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
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, Serbia). The action’s 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 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.

Key findings include:

Availability of some health services including family planning, antenatal care, delivery, routine postnatal care, immunization, well-child and infant and young child feeding programmes continued although availability was modified. Postnatal care quickly resumed while delivery of the other services was still modified. Quality for most programmes was moderately or mildly impacted.

Recommendations for Montenegro focus on strengthening the health information systems to support key functions such as surveillance and monitoring, building a robust and diverse workforce to deliver care and improving the health of the population, and promoting a strong uniform voice of leadership to reinforce evidence-based recommendations.

Models were created to assess the influences of the pandemic. Coverage changes were not sizeable in Montenegro because services were either rapidly restored (e.g., through immunization catch-up campaigns) or sustained throughout with modifications.
National Response to the COVID-19 Pandemic

The first COVID-19 cases were confirmed in Montenegro in March 2020, the last country in Europe to report being affected. By mid-March 2020, the country’s borders were closed, as were clubs and restaurants. The incidence rate increased dramatically in March 2021 and amidst fears that a third wave was reaching Europe, the army was enlisted by the government’s COVID-19 response team to enforce public compliance with mitigation measures. With clubs and restaurants requiring identity and a national COVID-19 certificate that confirms vaccination, recent negative PCR test, or recovery from COVID-19, privacy advocates voiced concerns about the protection of personal health data.

The government had prepared a National Preparedness and Response Plan by the end of March 2020 with the National Coordination Body for Communicable Diseases, comprised of representatives from several national authorities and serving as a national coordinating body for pandemic response. Reorganization of healthcare was carried out by the National Health Service based upon recommendations from the Institute for Public Health. The Ministry of Health recommended all healthcare sectors continue to function with appropriate infection prevention and control practices in place. Structural mitigation measures included reduced patient load in clinics and use of personal protective equipment for all health workers.

Changes in Access to Essential MNCHN Services

The availability of some health services including family planning, antenatal care, delivery, routine postnatal care, immunization, well-child and infant and young child feeding programmes continued, although availability was modified. No essential services were suspended and only a few services were modified (Table 1).

<table>
<thead>
<tr>
<th>Service</th>
<th>Status</th>
</tr>
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<tbody>
<tr>
<td>Family planning</td>
<td>Suspended</td>
</tr>
<tr>
<td>Antenatal care</td>
<td>Modified</td>
</tr>
<tr>
<td>Labour and delivery</td>
<td>No change</td>
</tr>
<tr>
<td>Emergency labour and delivery</td>
<td>No change</td>
</tr>
<tr>
<td>Routine postnatal care</td>
<td>Suspended</td>
</tr>
<tr>
<td>Care for small and sick newborns</td>
<td>Suspended</td>
</tr>
<tr>
<td>Immunization</td>
<td>No change</td>
</tr>
<tr>
<td>Well-child care</td>
<td>Suspended</td>
</tr>
<tr>
<td>Sick-child care</td>
<td>No change</td>
</tr>
<tr>
<td>Infant and young child feeding</td>
<td>No change</td>
</tr>
<tr>
<td>Salt iodization</td>
<td>No change</td>
</tr>
<tr>
<td>Growth monitoring and promotion</td>
<td>No change</td>
</tr>
<tr>
<td>Water, sanitation, and hygiene</td>
<td>No change</td>
</tr>
<tr>
<td>Infection prevention and control</td>
<td>No change</td>
</tr>
</tbody>
</table>
Postnatal care quickly resumed while delivery of the other services remained modified. Based on interviews, the quality of most programmes was moderately or mildly impacted except for emergency labour and delivery, small and sick newborn care, and sick-child visits, which were unchanged. Use or demand for services was moderately impacted for antenatal care, well-child visits, and growth and monitoring programmes.

For routine immunization, services were modified, and the quality of services was moderately disrupted. Monitoring data showed a slight 4 per cent reduction in MMR coverage for the study period. Declines in immunization have been noted by national officials since 2014, attributable to increasing anti-vaccination rhetoric and some parents remaining willing to vaccinate but opting for extended delays or waiting longer to seek childhood immunizations.

Human resources, communication, and health promotion resources were “focused on COVID for almost a year [which led to] significant lagging behind with so many preventive programmes,” as reported by a senior health official from the national Institute for Public Health. Preventive care, falsely viewed as optional, has been postponed although catch-up activities for childhood immunization were planned and implemented by early 2021.

Mass vaccination with COVID-19 vaccines is underway in Montenegro. In collaboration with COVAX and UNICEF the first shipment of vaccines arrived in March 2021 and the second in May 2021. Approximately one-third of the population is fully vaccinated as of Q3 2021.

Vaccination has not been made mandatory for employment but entry to public venues requires proof of vaccination or a negative test result. Public support for COVID-19 vaccination among citizens is generally high with most agreeing that immunization is a public health priority, and the percentage who would decline is decreasing.
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 Montenegro. Models were created based on statistical data (DHS, MICS) and based on survey responses. Modelling showed that coverage changes were not sizeable in Montenegro because services were either rapidly restored (e.g., through immunization catch-up campaigns) or sustained throughout with modifications. According to modelling, the utilization of the following services shows the largest reduction: immunization, well-child care, antenatal care and family planning (Figure 1).

