

The Policy Tracker catalogues 198 policies across 115 health services

POLICY REVIEW

198 documents reviewed including national and sub-national policies, guidelines, operational guidance, and strategic plans.

Policy documents sourced from local Ministries of Health, UNICEF, PMNCH, GFF, and implementing partners.

119 countdown countries

115 essential health services

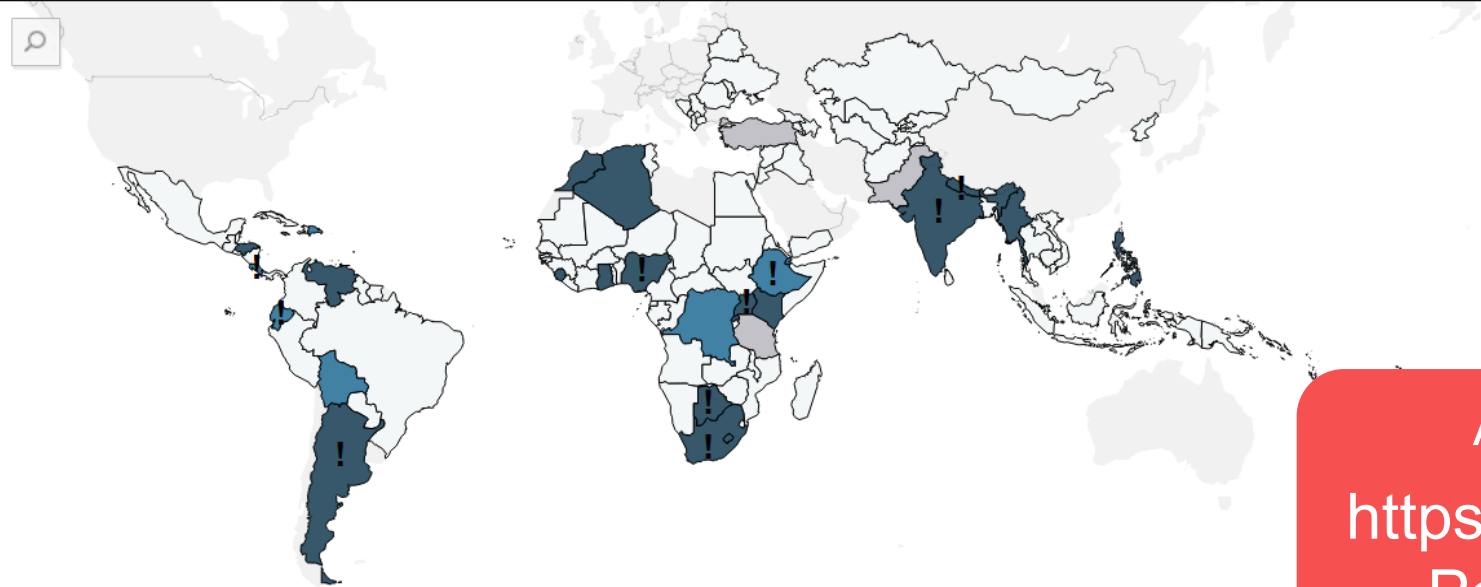
5 deep dive countries

Program activity: ANC policies as of August 2020

Policy status

- Recommends continuing health services with additional adaptations (telehealth, etc)
- Recommends continuing health services with Infection Prevention Control (IPC)
- Does not mention health service
- No policies reviewed

! An exclamation point indicates multiple policies with variable guidance. Countries are colored according to the *most supportive* policy coded.



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User controls

Health area
Maternal and newborn

Program activity
ANC

Include draft policies?
 Yes
 No

Date
August 2020

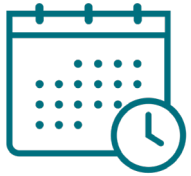
Want more guidance on maintaining essential health services?

Available at:
<https://bit.ly/COVIDPoliciesPATH>

The majority of policies reviewed recommend continuing or adapting essential health services

Recommendation	Percent of policies with at least one recommendation
Adapting the delivery of an essential health service to ensure continued provision	59%
Continuing, with infection prevention control (IPC) measures, an essential health service	58%
Pausing or suspending an essential health service	11%

A taxonomy of service delivery adaptations observed



Appointment scheduling



Integration at point of care



Telehealth consultations



Prioritize high-risk patients



Multi-month prescribing



Alternative treatment



Extended service hours



Task shifting to lower-level care



Self-care by patients



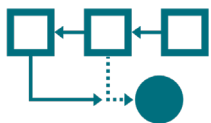
Intensified outreach



Commodity delivery



Presumptive treatment



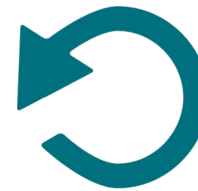
Patient intake configuration



Home-based visits



Designated COVID facilities



Planning for lost progress

Kenya: adapting health service delivery at point of care

Policies recommend that antenatal care visits for pregnant women should be reduced to four face-to-face visits where feasible, supplemented by four teleconsultations or virtual contacts.

Telehealth



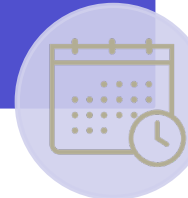
Guidance on postnatal care encouraged dividing the patients among different risk levels. Women at low risk should be attended to at lower levels of care (same locality dispensary and health center).

Task shifting



Staggered appointment scheduling was noted for multiple health services, primarily for appointments for routine immunization services and contraception counseling.

Appointment scheduling



Policies recommended that providers enumerate cohorts of children who may have missed their vaccine doses and develop an action plan for catch-up vaccination.

Recouping lost progress

