

# SEXUAL REPRODUCTIVE HEALTH AND COVID-19 IN UGANDA

AVOIDING THE PITFALLS OF UNINTENDED CONSEQUENCES FOR MATERNAL,  
NEWBORN, CHILD, ADOLESCENT, AND NUTRITION HEALTH IN THE NATIONAL  
RESPONSE

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# SEXUAL REPRODUCTIVE HEALTH AND COVID-19 IN UGANDA:

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**AVOIDING THE PITFALLS OF UNINTENDED CONSEQUENCES FOR MATERNAL, NEWBORN, CHILD, ADOLESCENT, AND NUTRITION HEALTH IN THE NATIONAL RESPONSE**

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# Executive Summary:

Health systems are being confronted with rapidly increasing demand generated by the COVID-19 outbreak. When health systems are overwhelmed, both direct mortality from an outbreak and indirect mortality from vaccine-preventable and treatable conditions increase dramatically. Analyses from the 2014-2015 Ebola outbreak suggest that the increased number of deaths caused by measles, malaria, HIV/AIDS, and tuberculosis attributable to health system failures exceeded deaths from Ebola (1, 2).

As the The World Health Organisations (WHO) recommended, during the COVID-19 pandemic countries need to make difficult decisions to balance the demands of responding directly to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating the risk of system collapse (11).

We therefore would like to call upon the government to ensure that the lock down does not have a huge negative impact on access to life saving health care for the most common conditions in Uganda, including maternal health services, after all, just because there is a COVID-19 outbreak does not mean that people have stopped facing other health conditions.

This technical brief aims to articulate priorities for action that are worth considering so as to prepare for, control and mitigate the health consequences of COVID-19 in Uganda with a special focus on sexual, reproductive, maternal, newborn, child and adolescent health and nutrition.

Through the brief, we would also like to give some guidance and recommendations to government, CSOs and other stakeholders with regards to ensuring access to health care services related to Sexual and Reproductive Health including Maternal, Newborn and Child Health during the hard times of dealing with epidemics and pandemics in Uganda with a special reference to the Novel Coronavirus pandemic.

This brief makes the following recommendations which if implemented, will limit the indirect morbidity and mortality from the COVID-19 pandemic:

- The government with support of its partners should ensure that Primary Health Care (PHC) remains the backbone of the Uganda health system, and that it is further strengthened during this COVID-19 pandemic.
- In this COVID-19 pandemic, as the government and its partners implement treatment and controls measures, efforts must be made to ensure the continuity of other general health services, including sexual, reproductive, maternal, newborn, child and adolescent health.
- The government should allow patients with emergencies to be able to access health care without a need to get approvals from Resident District Commissioners (RDCs). Many emergencies like bleeding during pregnancy, eclampsia, convulsions in children etc cannot wait. Any time lost can lead to a loss life.
- Health workers should be allowed to move to and from work with just the aid of their institutional ID.
- The voices and actions of civil society groups are even more needed now during this COVID-19 pandemic than before. Therefore, it is imperative that they remain active during this time as individual CSOs but also as a coordinated network.
- The COVID-19 response must utilise a data driven process that looks at the health system as a whole in order to ensure system responsiveness and sustainability.

## 1.0. The Context

The Uganda health system has over time had some improvements especially in preventive services, but generally remains weak with respect to clinical services. Already poorly funded and donor dependent, the Uganda health system has been struck by an unexpected catastrophe: the novel coronavirus disease 2019 (COVID-19) pandemic. One of the major program areas of national importance and of great public need is that of sexual, reproductive, maternal, newborn, child and adolescent health and nutrition. Despite recent improvements, Uganda still has a very high burden of sexual, reproductive, maternal, newborn, child and adolescent health and nutrition, and is unlikely to achieve the Sustainable

Goal targets without implementing more development interventions and investments.

Estimates show that Uganda has total deliveries per year of 1753000 (4802 per day), total number of children dying before five years per year- 74000 (203 per day), total number of neonatal deaths per year - 32000 (88 per day), total number of stillbirths per year - 39000 (107 per day), and total number maternal deaths per year - 6000 (16 per day). Thus, total deaths related to pregnancy and giving births (summation of all maternal, newborns and stillbirths) is approximately 77000 per year (210 per day) (3, 4 &5).

