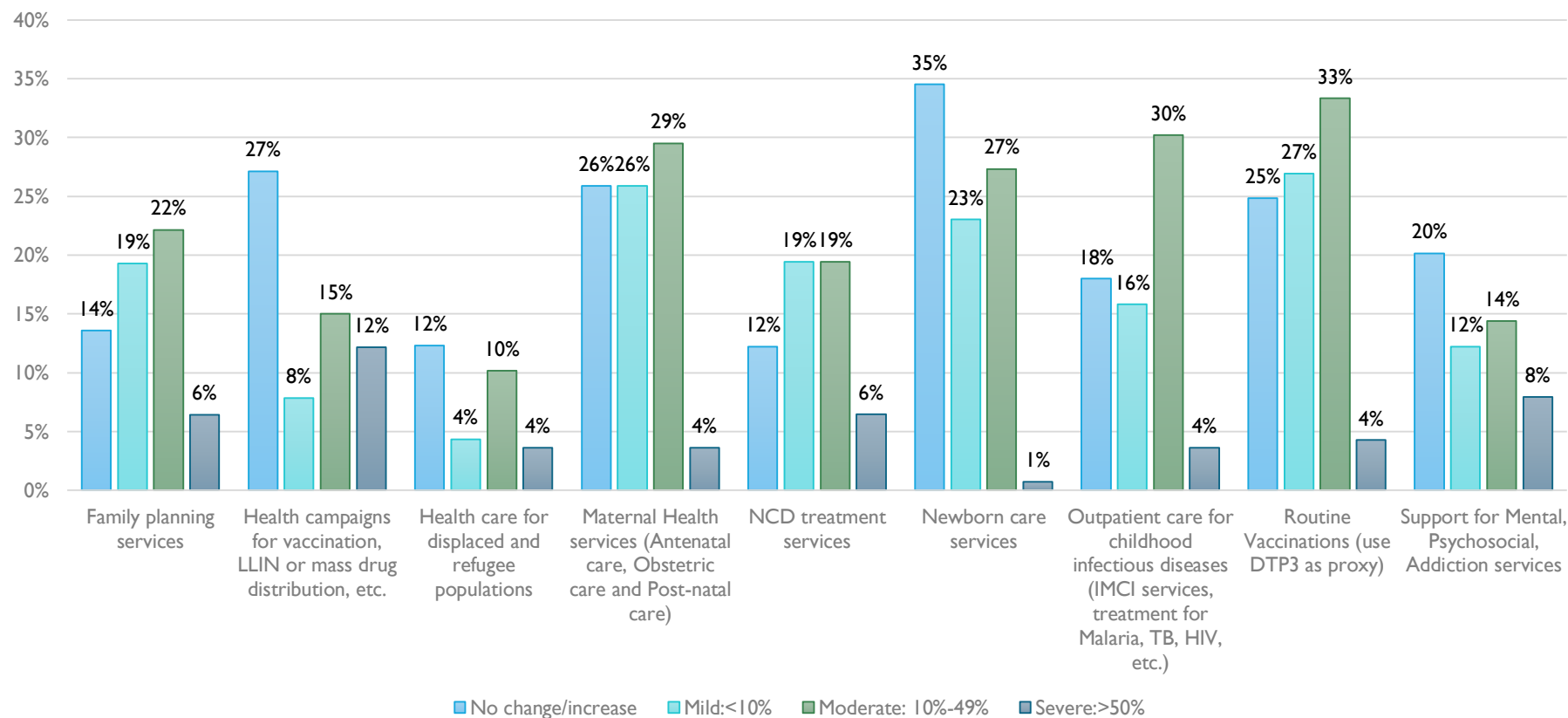
- Quarterly global survey conducted by UNICEF on the impact of COVID-19 on different sectors
- Coverage of/ access to health services compared to the same period in 2019
- Data sources:
  - Administrative data sources
  - Surveys
  - Other
- High country participation for health-related results: ~90% of 158 program countries





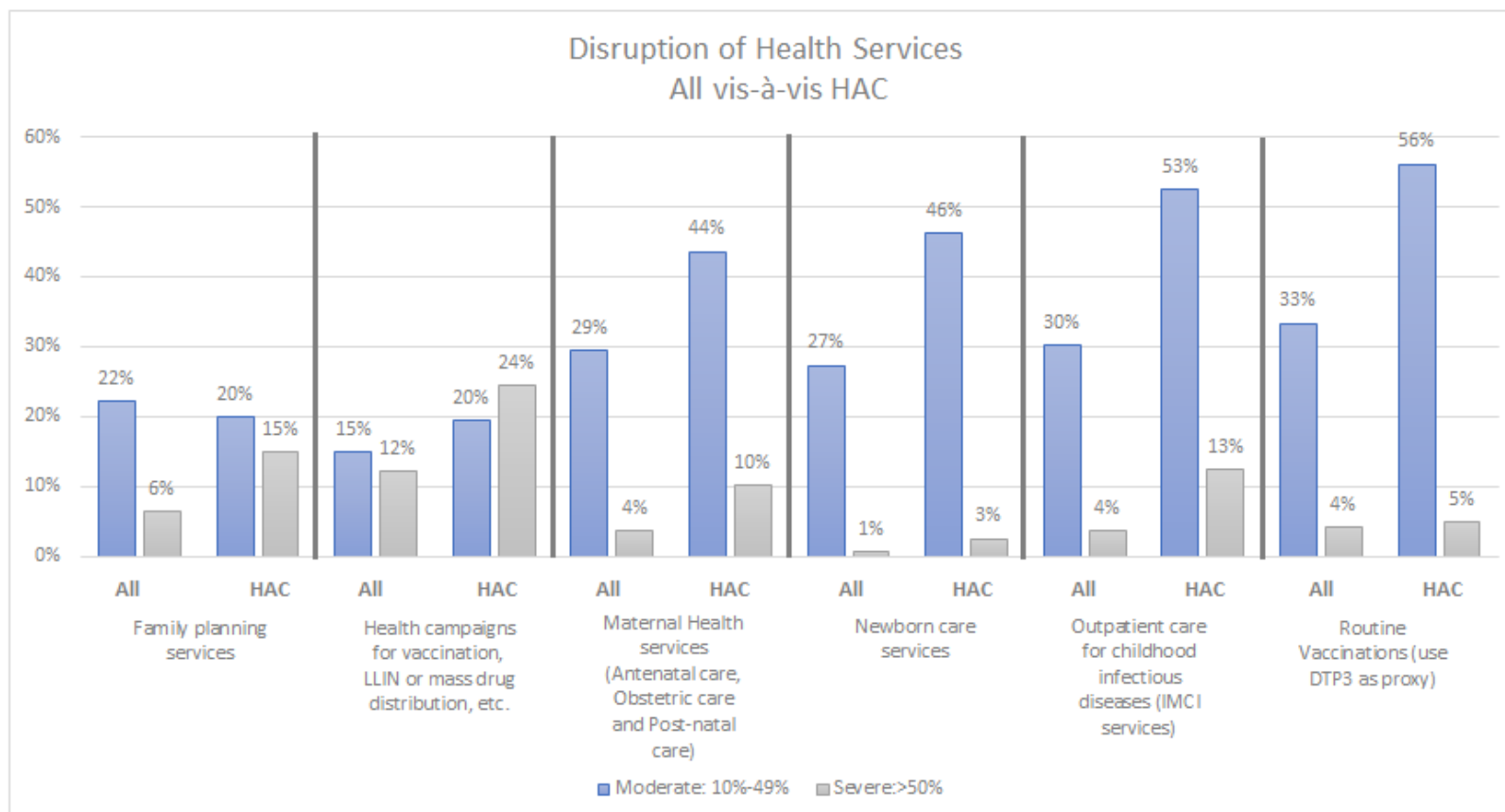
# RESULTS OF SURVEY – Q3: GLOBAL DISRUPTION

