

The effect of the COVID-19 on Maternal Newborn
and Child Health (MNCH) Services in Bangladesh,
Nigeria and South Africa: Call for a contextualised
pandemic response in LMICs.

By

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- Bangladesh Health Management Information System (HMIS)
- Service data from two teaching hospitals in Nigeria, Aminu Kano Teaching Hospital (AKTH) and Abdullahi Wase Teaching Hospital (AWTH), Kano
- South Africa: Groote Schuur Hospital (GSH), Cape Town and Steve Biko Academic Hospital, Pretoria



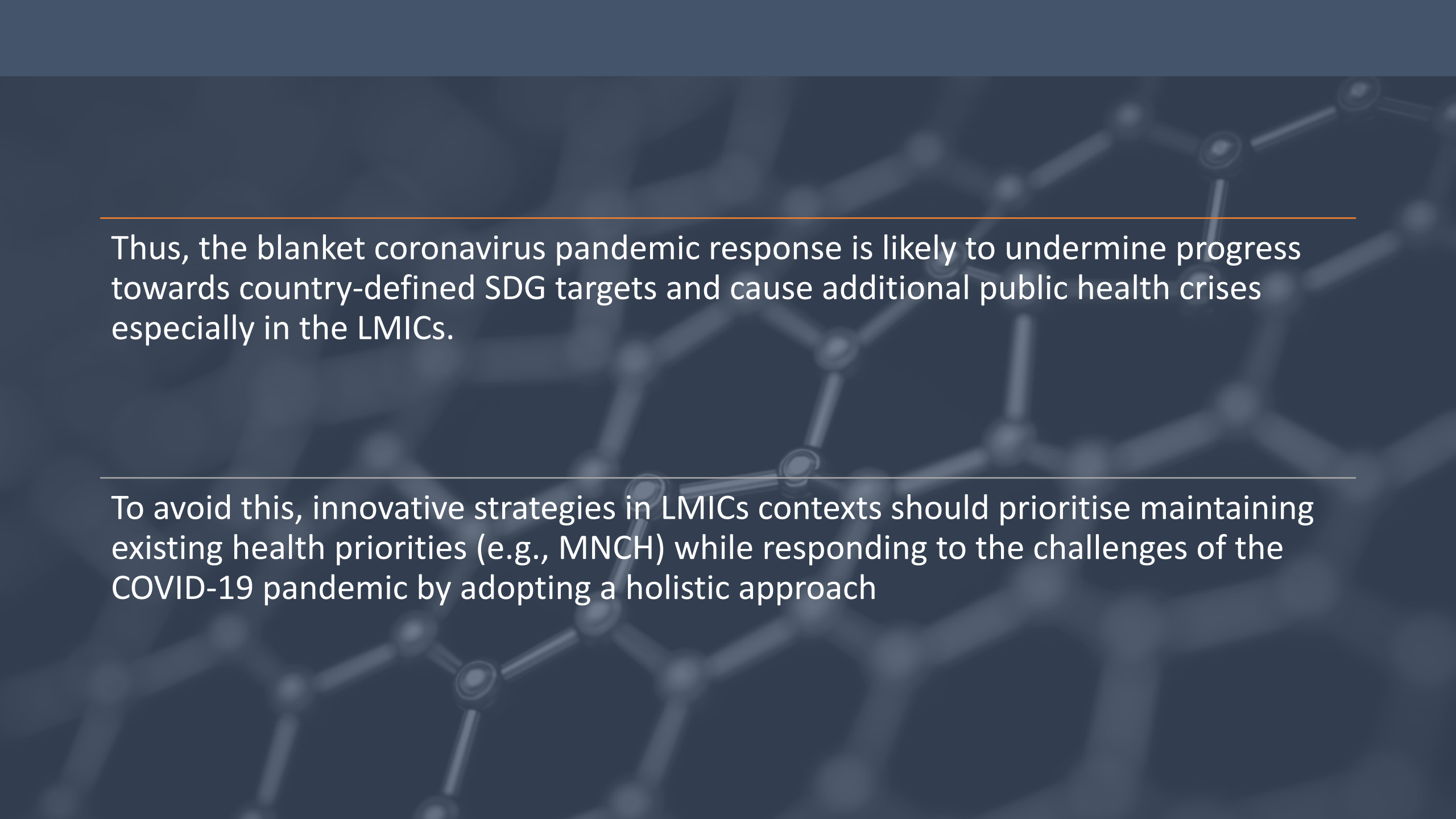
Introduction

- Given the likelihood of recurrent waves of the pandemic globally, COVID-19 mitigation plans should be integrated with standard care provision to enhance system resilience to cope with all health needs.
- Contextualised mitigation plan to safeguard MNCH
- Bangladesh, South Africa and Nigeria as exemplars for LMIC health system