**Table 1: At a glance – Uganda sexual, reproductive, maternal, newborn, child and adolescent health and nutrition Indicator.**

Indicator	Number per year/Rate	Number per day/Rate
Total deliveries	1753000	4802
Total fertility rate per woman	5.6	
Total number of children dying before five years	74000	203
Total number of neonatal deaths	32000	88
Total number of stillbirths	39000	107
Total number maternal deaths	6000	16
Total deaths related to pregnancy and giving births (summation of all maternal, newborns and stillbirths)	77000	
Adolescent (15-19 years) birth rate (births per 1000 girls)	140	
Stunting	29%	
Wasting	4%	
Overweight	4%	

These estimates do not include complications or morbidities (including vaginal fistula) among survivors; neither do they adequately capture the mortality due to unsafe/criminal abortions. On top of these maternal, newborn and child health deaths, Uganda is also a country with very high fertility (total fertility rate 5.8 per woman, unmet need for family planning of 28), high adolescent pregnancy rates (one in five adolescents), and very high rates of malnutrition (one in three children under five years is stunted). We also have the related problems of HIV/AIDS, STDs and problems of a huge presence of refugees and their health situation and needs.

The estimates given here are what we have in our “normal” health system before the onset of the Novel COVID-19 pandemic. As has already been experienced in these early days of the pandemic in Uganda, if no significant response is made then the situation of sexual, reproductive, maternal, newborn, child and adolescent health and nutrition is going to get worse.

## 2.0. The Global Covid-19 Pandemic

The first case was identified in Wuhan, China on December 8th 2019, and the disease was officially named COVID-19 by the World Health Organisation (WHO) on January 7th 2020. The first case was identified outside China on January 13th 2020 in Thailand (figure 1) (6). Since then, the Novel Coronavirus has spread all over the world, and on January 30th 2020 WHO declared COVID-19 a Public Health Emergency of International Concern (PHEIC), and on March 11th 2020 it was declared a pandemic after it had spread to almost all continents of the world (7, 8).

The Novel Coronavirus is highly infectious and also fatal. It is generally agreed that the Novel coronavirus is acquired through touching our “wet” surfaces (read mucosa in science) in our faces– that is eyes, nose and mouth; or through breathing-in air infected with droplets from infected persons. Until recently, scientists claimed that the virus only rests on surfaces but is not suspended in the air. However, new evidence shows that the virus can be suspended in the air, and is even spread through talking, coughing, yawning and sneezing.

The Corona virus has devastated countries, especially in China, Europe, and the USA. To date (23rd April

2020) an estimate 2,647,512 people have been infected and 184,372 died of the disease (9). The virus was late to come to Africa, but has since spread to almost every country on the continent, although cases remain few. Current best estimate is that about 80% of people with COVID-19 have mild disease, 20% require admission, and 5% will need admission to Intensive Care Units and need ventilation.

Unfortunately, many countries around the world especially the low income countries like Uganda do not have the facilities, human and other resources to manage COVID-19 cases. In an effort to control the pandemic, many countries have implemented drastic measures including “total lockdowns” – where almost everyone is required to stay home for atleast two weeks or more as they “social distance” in order to “flatten the curve”. Many times these measures are being done in panic without adequate preparation and putting into place contingency measures such as effective transport system for health workers and patients. As a result, social, economic and health lives have been severely affected in ways unseen before.