Global Disruption of Health Services  
n=141



- Moderate disruption:
  - Routine vaccination
  - Outpatient care
  - Maternal health (e.g. antenatal care)
- Severe disruption:
  - Health campaigns
- There is a considerable gap in data availability for some areas/countries

# COMPARATIVE DISRUPTION: ALL COUNTRIES VIS-À-VIS HAC COUNTRIES - Q-3

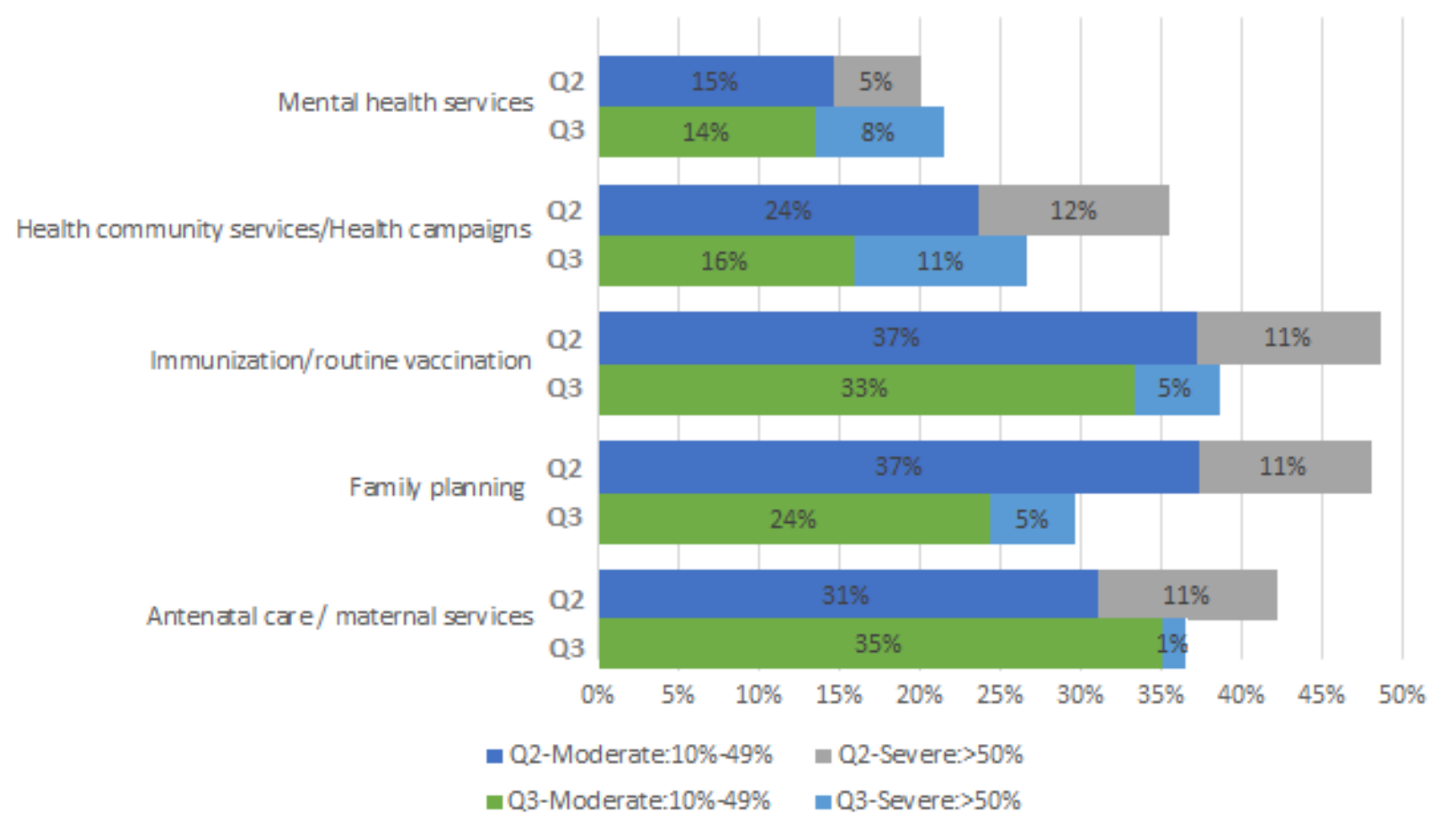


- Almost all key areas present more disruption in HAC countries
- Severe disruption is almost twice as much (or more) in HAC countries for almost all areas

