The impact of COVID-19 on maternal, newborn and child health and nutrition services

Analysis, based on the LiST and key informant interviews 2020–2021
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This report is part of the programme ‘Mitigation of the impact of COVID-19 on the lives of children and parents in the Western Balkans and Turkey’ which has received funding from the European Union.

This publication was produced with the financial support of the European Union. Its contents are the sole responsibility of UNICEF and do not necessarily reflect the views of the European Union.
Introduction

UNICEF, with financial support from the European Union, implemented a two-year regional multi-sector action that focuses on mitigating the impact of COVID-19 on the lives of children and families in the Western Balkans (Albania, Bosnia-Herzegovina, Kosovo, Montenegro, North Macedonia and Serbia). The health objective aimed at strengthening the continuity of essential health and nutrition services and the capacity of health service professionals.

In 2020–2021, in order to better align the maternal, newborn and child health and nutrition (MNCHN) programming and response in the midst of a pandemic and to mitigate the risks of a prolonged pandemic on MNCHN services, UNICEF conducted a mixed-method analysis examining the impact of COVID-19 on MNCHN status and services in the region. This country brief presents key findings and recommendations.

In Bosnia and Herzegovina, survey responses indicated that all services were maintained. As a result, the resulting change in adverse health outcomes was not significant.

Routine immunization programmes reportedly experienced some brief disruption during the pandemic. The country did not report any stockouts overall for vaccines, but intermittently experienced some difficulty due to the lack of some vaccines, though those were quickly resolved. Catch-up activities were planned and implemented as needed by January 2021.

Models were established from survey responses submitted by in-country informants that included local practitioners and/or health programme staff. Changes in health outcomes resulting from direct or indirect influences were examined. In Bosnia and Herzegovina, survey responses indicated that all services were maintained. As a result, the resulting change in adverse health outcomes was not significant.
National Response to the COVID-19 Pandemic

With COVID-19 cases and deaths first confirmed in March 2020, a state of emergency was declared. Lockdown measures were rolled out for both the Federation of Bosnia and Herzegovina and Republika Srpska entities. Mitigation efforts included stay-at-home orders or movement restrictions, curfews, and school and workplace closures.

Changes in Access to Essential MNCHN Services

Moderate disruptions were noted during this period regarding the availability of specific health services including infant and young child feeding and breastfeeding programmes, but mitigation measures did not impact the quality of these programmes, which was reported to be only mildly disrupted. The survey responses indicate that the utilization of and demand for these maternal or child nutrition services was not impacted, though severe disruption was noted for the utilization of and demand for immunization. The quality of well-child services was moderately impacted with use and demand severely disrupted according to survey responses.

No essential services were suspended (Table 1), and family planning, immunization, severe acute malnutrition, infant and young child feeding, and growth monitoring services were modified.

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<th>Table 1. Changes in access to essential MNCHN services</th>
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Key informants acknowledged the central role that representatives from national (e.g., Association of Gynecologists and Obstetricians, Association of Pediatricians, Chamber of Medical Doctors, Society of Medical Doctors) and international organizations (e.g., UNICEF and WHO) played in guiding and organizing the country’s pandemic response, including MNCHN mitigation strategies.

One example cited was the initial confusion among providers and mothers about the risk of COVID-19 infection for pregnant and lactating mothers, namely it was unclear if women with suspected COVID-19 should continue breastfeeding. The Association of Pediatricians followed guidelines provided by UNICEF and continued to monitor and update guidelines for providers and patients. Health promotion materials for continued breastfeeding included training for providers training and used print and social media to disseminate key messages nationwide.

Informants noted that the delivery of nutrition programmes in general for mothers and children was not significantly disrupted, however they reported that the primary threat to maintaining optimal nutrition was increases in the cost of some nutritious and essential food items. The rising cost of essentials such as citrus fruit and baker’s yeast compounded the challenges for households resulting from economic instability and potential unemployment.

The Ministry of Health in Republika Srpska established a commission that was tasked to visit all tertiary, speciality and general hospitals, and clinical centres to monitor how their location was organized and functioning in response to the progressing pandemic. Provision of other routine services was hampered to some degree as scheduled appointments had to be modified and some non-essential treatments were delayed. This primarily affected adults. The situation at paediatric and gynaecology clinics was reported to be better as patient volume decreased, and the risk of community exposure was reduced.

Routine immunization programmes reportedly experienced some brief disruption during the pandemic with interruption of services due to COVID-19. The country did not report any stockouts overall for vaccines, but intermittently experienced some difficulty due to the lack of some vaccines that soon resolved was cited by a key informant. Catch-up activities were planned and implemented as needed by January 2021.
Utilization of Essential MNCHN Services

To explore the impact of health system disruption on health outcomes, the Lives Saved Tool (v6.06, https://www.livessavedtool.org) was used to model the impact of the pandemic in Bosnia and Herzegovina. Models were created based on statistical data (DHS, MICS) and based on survey responses. According to the modelling, the utilization of the following services shows the largest reduction: immunization, well-child, and family planning (Figure 1).

