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## Examining crowding out of essential healthcare services as a result of Covid-19 in Nigeria



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### Abstract

#### Introduction

COVID-19 pandemic has placed a huge burden on Nigerian health system which when overwhelmed, essential health-care services (EHS) are compromised, resulting in preventable health complications and mortalities.

There is dearth of information on how the lockdown had affected provision of EHS in Nigeria. Documenting these will help the policy-makers and advocates in addressing it and in effectively allocating our scarce resources.

This review specifically identified the health services that were crowded out; the causes of health services crowding out and the responses to prevent these in Nigeria.

#### Material & Methods

Scoping desk review of COVID-19 related articles, that highlights either State or country-wide issues related to delivery and utilization outputs of EHS pre, during and ease-down period of COVID-19 in Nigeria was conducted. Service utilization outputs for 2019 and 2020 were extracted from Nigeria database- (NHMIS and MSDAT) Platform. The findings were analyzed into themes.



#### Results

COVID-19 has disrupted provision of maternal and child health services. Report from GFF (2020) shows a decline in utilization of childhood vaccination by 13%; family planning activities by 15% and women seeking medical care reduced by 16% and access to medical services needed by 26%. Evidence shows an increase in child mortality by 10-45% and potential increase in maternal mortality by 8-39%. This corroborates with data from the national dataset –MSDAT. Causes were identified as fear and stigma, stay-at home orders, interruptions in primary health care system, absence or inadequate supply of personal protective equipment. Responses to address this was also identified.

#### Conclusion

- There is a need to strengthen national and subnational mechanisms that support the continuous delivery of EHS in the context of COVID-19 and future pandemics.

#### Recommendation

- There's need to examine the coordination of continuity of essential services and clarify roles, relationships, and mechanisms in health system governance and across levels of government.



# INTRODUCTION



Globally, COVID-19 pandemic has significantly affected the year 2020, with the likelihood of a long-lasting effect across many sectors particularly the health sector [1].

As the world is struggling with the acute crisis of COVID-19 pandemic, Nigeria is not exempted. As at 8th January, 2021, the country has reported 97,478 confirmed cases and 1,342 deaths over a short time span [2]. Management of these confirmed cases COVID-19 has placed a huge burden on the Nigerian health system, which is already struggling under a double burden of both communicable and non-communicable diseases, as well as high risk disease outbreaks such as cholera and lassa fever [3].

Health care facilities have had to convert part of their existing resources to accommodate COVID-19 patients and this is likely to have implications on other EHS as well. The rapidly increasing demand on health facilities and health-care workers for the management of Covid-19 threatens to leave our health systems overstretched and unable to operate effectively [4].

Certainly, when health systems are overwhelmed, EHS services such as routine child vaccination; reproductive health services; management of mental health conditions, communicable diseases and non-communicable diseases; and management of emergency health conditions could be compromised leading to preventable health complications and mortalities [5].

However, there is dearth of information on how the lockdown had affected provision of EHS in Nigeria. Documenting such information will help the Nigerian government, policy-makers, health facilities administrators and advocates of health sector reforms in understanding and addressing the effect of COVID-19 pandemic on provision of EHS. It will also help them in effective allocation of scarce resource as well as developing mitigation strategies in cases of future similar situations.

This brief aims to examine the level of crowding out of EHS as a result of COVID-19 pandemic in Nigerian health sector by specifically identifying the health services that were crowded out; the causes of health services crowding out and responses to prevent crowding out of EHS in Nigeria.



## Materials and Methods



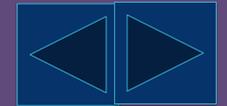
We adopted a scoping desk review of COVID-19 related articles, including media, journal, Nigerian databases and other documents that highlights either State or country-wide issues related to delivery and utilization outputs of EHS pre, during and ease-down period of COVID-19 pandemic in Nigeria.

Service utilization outputs for the years 2019 and 2020 were extracted from Nigeria database- NHMIS, the Multi-Source Data Analytics & Triangulation (MSDAT) Platform [6] to provide information related to poor utilization of services during the pandemic in Nigeria.

The findings were then analyzed into three themes and are presented below.