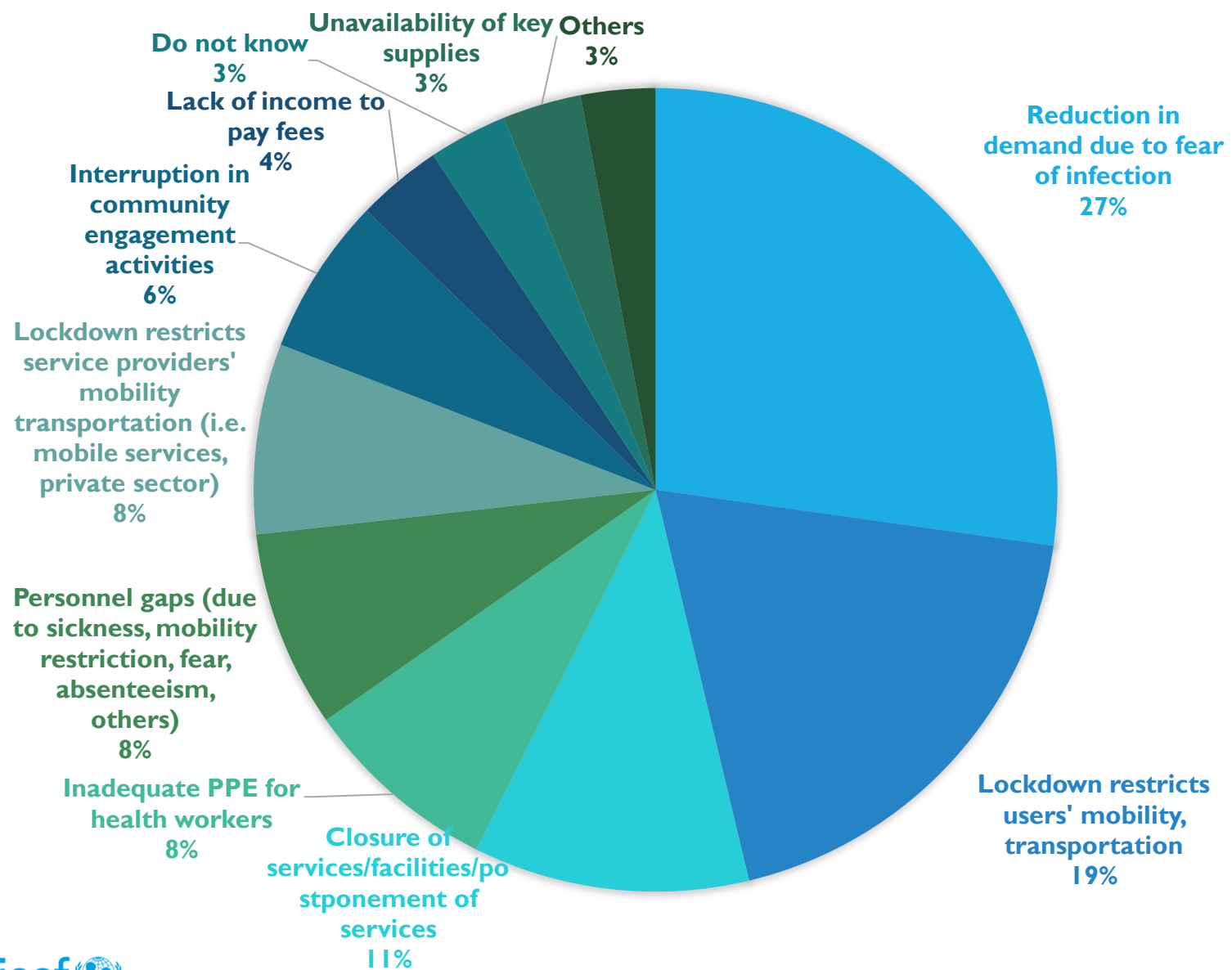
## DISRUPTION TRENDS: Q2 VIS-À-VIS Q3 \*

- Most services are experiencing a tendency towards improvement
- Disruption of mental health services seems to be increasing (or there is unmet demand for additional mental health)
- Severe disruption of outreach services seems to be the same