| Country | Bangladesh | Nigeria | | South Africa | |
|--------------------------|----------------|------------------|-------------|--------------|---------------|
| | | AKTH | AWTH | GSH | SBAH |
| Indicator | | | | | |
| Mothers received ANC | March: ↓28.4% | March: Suspended | March: ↓21% | April: ↓7.5% | April: ↓28.6% |
| | April: ↓56.9% | April: ↓65% | April: ↓85% | | |
| | | May: ↓100% | May: ↓100% | | |
| Attendance in FP clinics | March: ↓100% | April: ↓50% | NA** | NA | NA |
| | April: ↓100% | May: ↓72% | | | |
| Children Vaccinated | *March: ↓13.5% | April: ↓50% | NA | NA | NA |
| | April: ↓50.4% | | | | |

| Country | | Nigeria | | South Africa | |
|------------------------------|---------------|---------------|--------------|---------------|--------------|
| Indicator | Bangladesh | AKTH | AWTH | GSH | SBAH |
| | | | | | |
| NVD | March: ↓31.7% | April: ↓11.3% | March: ↑24.5 | March: ↓11% | March: ↑26.5 |
| | April: ↓57.6% | May: ↑9% | April: ↑25.1 | April: ↑14.3% | April: ↑39.6 |
| | | | May: ↓7.3 | May: ↑13.2% | |
| CS | March: ↓50% | April: ↓10% | March: ↓14.7 | March: ↑4% | March: ↑7.2 |
| | April: ↓76.6% | May: ↑3.7% | April: ↓18.8 | April: ↑22% | April: ↑40.9 |
| | | | May: ↓31.0 | May: ↓2% | |
| Total Deliveries (NVD+CS) | March: ↓40% | April: ↓10.8% | March: ↑14.1 | March: ↓2% | March: ↑15.3 |
| | April: ↓67% | May: ↓5.4% | April: ↑13.4 | April: ↑19% | April: ↑40.4 |
| | | | May: ↓17.1 | May: ↑5% | |



Thus, the blanket coronavirus pandemic response is likely to undermine progress towards country-defined SDG targets and cause additional public health crises especially in the LMICs.

To avoid this, innovative strategies in LMICs contexts should prioritise maintaining existing health priorities (e.g., MNCH) while responding to the challenges of the COVID-19 pandemic by adopting a holistic approach

Suggested measures

Local MNCH care providers and managers need to be consulted to understand the breadth of the socio-economic impact of COVID-19 and COVID-19 response measures, and their relation to MNCH care provision.

- to consider locally acceptable measures to improve compliance with social distancing and identifying the needs of the local healthcare providers.

The COVID-19 mitigation plans need to be segregated by the tiers of the health system (e.g. primary, secondary and tertiary) of the respective country.

- to identify the scope of MNCH care providers and managers at different levels to help adapt the COVID-19 response to the specific context.

An efficient and robust combination of community-based education and COVID-19 testing with essential training

- continue provision of existing MNCH services amidst COVID pandemics whilst ensuring appropriate essential task shifting and limiting duplication and wastage of resources.

The COVID-19 mitigation strategies should be integrated and embedded within the existing HMIS of the respective countries,

- to facilitate acquisition of data on trends, thereby helping to generate evidence-based policy decisions to inform resource allocation and tracking of MNCH and other non-COVID-19 services as well as COVID-19 services.

Conclusion

Political, economic and contextual factors are crucial for a resilient health system.

Coordination between actors to establish communication and information and reporting channels

Communities and health professionals can help inform locally designed approaches.

Further research is required in LMIC to enable culturally relevant and context-appropriate approaches

Maintaining other essential health care services including MNCH.

THANK you!