# Results



## Healthcare services that were crowded out as a result of COVID-19 pandemic

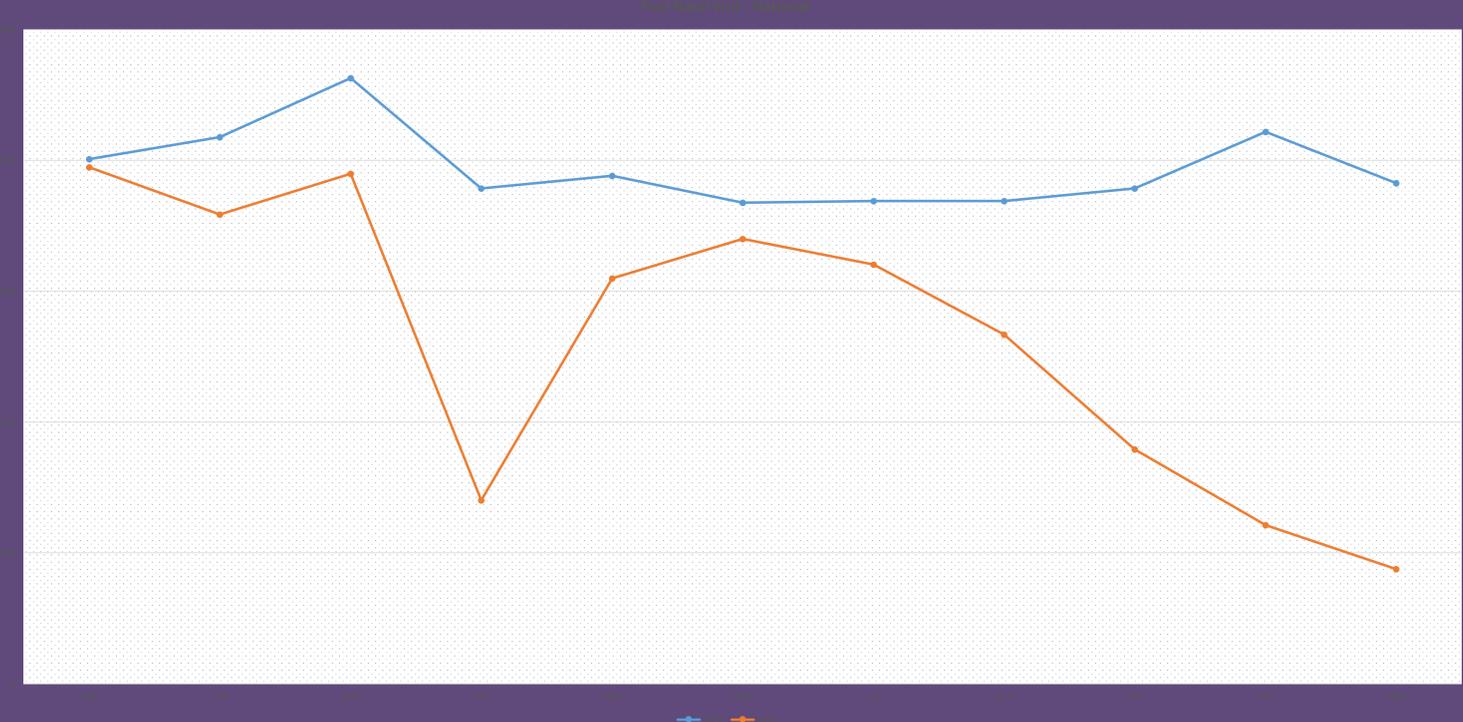
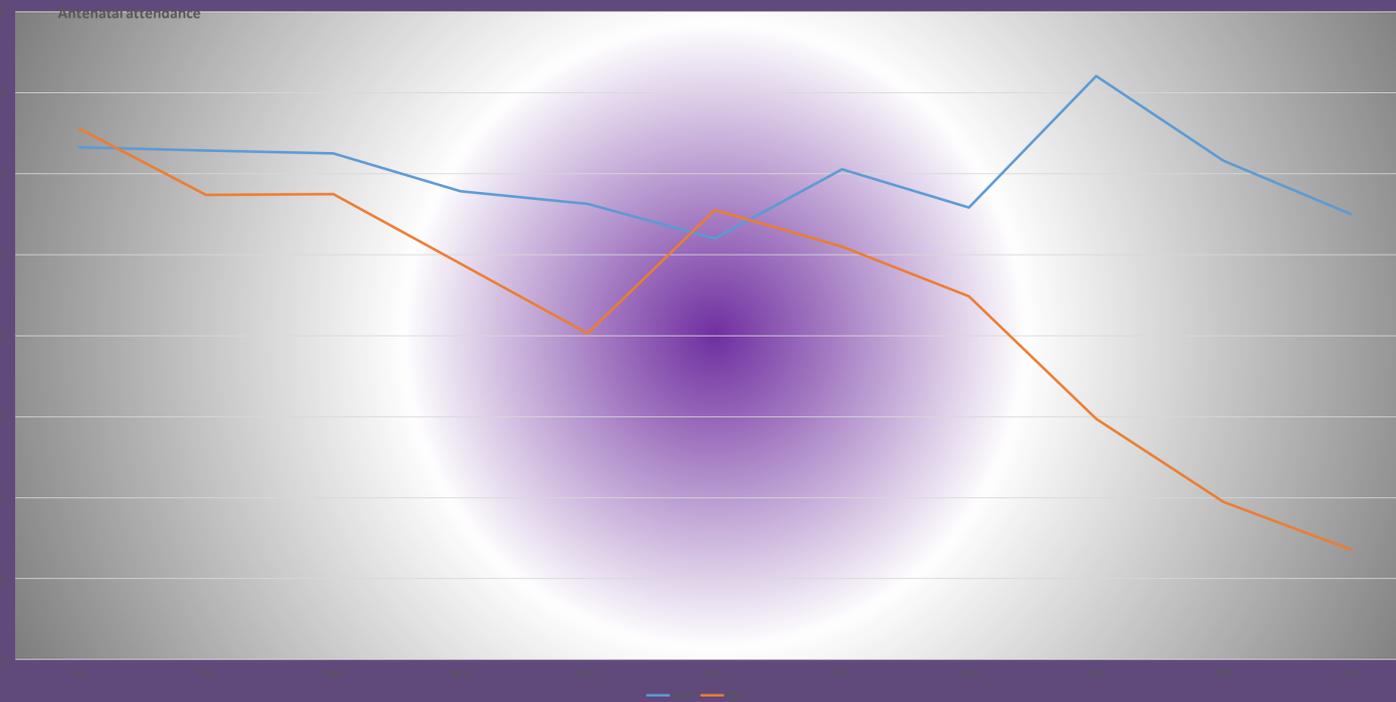