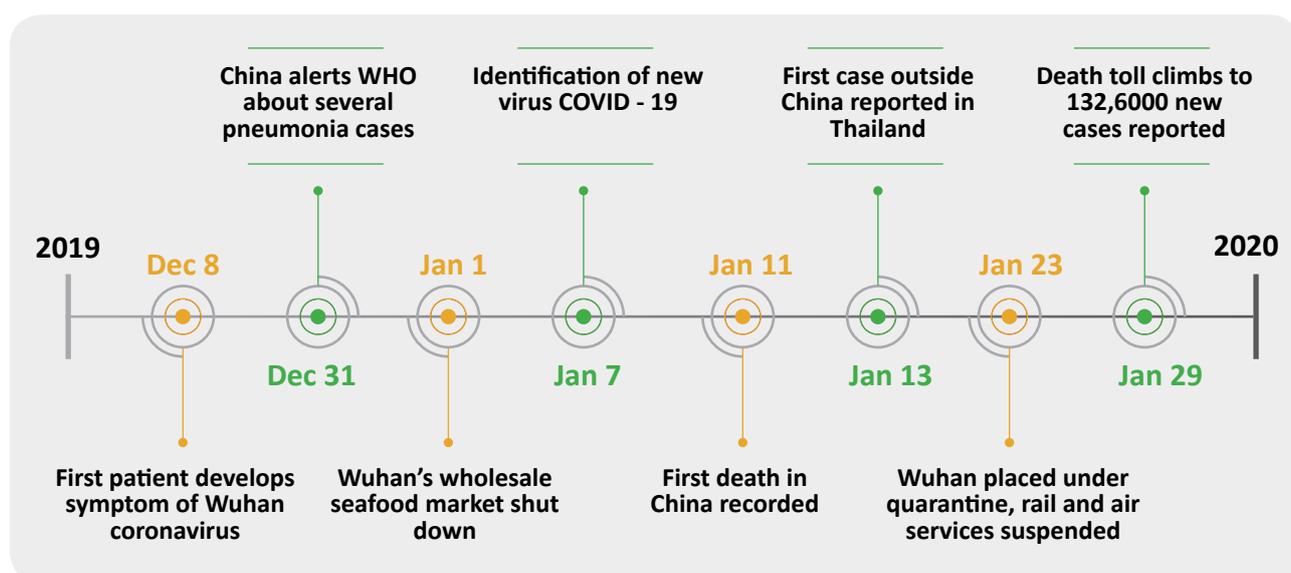


Figure 1: The corona virus timeline (<https://www.weforum.org/agenda/2020/04/coronavirus-spread-covid19-pandemic-timeline-milestones/> 23/03/2020)

## 3.0. The COVID -19 pandemic in Uganda

### 3.1. The evolution of the pandemic and control measures put in place

Most of the information summarized here has been extracted from a statement by the Minister of Health of Uganda which was published on 2nd April 2020 (9). Other sources include the MoH website, and the media, including addresses by the president.

The first case of COVID-19 was reported on the 21st March 2020 from a traveler coming home from Dubai, and intercepted at Entebbe airport. Since then, the confirmed and officially reported cases are 63 cases, 45 recoveries and no deaths as of 23rd April 2020. Most of these cases are “imported” as they are from former travelers or their contacts. However, there have been a few picked from the community, confirming that there is community transmission in Uganda. According to the Minister’s report, all the cases have had mild illness, meaning that no one has needed intensive care or ventilation, and there has been no death at the time of writing this brief.

Several control measures have been put in place by the government. Uganda is a country that has experience with management and controlling outbreaks especially haemorrhagic (bleeding) fevers such as Ebola, Yellow Fever and Marburg. Because of this experience and the support Uganda receives from WHO, CDC and other organisations, the country already had a fairly good nationwide surveillance system, a National Command Centre and a central advanced laboratory at Uganda Virus Research Institute in Entebbe. Also, surveillance was already ongoing at the airport and other border crossings.

As part of the national control efforts, the government took a precautionary approach and was quick to implement lockdowns in a phased manner, initially starting with closure of schools, colleges and Universities on March 20th 2020. This was done even before the first case was reported. As cases built up, new partial lockdown measures came into place, with a closure of the international airport to all none cargo related flights. But these measures were seen to be ineffective as cases continued increasing.

The government announced more measures including a ban on public transport including taxis, mini buses, buses, and motorcycle taxis commonly called boda-bodas. Eventually, on 30th March 2020, a total lockdown for 14 days was announced including a ban on private transport; but this was later extended for another 21 days to run until May 5th Except in a few services considered, we were all told to stay home during the total lockdown period. However, it is questionable this lockdown will work in our context especially in urban places where over 80% of the population lives in slums with barely any space for social distancing.