Moderate and severe disruption of selected health services: Q2 vs Q3 \*



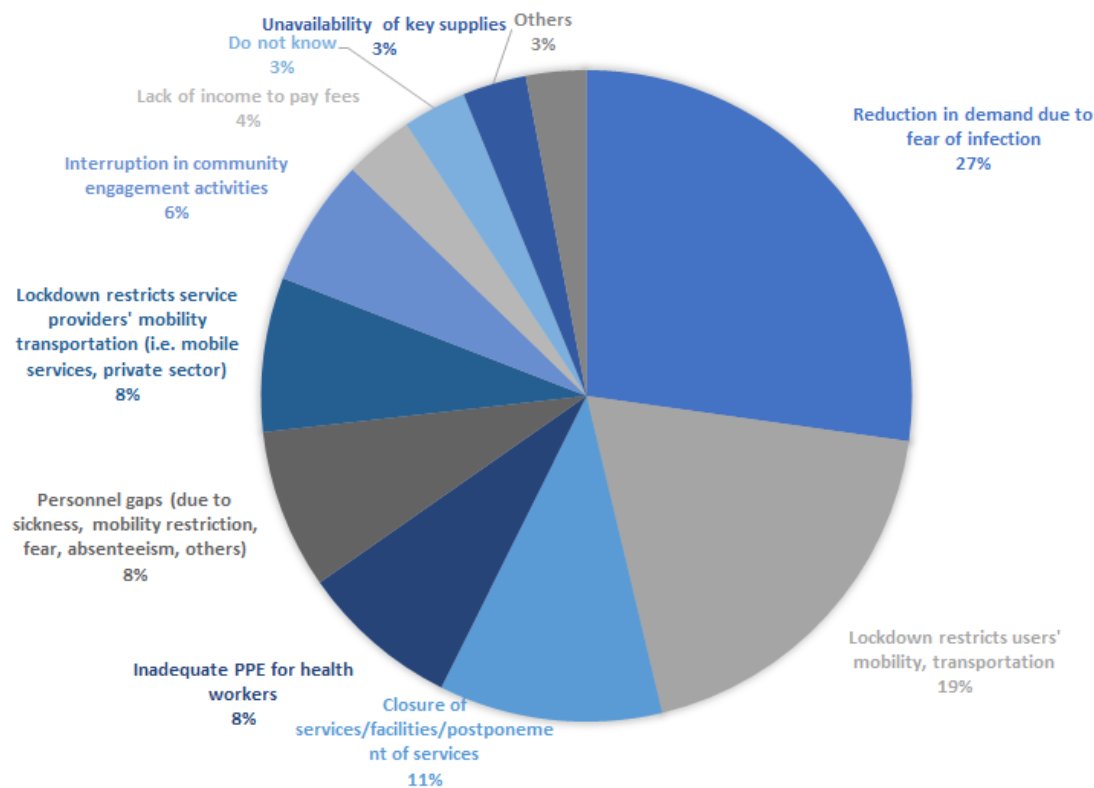
\* This comparison is only an approximation since data sources and indicators are somehow different between the previous and current global survey. To make a fairer comparison, this analysis was made only for countries that participated in both surveys, i.e. 75 countries, better reflecting the disruption patterns between Q2 and Q3 in LACRO, MENARO, ESARO and ECARO, in that order. For the same reason, the figures in this slide for Q3 varied when compared to the previous figure on Global Disruption - Q3



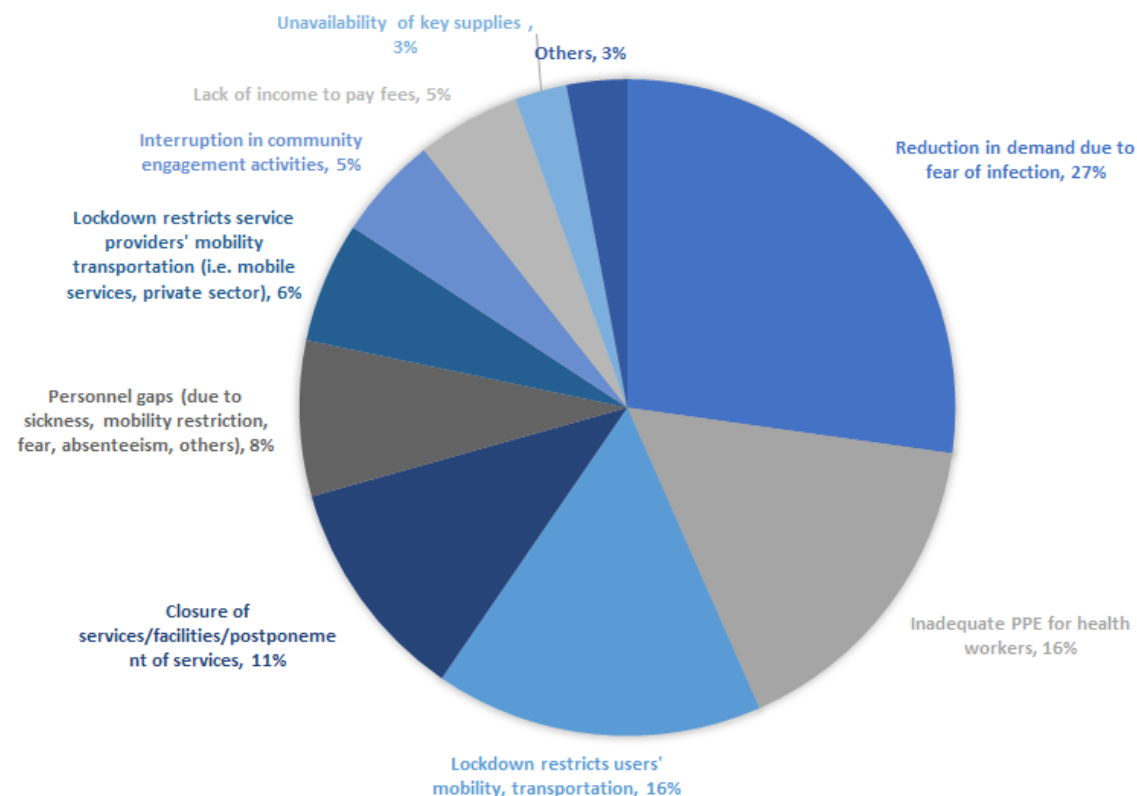
## REASONS FOR DISRUPTION OF SERVICES – Q3