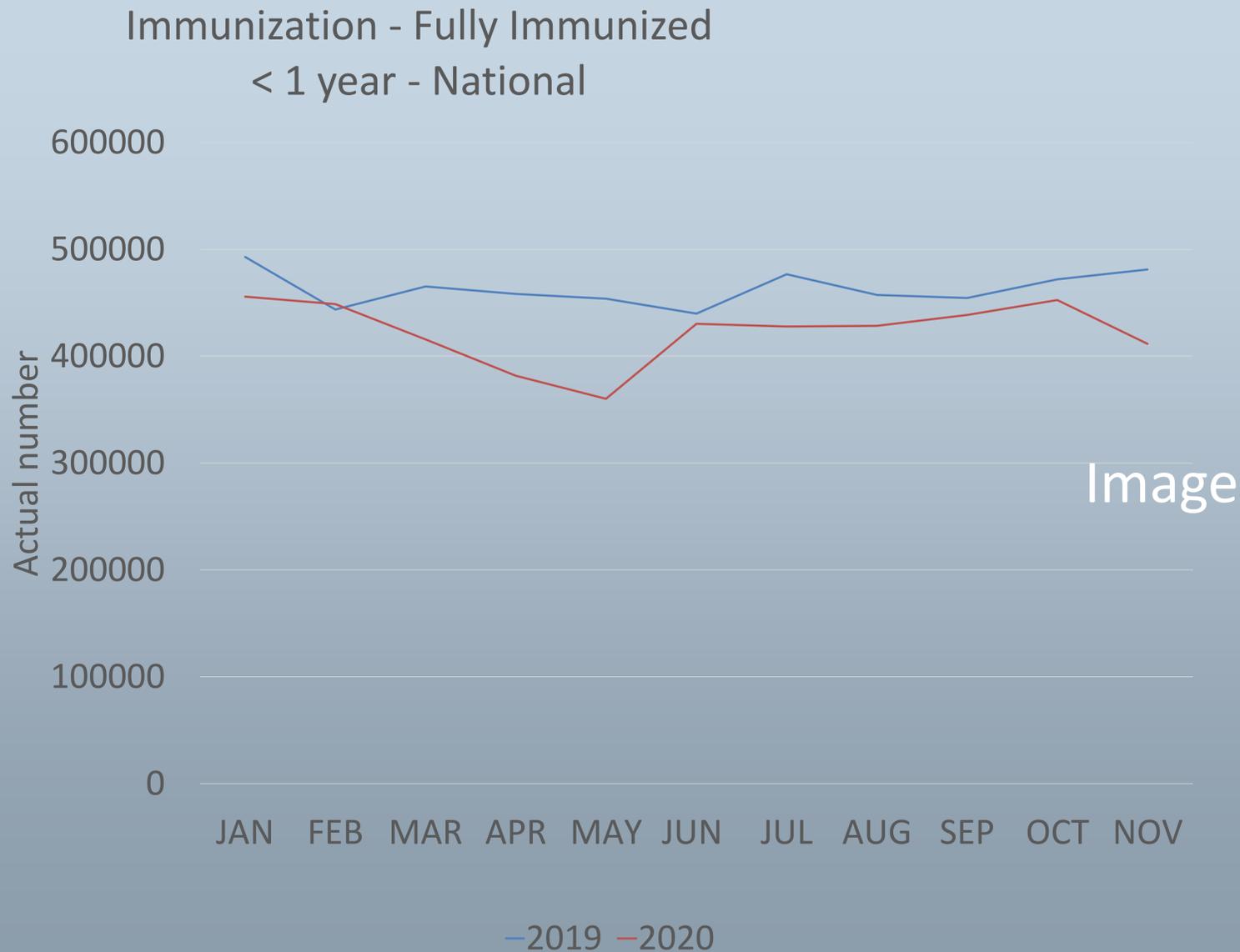
Fig 1:Country performance on antenatal attendance(MSDAT, 20202) The blue line is the result for January to December 2019, while the red line is result for antenatal care for same period but in 2020, showing marked reduction in activities.