Respondents indicated that clinics were closed for only a few weeks before reopening and immunization service delivery points, typically housed in primary healthcare centres throughout the country, were never closed.

Figure 1. Modelled reduction in service utilization, %
Impact on MNCHN Outcomes

The impact on maternal and child health outcomes in Montenegro was not significant (Figures 2 and 3). Of note, any impact from delaying care (e.g., antenatal care or well-child visits) by a month or two were not quantified because modelling trends are assessed by year. Furthermore, any impact from delays in care for adult non-communicable diseases (e.g., cardiovascular disease, cancer) were not quantified and thus may lead to some underestimation of the effects of the impact.

Figure 2. Impact on MNCHN Outcomes: U5MR

Figure 3. Impact on MNCHN Outcomes: Stunting and low birth rate
Recommendations to Safeguard the Health and Nutrition of Mothers, Newborns and Children

To maintain delivery of essential MNCHN services during a global pandemic will require a strong and resilient health system. Several key areas are critical to restore, rebuild, and strengthen in order to improve health outcomes. Recommendations for Montenegro focus on strengthening the health information systems to support key functions such as surveillance and monitoring, building a robust and diverse workforce to deliver care and improve population-level health, and promoting a strong uniform voice of leadership to reinforce evidence-based recommendations and carry out a strategic plan to rebuild public trust and ensure preparedness planning for the future.

Strong leadership and technical guidance as a foundation

- Address inconsistencies in practice or implementation, to match the aligned national policies with guidance from global authorities such as WHO and UNICEF during the pandemic. Adhere to recommendations such as mask wearing and distancing.

- Advocate for, and emphasize continued adherence to public health best practices paired with an efficient strategy for COVID-19 immunization. There is a need for targeted interventions to improve access for the elderly and other high-risk groups at the community level, including minority communities.

- Strengthen contingency planning to address future waves or pandemics.

- Maintain close partnership with international organizations, for example WHO and UNICEF, in conducting a series of public surveys assessing vaccine attitudes, knowledge, and acceptance. As trends of vaccine acceptance continue to improve, messaging to clinicians and the public must promote continued vigilance and commitment to infection prevention and control and immunization as key interventions.

- Disseminate information from WHO and UNICEF, promoting restoration and continuity of services including childhood immunization, to guide national plans in the context of COVID-19 and address barriers to demand. Lingering concerns or fear of COVID-19 infection from health facilities reduced utilization of public health centres as mothers preferred to seek care at private clinics, expecting better quality of care and reduced wait-times or smaller crowds.

Service delivery

- Improve health communication across multiple platforms about precautions put in place for safe delivery of care in order to boost confidence in public sector services.

- Invest in telemedicine in the public sector and communicate to the general public the telemedicine options in addition to traditional ways of delivering healthcare services.

Health information systems to guide and plan for the future

- Build a robust health information platform that collates accurate metrics to assess and improve the decision-making process across various sectors. Develop a reliable platform to collect updated data about epidemiological trends, available resources (e.g., medications and equipment, human resources, supplies of essential commodities), and processes such as standardized reporting that would facilitate tracking and monitoring of progress or detection of emerging issues.

- Follow vaccine-preventable diseases and incorporate potential outbreaks. Although the focus of surveillance departments shifted to the COVID-19 response, the country’s dependence on tourism and international visitors heightens concerns about the risk of outbreaks such as measles due to low vaccination coverage. It is critical to quickly rebuild surveillance and conduct catch up measles vaccination.
• Support an integrated public health strategy that encompasses primary, secondary, and tertiary prevention efforts, with a focus on both leading risk factors and contributors to the burden of disease, as well as current patterns about where care is being sought and the quality of the interventions being delivered. With this critical contextual information, updated data about the delivery of health services can guide efforts to shape demand and improve the care being delivered.

**Human resources as a precious asset**

• Ensure the availability of skilled health professionals including doctors and nurses is evenly distributed across the municipalities. Address the human resource gaps by increasing training or task shifting, including for the efficient rollout of the COVID-19 vaccine. Engaging the private sector as a partner may improve rates of immunization by increasing the workforce that could be mobilized.

• Increase the uptake of COVID-19 vaccines among healthcare workers through improved messaging and risk communication. Historically low participation in influenza immunization among healthcare workers foreshadowed lagging interest, but protection of frontline workers is essential to mitigate the toll of the pandemic.

**Risk communication and community engagement**

• Ensure consistent messaging about the mitigation of risk and continued care-seeking, and sustain or increase demand for COVID-19 immunization.

**Further recommendations to improve children’s healthcare services**

• **Encouraging multidisciplinary collaboration:** Foster collaboration between healthcare providers, social workers, educators and other stakeholders to address the social determinants of health that affect children.

• **Promoting family-centred care:** Emphasize the importance of family-centred care, which involves families and caregivers in all aspects of their children’s healthcare, to improve outcomes and patient satisfaction.

• **Advocating for children’s health:** Advocate for policies and programmes that prioritize children’s health, including funding for and expansion of healthcare services.

By implementing these recommendations, healthcare systems can improve the quality and accessibility of healthcare services for children, ensuring that every child has the opportunity to grow up healthy and thrive.