# COMPARATIVE REASONS FOR DISRUPTION: ALL COUNTRIES VIS-À-VIS HAC COUNTRIES – Q3

## All countries

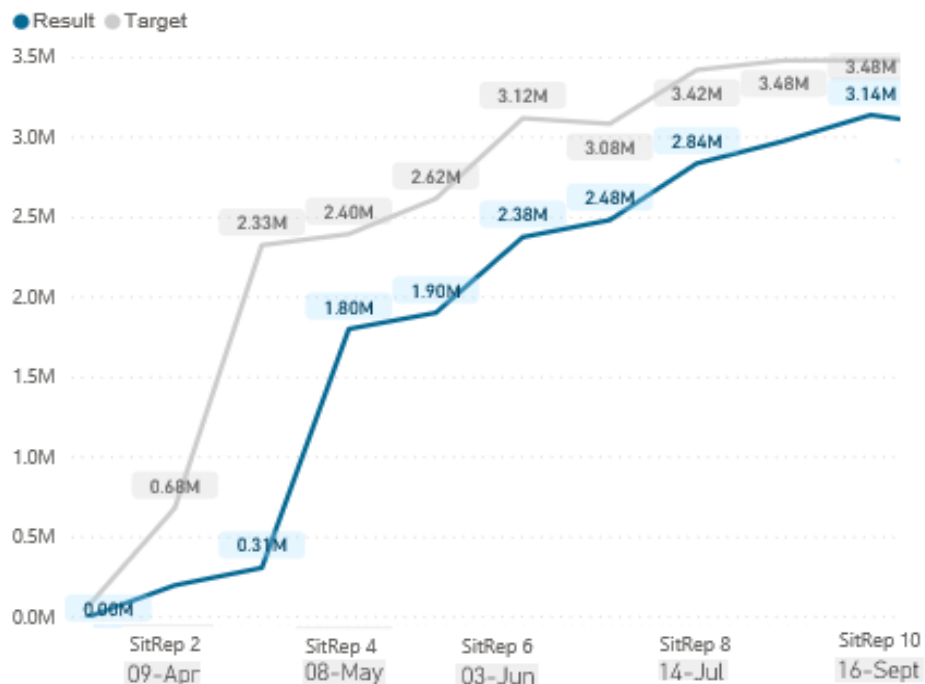


## HAC countries

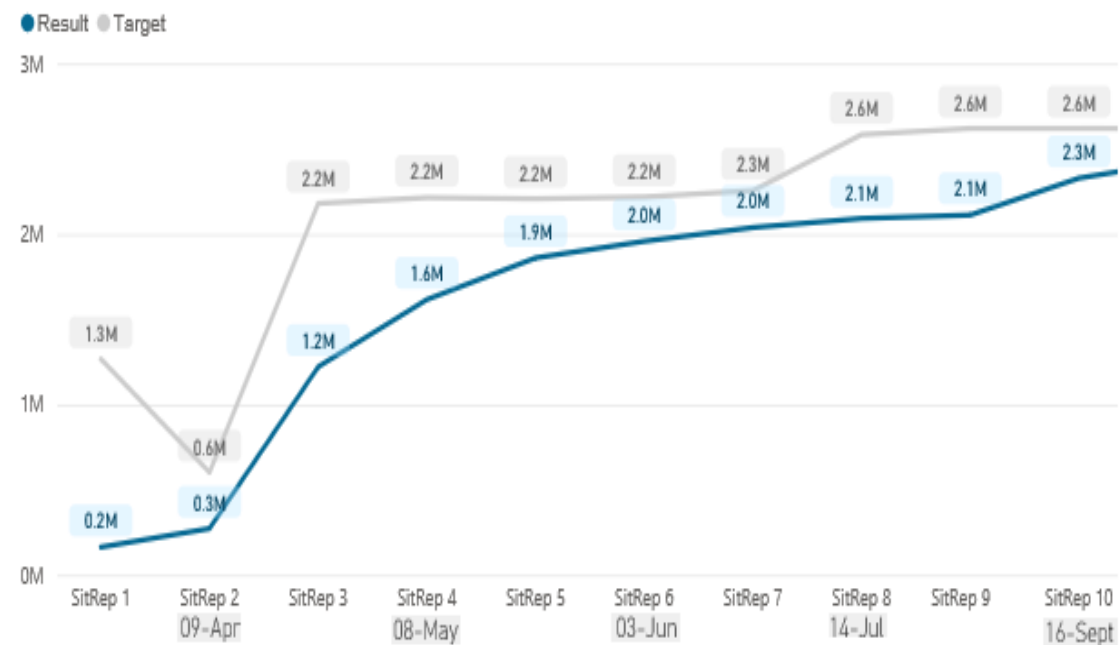


# UNICEF'S RESPONSE: COVID 19 HEALTH-RELATED PILLARS - TRAINING

Number of HCWs trained in IPC

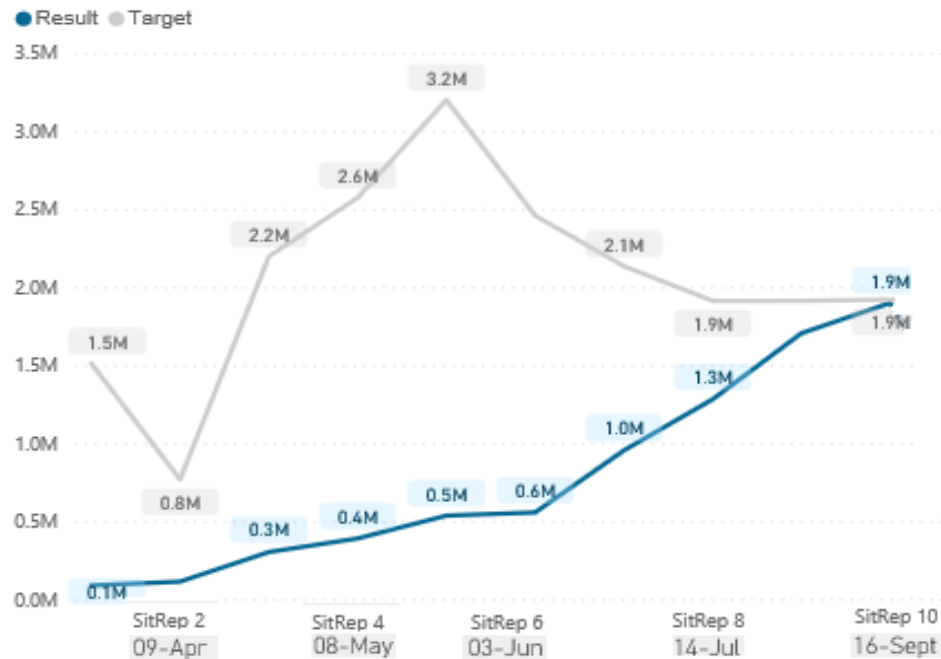