### 3.2. Some of the immediate consequences of the control measures

The COVID-19 control measures have brought panic and confusion among the population and also among health workers. Here below we summarise some of the most widely observed negative consequences:

1. The ban on use of motorized transport and the enforcement of the curfew has led to:
  - a. Health workers failing to reach health facilities
  - b. The beating up or harassing of health workers
  - c. Patients especially those with emergencies such as emergency maternal care, referrals, mothers in labor and sick kids failing to reach health care facilities

In Luuka district, an adolescent pregnant woman died from a ruptured uterus due to failure to access transport to the nearest HCIV. A follow up in the same district confirmed that many mothers are now resorting to deliveries at TBAs or at home, contrary to the recommended health facility supervised births.

On 6th April 2020, a pregnant mother in labor in Kiwenda village in Gayaza was reported to have died from bleeding to death because she failed to get transport to hospital. A.B, 31 year

old mother of three tried to get to hospital in the night but was reportedly stopped by police. It is reported that police wanted money before they could allow her go to hospital.

- d. Failure to transport medical commodities to health facilities
2. Reduced patient numbers in health facilities – due to absence of staff, a lack of medicines, poor transportation, panic and fear, or the perception that the facilities were closed.

*It has been reported in the media of patients failing to get health care, and HIV/AIDS patients and others with chronic diseases failing to get their resupply of medicines or check-up. In addition, people on family planning, mothers who need antenatal care, and children who need immunisation are not being attended to.*

*In a number of hospitals, it has been reported that only emergency referrals are coming to health facilities.*

3. Breakdown of community health systems – In many districts, Village Health teams (VHTs) have become dysfunctional. VHTs play an important role in health promotion, mobilizing communities, in referral and counter referral, and arranging and conducting immunization outreaches. In many communities, VHTs also implement community treatment of malaria, pneumonia and diarrhea through the integrated community case management (iCCM). However, they are now not being supervised and they are yet to be sensitized on the COVID-19 pandemic.
4. Lack of personal protective equipment (PPE) and training on COVID-19 management at hospitals and health centres all over the country. Through the media (including social media), we have learnt of this desperate situation that is occurring all over the country. In addition, most of the rural facilities reported lack of screening equipment for COVID-19 like thermometers to detect high temperature. So far, it seems most of the COVID-19 capacity

building efforts have concentrated on Kampala and ports of entry and little has been done elsewhere around the country. The lack of PPE and health workers' skills on COVID-19 affects the confidence of health workers, which in turn affects health services provision.

### 3.3. Mitigation Measures Put In Place By Government

Here below we list some of the mitigation measures relevant to sexual, reproductive, maternal, newborn, child and adolescent health and nutrition that the government has put in place. This information is based on the Minister of Health report of 2nd April 2020 and from media reports.

#### 1. Patient finding, quarantine, testing and care

The government is scaling up finding, institutional quarantining, and testing of suspected cases all over the country. In addition, the MoH will/is recruiting over 220 health workers. It is expected that these efforts will not only boost the control measures but also reduce pressure on the existing health workers, in addition to building more confidence in health services among the health workers and the population. The government also has a plan to create more beds (including ICU beds) at Health Centre IVs (HCIVs); general, regional and the national hospitals for COVID-19 patients. However, whereas this will increase preparedness for COVID-19 case management, we know that this will strain other health services especially sexual, reproductive, maternal, newborn, child and adolescent health and nutrition, since most of these beds are not additional, but are just a re-designation of existing beds as COVID-19 beds.

#### 2. Transport (for health workers and patients) and the provision of routine and emergency health services.

The government is cognizant of the facts that the routine and emergency services are still needed and must continue during this pandemic. Such services include, among others, immunization, family planning, delivery care, chronic care (e.g. TB and HIV/AIDS services), and emergency health care including

surgery and caesarian sections. In order to facilitate transport for health workers, car stickers have been distributed to hospitals, pharmacies and laboratories around Kampala. In addition, it has been reported that Kampala City Council Authority (KCCA) is going to station buses in designated places to transport health workers. In upcountry places, the plan is that RDCs will provide car stickers and also, working with the District Health Officers (DHOs), they will provide vehicles in strategic locations to transport health workers who ordinarily use public transport. The guidelines also spell out that patients should seek permission from the RDCs prior to going to hospital and use either their private cars or the vehicles arranged by the government.

