



## Letter to the Editor

## Impact of COVID-19 pandemic on antenatal healthcare services in Sub-Saharan Africa



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## ABSTRACT

Many Sub-Saharan African countries have been known to suffer various challenges which threaten the quality of health services that are offered to the population. With the emergence of COVID-19 outbreak, it is not impossible that access to quality antenatal care services would be further threatened in the region due to the competition for limited health care resources. This paper seeks to highlight the impact of COVID-19 pandemic on antenatal healthcare services in Sub-Saharan Africa. It is imperative for all African countries to put up measures to ensure antenatal care services, which are just as important and needed, are not disrupted due to the urgent need to shift limited resources to contain the COVID-19 pandemic.

Organisations, institutions, and resources that work to improve health and cater for the population health status play a key role in responding to epidemics [1]. The healthcare system in the face of the increased challenges caused by the COVID-19 pandemic plays an important role in measuring the level of effectiveness of responses and status of populations in the various sub-sectors of healthcare delivery services. It is therefore very important that the healthcare system has all its arms fully functional, else the lapses will become evident. It is known that healthcare systems in Africa face various challenges which include lack of funds, low healthcare workforce, inequitable allocation of resources to health, high disease burden, lack of political will, poor leadership and outdated infrastructure amongst others [1–3]. The effects of these shortfalls affect all sub-sectors of the healthcare system [4] including antenatal care service provision. This letter seeks to highlight the impact of COVID-19 pandemic on antenatal healthcare in Sub-Saharan Africa.

Preventable causes of pregnancy and childbirth mortality continue to be a challenge in low and lower middle-income countries. Between 1990 and 2015, maternal mortality had decreased by over 40%, however, maternal mortality levels have continued to remain unacceptably high in Sub-Saharan Africa (SSA) [5]. Poor access to quality antenatal care (ANC) contributes significantly to these preventable maternal deaths [6]. In regions with the highest rates of maternal mortality, such as SSA, only 52% of women had at least four ANC visits [7]. With the emergence of COVID-19 pandemic, it is not impossible that access to quality antenatal care services would be further threatened in the region.

Healthcare systems of Africa have been known to suffer various challenges which threaten the quality of health services that are offered to the population [2]. This already fragile health system is overburdened with a formidable task to address COVID-19 pandemic. It has been reported that systems are preyed upon by limiting factors such as lack of funds, poor infrastructure – which is as a result of low budget allocation to the health sectors across countries in the continent, against the agreed health budget allocation for African countries in 2001 [8]. The healthcare system in Africa is also haunted by the problem of access as it is shown to be the greatest challenge of health delivery on the continent [1]. Other challenges discussed include corruption in the public sector,

counterfeit drugs, shortage of workers, and changing medical needs of the population. Although the areas which should be confronted within the system are known, some African governments are yet to make significant strides towards improving their health systems [9–11].

Reports from a multi-stakeholder collaboration tracking country-level coverage for maternal, new born and child health in 2015 shows that a large proportion of women (90%) have at least one ANC visit, while only 57% have the recommended four or more ANC visits [12]. As part of reproductive healthcare, using evidence-based practices, ANC provides a peculiar and lifesaving opportunity for the promotion of health, prevention of diseases, early diagnosis, and treatment of illnesses in pregnancy. To achieve the highest level of care, the WHO previously recommended that every pregnant woman should have at least four ANC visits through the course of the pregnancy with the first visit taking place in the first trimester of pregnancy [13]. In November 2016, WHO revised its recommended minimum number of ANC visits from four to eight contacts [14]. The revised guideline emphasizes the need for early ANC, particularly in the first trimester of pregnancy and getting the necessary services.

Despite this, a global report in 2017 showed that out of five women only three attended at minimum of four antenatal visits, with Sub-Saharan African countries having only 52% of women had at least four ANC visits [7]. It has shown that the provision of improved ANC service is less likely to bring about better health outcomes if uptake is low as observed in most Sub-Saharan African countries [15]. It is therefore important to ensure that the hard-won achievement of addressing maternal mortality in Sub-Saharan African countries is not reversed due to COVID-19 pandemic.

COVID-19 is a threat to the hard-won achievement in addressing maternal death and associated issues in the country. It is noteworthy that mothers and new-borns are being greeted by harsh realities of COVID-19, coupled with the need to ensure global containment measures; health centers being overstretched with response efforts; limited supply of equipment due to the disrupted supply chain; and shortage of skilled birth attendants as health workers need to respond to COVID-19. A report from Kenya, Tanzania and Uganda, the regions with consistently high

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maternal and neonatal mortality rates, also revealed that COVID-19 pandemic has grossly affected antenatal care services [16].

Accessing healthcare for non-COVID-19 related health issues, including antenatal care services, have been grossly impacted [4,17]. This is largely due to restrictions in movement, a reduction in available healthcare services, and paucity of healthcare providers due to the need to respond to COVID-19. Although inadequate healthcare access has its effect on the larger population, health-related gender inequalities currently in existence will get farther worse, translating to severe outcomes for women and girls [18,19].

The pandemic has also resulted into redirection of funds and attention by governments, donors, and stakeholders towards COVID-19 containment efforts, thereby diverting focus from other important issues including sexual and reproductive health. This has led to women and girls being less able to access important health care services. For instance, due to COVID-19 pandemic, 5633 static and mobile health clinics and community-based care centers of the International Planned Parenthood Federation have closed across 64 countries. Africa region has witnessed the highest number of mobile clinics closed, with 447 shutting down due to the pandemic [20]. United Nations Population Fund response to COVID-19 as contained in their COVID-19 Technical Brief for Maternity Services recommends that countries to create a sustainable ANC service delivery model applicable to their own country's context, ensuring that there is adequate collaboration of care across ANC contact points through defined mechanisms [21].

## Conclusion

As the Sustainable Development Goal 3 Target 1 aims to reduce the global maternal mortality ratio to less than 70 per 100 000 live births by 2030, it is essential that African governments continue to put in needed efforts to ensure this global goal is achieved by ensuring antenatal care services and other related healthcare services are not disrupted due to the urgent need to contain the COVID-19 pandemic.

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## Competing interests

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