Number of HCWs trained in COVID-19 case management

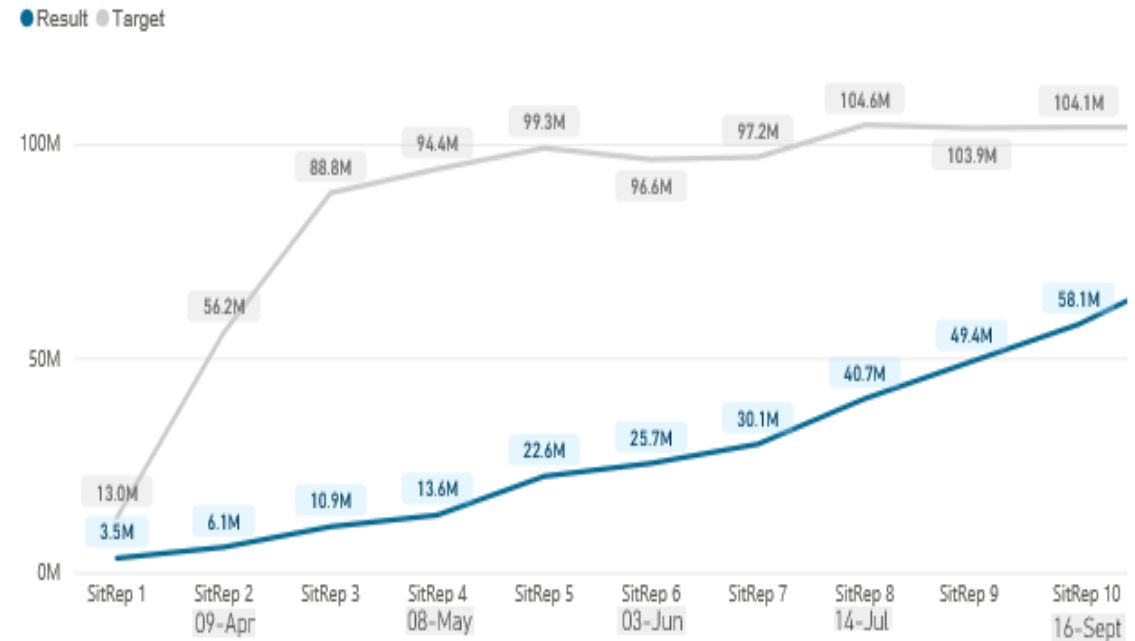


# UNICEF'S RESPONSE: COVID 19 HEALTH-RELATED PILLARS - PROVISION OF PPE AND ESSENTIAL HEALTHCARE SERVICES

## Number of HCWs receiving PPE



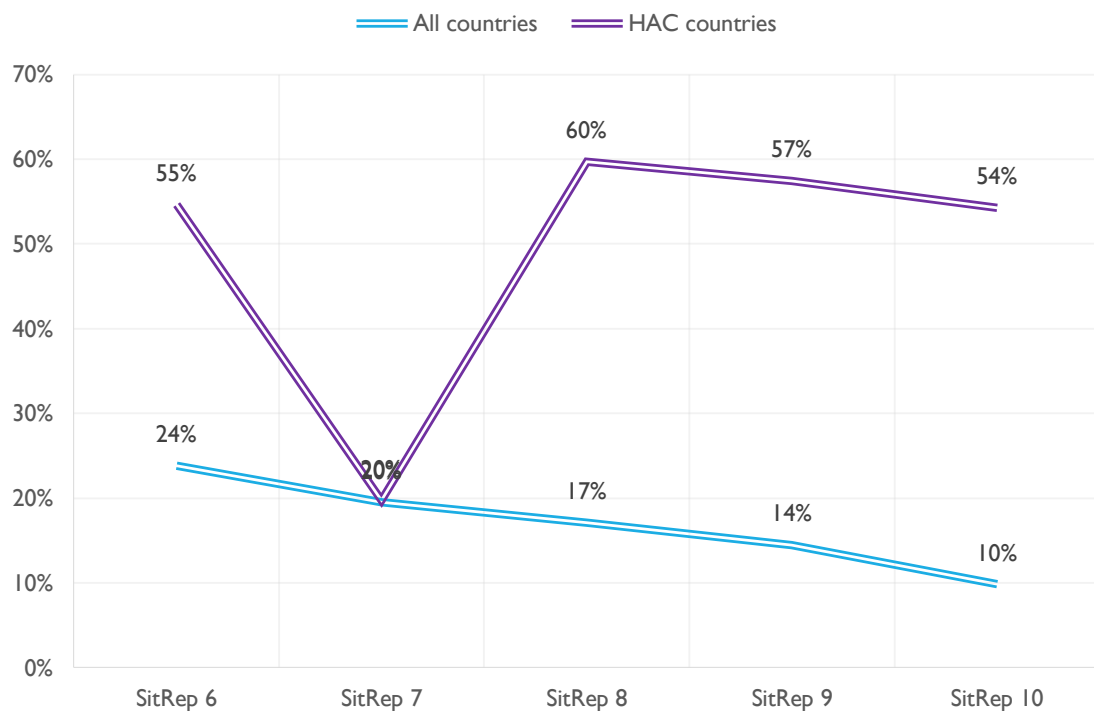
## Number of women and children receiving health services