Other provisions the government has put in place include (i) food distribution to vulnerable families, and (ii) arrangements to provide psychosocial support at national and regional referral hospitals. In addition, the government has put arrangements for a call centre where people can call any time in case of COVID-19 related emergencies.

## 4.0. Recommendations

This section provides recommendations on how best the government should treat the issues of sexual, reproductive, maternal, newborn, child and adolescent health and nutrition amid the Covid-19 interventions.

The World Health Organisations (WHO) recommends that during this COVID-19 pandemic, countries will need to make difficult decisions to balance the demands of responding directly to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating the risk of system collapse (11). We applaud the government for doing its obligated role by making arrangements to ensure that the system continues functioning.

However, as noted above, the response so far has been inadequate. We therefore would like to call upon the government to ensure that the lock down does not have a huge negative

impact on access to life saving health care for the most common conditions in Uganda, after all, just because there is a COVID-19 outbreak does not mean that people have stopped suffering from other conditions.

The recommendations outlined below should also consider the refugee settings as they are also large and yet very vulnerable. If implemented, this should further strengthen the response to avoid making an already bad situation worse, so that we can limit the indirect morbidity and mortality from the COVID-19 pandemic:

**1. The government with support of its partners should ensure that Primary Health Care (PHC) remains the backbone of the Uganda health system, and that it is further strengthened during this COVID-19 pandemic.**

The basic healthcare services including prevention, referral and curative care should continue to be provided in an equitable manner using an integrated approach with full community participation. High-priority should be given to services such as essential prevention for communicable diseases, particularly through immunisation/vaccination; services related to reproductive health, including care during pregnancy and childbirth; Care of vulnerable populations, such as young infants and older adults; and provision of family planning and other sexual and reproductive health services. Specifically we recommend as follows:

- a. VHTs all over the country should be supported and urgently equipped with knowledge, skills and resources to mobilise and educate communities, and where possible provide basic services such as integrated Community Case Management (iCCM) in collaboration with the nearby health centres and the district authorities. This VHT structure should be the cornerstone for COVID-19 message delivery to communities alongside delivery of other preventive information. The districts should be supported to supervise and facilitate VHTs and other community resources.
- b. The Local Council (LC) system from LC 1 to V should be activated to implement their core function – to mobilise communities to improve

themselves. We note that since their being elected, LCIs and IIs have not been oriented on community mobilization for PHC, which is a missed opportunity as they are a resource that needs to be harnessed. They can also help promote compliance with the COVID-19 key practices and prescriptions by the government.

- c. Since PHC includes health centres and the district hospital, government through the Local government structures should ensure that essential services and commodities are available at all health centres and the district hospitals, and that staff are available, trained and equipped (including with PPE) and supported to provide routine services and those of COVID-19 if need be.
- d. The government should ensure the availability, accessibility and affordability of facilities and commodities that promote COVID-19 control yet at the same time benefit Sexual, reproductive, maternal, newborn, child and adolescent health, and nutrition to the majority of the population. These resources include soap and disinfectants, hand washing facilities, and water sources. In addition, it is high time that Uganda took efforts to assure clean and safe hospitals and health centres everywhere in the country.
- e. The government must ensure that basic COVID-19 and Sexual, reproductive, maternal, newborn, child and adolescent health, nutrition related information and messages are accessible to all communities in simple ways/languages.

**2. The transport system for providers and patients during the COVID-19 lockdown needs to be strengthened or simplified. We recommend the following:**

- a. Besides use of car stickers for the few who were able to get them, government should allow health workers to use their institutional IDs to be able to travel to and from work;
- b. The government should urgently expand access to car stickers to health workers and ease the process of their acquisition to those who have personal means of transport.

- c. The government should allow patients with emergencies to be able to access health care without a need to get approvals from RDCs/RCCs. Many emergencies like bleeding during pregnancy (PPH), eclampsia, convulsions in children etc cannot wait. Any time lost can mean a risk to losing life.