**Figure 1. Modeled reduction in service utilization, %**

![Modeled reduction in service utilization, %](image)
Impact on MNCHN Outcomes

In Bosnia and Herzegovina, survey responses indicated that all services were maintained and the resulting change in adverse health outcomes was not significant (Figures 2 and 3).

**Figure 2. Impact on MNCHN Outcomes: U5MR**

USMR - Under 5 Mortality Rate; NMR - Neonatal Mortality Rate; SBR - Stillbirth Rate; MMR - Maternal Mortality Rate

**Figure 3. Impact on MNCHN Outcomes: Stunting and low birth rate**

Child stunting 12-23 months  Child stunting 0-59 months  Low birth rate
Recommendations to Safeguard the Health and Nutrition of Mothers, Newborns and Children

Maintaining the delivery of essential MNCHN services during a global pandemic and other emergencies requires a strong and resilient health system. Several key areas will be critical to restore, rebuild, and strengthen in order to improve health outcomes. Recommendations for Bosnia and Herzegovina focus on the importance of sound leadership to guide a unified national response, a reliable up-to-date information system, and ensuring equitable access as the critical elements needed to strengthen the COVID-19 response in the country.

Technical leadership/international guidance as a foundation

- Maintain close WHO and UNICEF partnerships in order to promptly roll out timely guidelines and respond appropriately to concerns expressed by local providers and patients (e.g., guidance about breastfeeding).

- Actively engage with and maintain an active network of MNCHN constituencies, which draws together academic experts, healthcare professional associations and international agencies, for the rapid exchange of information and continued communication to address emerging issues or problems. Maintain a platform for exchange that precludes fragmented and conflicting or inconsistent messaging from organizations, which could lead to inefficient and stalled policymaking.

Information systems to guide the way

- Strengthen information systems for health system monitoring in order to improve the readiness and preparedness of facilities to respond not only to the current situation but also to future outbreaks of similar scope and impact.

- Establish and reinforce for course correction robust mechanisms of data collection, prompt review, and decision-making.

- It is critical to ensure that equivalent data are uniformly collected and updated consistently, given the regional and cantonal structure of Bosnia and Herzegovina; a greater degree of standardization will allow comparisons and adjustments to be made, both within and across health facilities, to improve resource allocation and preparedness planning.

- Information systems allow trends to be tracked for the mitigation of future disruptions under similar circumstances. Planning is required now for the long-term continuity of essential health services thus avoiding severe disruptions impacting mothers and children.

Service delivery

- Plan and conduct immunization catch-up campaigns that are aggressive and well-resourced while preparedness planning should ensure that clinic closures do not occur during future waves of the pandemic.

- Vaccination must be prioritized as an essential public health service and immediately restored and maintained with adapted strategies if needed.

- Focus on reaching communities that still lag behind or have yet to receive healthcare services.

- Plan and conduct mass vaccination campaigns as a key line of defence and forcefully prioritize immunization for those at highest risk of infections and those who are in danger of experiencing life-threatening complications.

The following recommendations relate to relates to the mental health crisis that is emerging due to the pandemic

- Bolster mental health services for those hospitalized, at home in insolation, or working in a demanding clinical environment on an urgent basis.

- Protect the mental health of overburdened frontline workers and draft a centralized plan to provide expanded psychological support services. A healthy workforce is one of the most critical components of a robust and well-functioning health system, and one of the most conspicuous threats weakening this asset is the mental and psychological strain caused by stress as the death toll rises.
• Ensure key services reach vulnerable groups, creating demand for COVID-19 vaccines, and develop a feasible plan for timely mental health support to avoid dire outcomes as the pandemic continues.

Risk communication and community engagement

• Develop careful messaging to alleviate fear and mistrust and to create demand for services, especially in migrant and refugee reception centres and other settings housing vulnerable groups.

• Plan and conduct an effective behaviour change campaign to combat misinformation and to increase uptake of the five available types of COVID-19 vaccine among eligible adults, which currently has waned.

Overall, these are recommendations to improve children’s healthcare services

• **Strengthening healthcare systems:** Improving access to essential healthcare services such as immunization, and investing in the healthcare infrastructure and human resources.

• **Promoting early childhood development:** Providing early childhood education, nutrition, and care services to support healthy development and prevent health problems later in life.

• **Addressing social determinants of health:** Addressing social and economic factors, such as poverty, housing, and education, that can have a significant impact on children’s health outcomes.

• **Ensuring equity:** Addressing health disparities among different groups of children, including those living in poverty, in rural areas, and from minority populations.