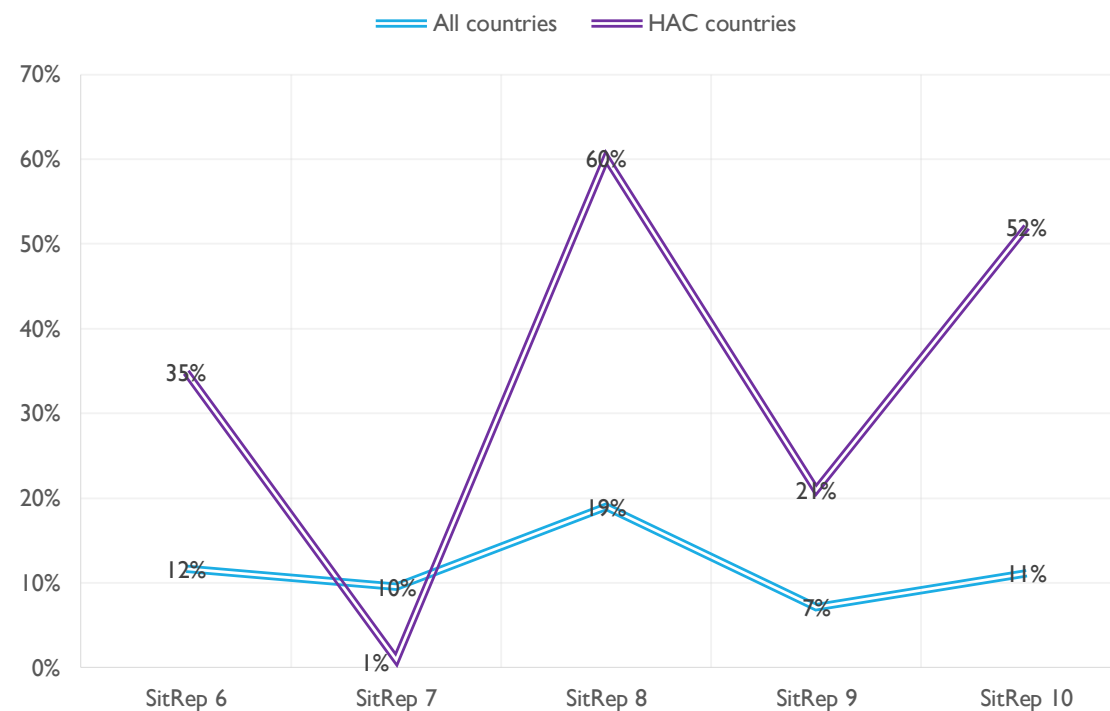
# UNICEF RESPONSE: HEALTH-RELATED PILLARS