**3. The government should work to ensure that our already weak referral and emergency services are further strengthened to avoid their collapse during this COVID-19 pandemic.**

- a. Make the ambulance system with the call centre functional with a good management system. This should be scaled-up countrywide through a decentralized system in order to attend to critical emergencies.
- b. Improve staffing and review services in facilities that are already reporting very high maternal and child mortality rates yet some of these hospitals (especially in and around Kampala) are already at the centre of the COVID-19 response. To achieve this, additional staff will need to be recruited urgently.
- c. Ensure availability of emergency medicines and commodities in all hospitals especially blood, oxygen, I/V medicines, and theatre supplies. Innovative mechanisms of collecting and distributing blood during this COVID-19 pandemic should be explored.

**4. The government and partners must ensure that sexual and reproductive health services and health education continue to be universally available, accessible and affordable, including to deserving young people.** Critically, efforts must be made to ensure that Uganda has adequate stock of FP commodities at NMS, district stores and at health facilities. Models that assure community penetration through outreaches and home delivery should be considered.

**5. The government should ensure that all health facilities, including PNFP and private one, at all levels are prepared and strengthened to deliver COVID-19 services alongside strengthened routine services.**

**The government's support to Private-Not-for-Profit (PNFP) facilities should urgently be increased to prevent their collapse.** In Uganda, PNFPs are significant providers of sexual, reproductive, maternal, newborn, child and adolescent health, nutrition and other services.

However, many of them depend on out of pocket expenses, but due to COVID-19, patient numbers have reduced, but also so has the ability to pay. In addition, a mechanism for engaging and supporting the private health facilities needs to be developed as they are also important providers of services.

**6. The COVID-19 response must utilise a data driven process that looks at the health system as a whole in order to ensure system responsiveness and sustainability. This means having a strong M&E system but also R&D.** Such a system must include a focus of the impact of COVID-19 and COVID-19 related measures on sexual, reproductive, maternal, newborn, child and adolescent health, and nutrition.

#### **7. Long term recommendations.**

- a. Uganda should in the long term prioritise health as being crucial to national development and transformation. Health must be a top priority for financing through the national budget and support from partners. Investments need to be made towards building a Primary Health Care (PHC) system founded on a resilient community health systems and strong clinical services – which have unfortunately been neglected for decades. The COVID-19 pandemic should be a clarion call for an end to the longterm under-investment in clinical services and research and development (R&D) including local medical commodity manufacture in the country.
- b. We do applaud the government for its efforts to provide food relief to vulnerable families during the initial two weeks of lockdown. However, we are also aware of the very high levels of malnutrition in the country, and the fact that this is likely to get worse because of the indirect effects of the COVID-19 pandemic. Malnutrition affects children's brain

development, their human capital development, and is the number one underlying factor in over 50% of children dying in Uganda. We strongly recommend that the government comes up with a comprehensive program to address malnutrition as a chronic emergency in the country.

## **5.0. Guidance To Civil Society Organisations**

Civil Society Organisations (CSOs) are part and partial of the health system in Uganda, especially as regards sexual, reproductive, maternal, newborn, child and adolescent health, and nutrition. Their voice and action is even more needed now during this COVID-19 pandemic than before. Therefore, it is imperative that they remain active during this time as individual CSOs but also as a coordinated network. We recommend that among others, CSOs should:

1. Ensure that provision of sexual, reproductive, maternal, newborn, child and adolescent health, nutrition services remain a top priority. Improved service provision could be achieved by some CSOs doing it directly or through advocacy with government. In order for CSOs to implement services during this total lockdown time, they might need to ask for waivers on some of the restrictions to enable them continue their service provision.
2. Continue advocating for sexual, reproductive, maternal, newborn, child and adolescent health, nutrition services continued provision
3. Monitor and demand for accountability for COVID-19 resources, service coverage, equity and quality, and for continued health systems performance. This should include systems performance in sexual, reproductive, maternal, newborn, child and adolescent health, and nutrition.

4. Where applicable, advise government on the COVID-19 response and how to ensure that health systems performance is improved, including the provision of sexual, reproductive, maternal, newborn, child and adolescent health, and nutrition. CSOs should demand effective representation to the national task force for COVID-19.
5. Support government to mobilise resources to respond to the COVID-19 pandemic specifically, whilst also strengthening sexual, reproductive, maternal, newborn, child and adolescent health, and nutrition services.
6. Strengthen their own CSO coordination, alignment to government priorities, and improve their effectiveness especially as regards sexual, reproductive, maternal, newborn, child and adolescent health, nutrition services.

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