Fig 2 shows Country performance on post natal visits for the same period in 2019 and 2020 as well.

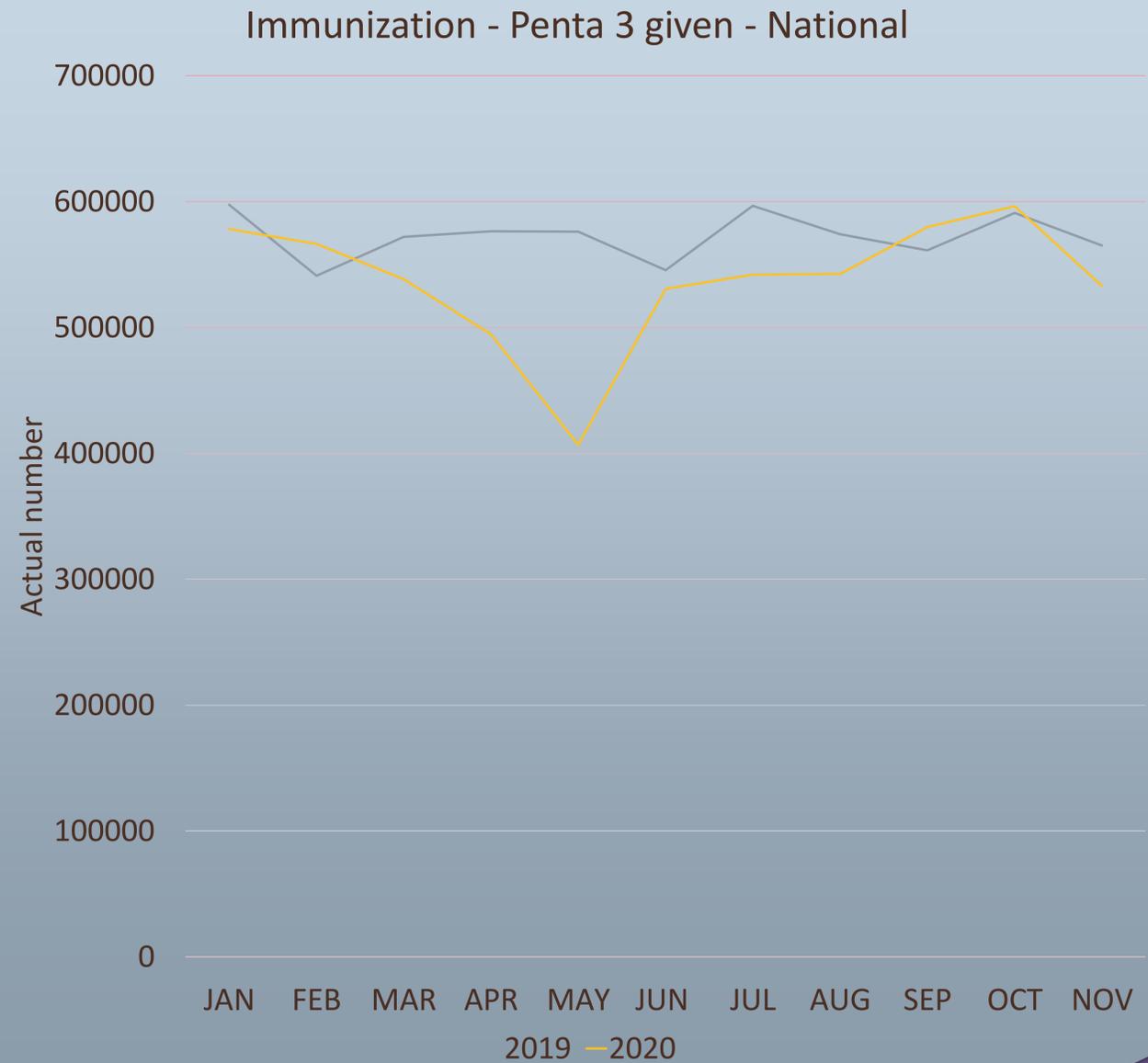


# Results

Figure 3 and 4 shows Country performance on Penta 3 Immunization and total number of fully immunized children less than 1 year (MSDAT, 20202). The blue line is the result for January to December 2019, while the red line is result for antenatal care for same period but in 2020, showing marked reduction in activities.



Image



## Results



Some identified causes of crowding out of EHS include:

- decrease in demand for non-covid-19 services for fear of contracting the disease and stigma
- stay-at home orders during the lockdown period
- interruptions in primary health care system as health workers were affected by the illness and/or cannot work in the absence of or inadequate supply of personal protective equipment
- poor supply of essential health drugs and commodities
- lack of incentives/hazard allowances
- overburdened laboratory system which places a strain on national laboratory infrastructure and capacities
- inadequate resources for health (shortage of human resources, material and money) due to limited political commitment to under-funded health sectors and primary facilities
- weak institutional capacities to implement some of the policies and guidelines for maintaining EHS

## Results



Nigerian government responded by:

- Adopting the recently developed WHO operational guidelines for maintaining essential health services during a disease outbreak
- Adoption of telemedicine
- Strengthening frontline health workers
- Addressing constraints in supply of PPE and other essential health commodities,
- Prioritizing safe delivery under direct support from skilled birth attendant
- Training of different cadres of health workers.

However, these were not sufficient to avert crowding-out of EHS.



# Conclusions and Recommendations



- The COVID-19 pandemic revealed how strained our health systems are and how easily health services can be crowded out in the face of a public health emergency or a pandemic.
- Developing a sustainable method of delivering all health care services in public health emergency situations would go a long way to avoid crowding out of health care services in cases of future outbreaks.

## Recommendations

- Need to examine the coordination of continuity of essential services at the national and sub-national levels to highlight clarity of roles, relationships, and coordination mechanisms in health system governance and across levels of government.
- Need to map what is considered as essential services and provide support to strengthen referral systems which may include inputs such as transportation, power sources, equipment and communication costs.
- Need to investigate from the health workforce, support measures that will keep them healthy, motivated, compensated, properly trained and equipped to continue to deliver EHS in the midst of a pandemic and find ways of implementing these.