## TARGET GAP - ALL COUNTRIES VIS-À-VIS HAC COUNTRIES

Target gap: number of HCWs trained in IPC



Target gap: number of HCWs trained in COVID-19 case management

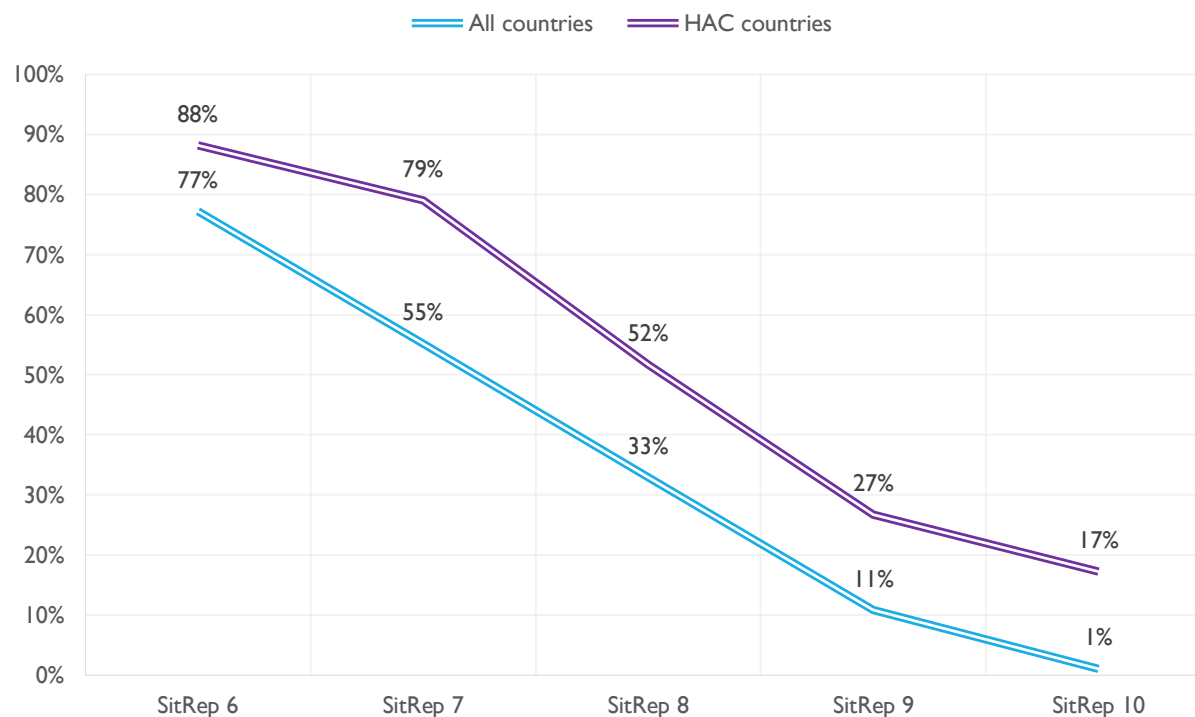




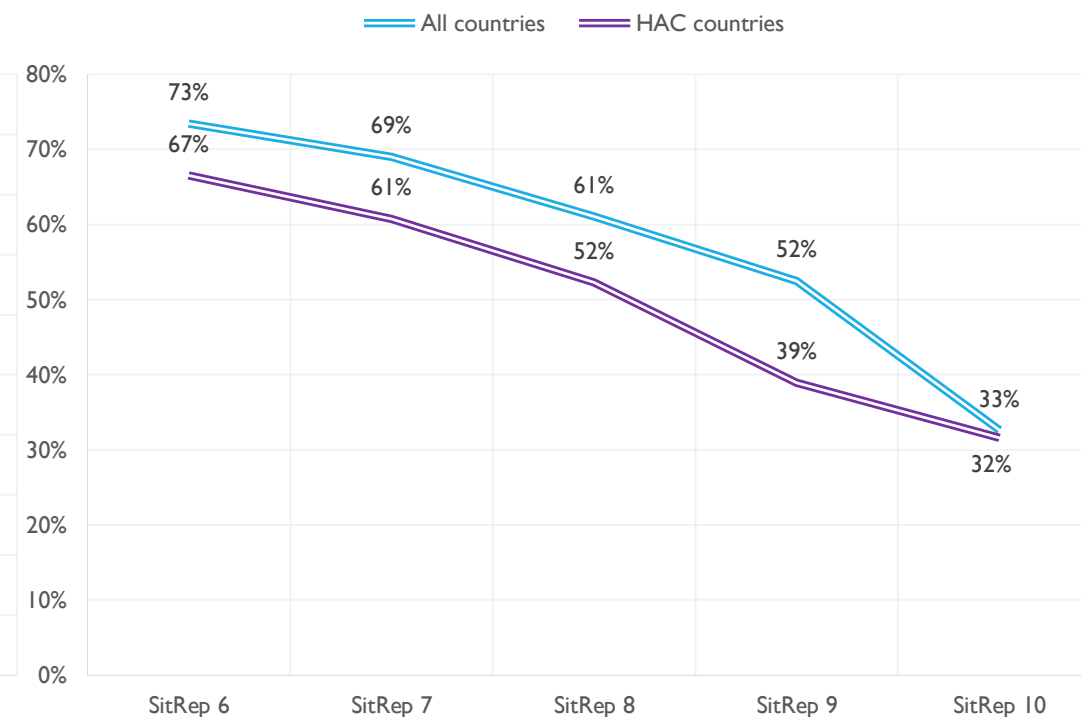
# UNICEF RESPONSE: HEALTH-RELATED PILLARS

## TARGET GAP IN ALL COUNTRIES VIS-À-VIS HAC COUNTRIES

Target gap: number of HCWs receiving PPE



Target gap: number of women and children receiving health services



## GENERAL CONCLUSIONS

- Outreach and outpatient services have been the most disrupted by the pandemic during Q3
- There seems to be a recovery in access to / coverage of healthcare services
  - Immunization, family planning, outpatient maternal services
- Health campaigns/outreach services continue to be importantly affected

## GENERAL CONCLUSIONS

- There are important data gaps in certain areas/countries -
  - In the most vulnerable regions/populations
- The impact on the disruption of health services varies by region, but emergency-context and high-load-COVID-19 countries have been hit the hardest
- The target gap for the response to COVID-19 is higher in HAC countries
- The main reason for the disruption of health services is reduced demand, followed by lockdown restrictions; in HAC countries the 2<sup>nd</sup> reason is lack of PPE

## OPPORTUNITIES AND THE WAY FORWARD

- Harmonization of data collection efforts with other organizations and efforts to facilitate comparisons, avoid duplications, and foster a more coordinated response
- The pandemic presents an opportunity to improve and expand timely monitoring systems for coverage of services and epidemiological surveillance:
  - Facility level: e.g. DHIS2
  - Community level: community-based surveillance systems using e-Health tools that are linked to regular health monitoring
- The most affected countries (e.g. emergency context) should be part of global, regional and national efforts involving relevant stakeholders to further understand the impact of the pandemic in health (HMIS), and create plans to curb the negative trends

## OPPORTUNITIES AND THE WAY FORWARD

- Address the causes for health disruption and strengthen the current response to secure the continuation of health services:
  - Work along with C4D to improve and tailor the RCCE strategy, with an emphasis on tackling demand barriers
  - Training on IPC and provision of PPE, with additional emphasis in HAC countries (which have the largest target gaps)
  - Support telemedicine programs to provide PHC services
  - Mental Health

THANK YOU



The pandemic presents many challenges but also opportunities to implement key changes to improve the health and wellbeing of the most vulnerable



# Child Health in Emergencies and Humanitarian Settings Sub Group



2020 Work plan



# Child Health in Emergencies and Humanitarian Settings Sub Group



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# Resources



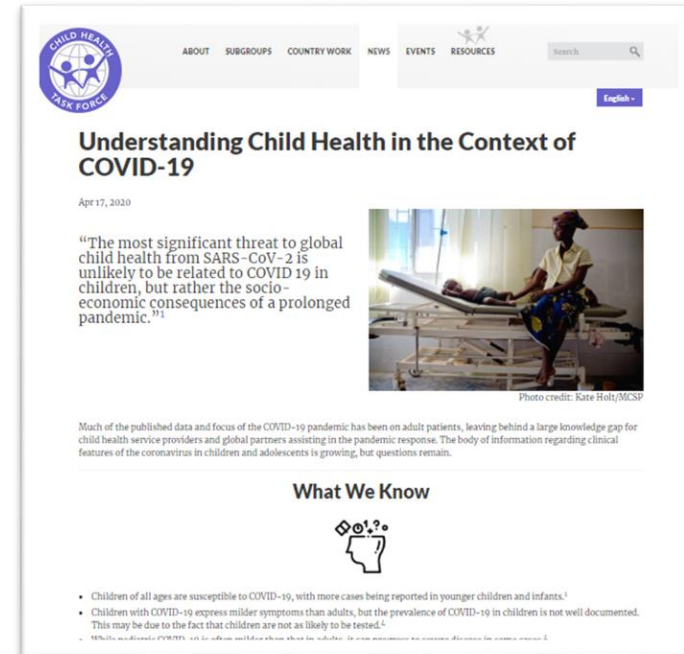
Engage with the **co-chairs**:

- Fouzia: [fshafique@unicef.org](mailto:fshafique@unicef.org)
- Nureyan: [nzunong@savechildren.org](mailto:nzunong@savechildren.org)

Subgroup information, recordings and presentations from previous webinars are available on the subgroup page of the Child Health Task Force website:

[www.childhealthtaskforce.org/subgroups/child-health-emergencies](http://www.childhealthtaskforce.org/subgroups/child-health-emergencies)

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



*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](mailto:childhealthtaskforce@jsi.com).