Strengthening the Health Systems Response to COVID-19

Technical guidance #1
Maintaining continuity of essential health care services while mobilizing the health workforce for COVID-19 response (1 April 2020)

Introduction

This paper is one of a suite of technical guidance papers developed by the WHO Regional Office for Europe, through its Incident Management Support Team, to provide practical information and resources for decision makers on measures to strengthen the health system response to COVID-19.

The focus of the guidance is on maintaining continuity of essential health care services across the continuum of care while managing the COVID-19 response, including the supports and measures required to ensure that health workforce is mobilized and enabled to deliver the care required.

It supports the operationalization by countries of the policy recommendations for the WHO European Region on strengthening the health system response to COVID-19 and, in particular, policy recommendations 7-10.

The guidance will be updated on a regular basis using best available evidence and emergent country practice in response to the COVID-19 outbreak in the WHO European Region.

1. Expand capacity for communication and manage media relations	2. Bolster capacity of essential public health services to enable the emergency response	3. Clarify first point of contact strategy for suspected COVID-19 cases: phone, online, physical	4. Protect other potential first contact health system entry points
5. Designate hospitals to receive COVID-19 patients and prepare to mobilize surge acute and ICU capacity	6. Organize and expand services close to home for COVID-19 response	7. **Maintain continuity of essential services while freeing up capacity for COVID-19 response**	8. **Train, repurpose mobilize the health workforce according to priority services**
9. **Protect the physical health of frontline health workers**	10. **Anticipate and address mental health needs of the health workforce**	11. Review supply chain and stocks for essential medicines and health technologies	12. Mobilize financial support and ease logistical operational barriers
13. Assess and mitigate potential financial barriers to accessing care	14. Assess and mitigate potential physical access barriers for vulnerable groups of people	15. Optimize social protection to mitigate the impact of public health measures on household financial security	16. Ensure clarity in roles, relationships and coordination mechanisms in health system governance and across government

Issue

Health emergencies put health systems and their ability to deliver health and social care services under strain. Currently, health care services in the WHO European Region are being confronted with increased demand generated by the COVID-19 outbreak.

When health systems are overwhelmed, both direct mortality from an outbreak and avertable mortality from vaccine-preventable and treatable conditions increase dramatically. Essential health care services are those services that remain necessary, even during a pandemic, to reduce avertable mortality.

Maintaining public trust in the capacity of the health system to meet essential health care needs safely and to control infection risk in health facilities is critical to ensuring appropriate care-seeking behaviour and adherence to public health guidance. Appropriate and effective communications strategies to build and maintain trust need to be in place early on and maintained for the duration of the outbreak.

Making decisions transparently and based on the best available evidence about which health and social care services are essential and which may be postponed, deferred or delivered through different modalities allows the health system to:

a) Free up resources that can be used for the COVID-19 response; and
b) Free up resources to ensure essential services continue to be safely delivered during the COVID-19 outbreak (ie. extra precautions are in place for COVID-19, patients can be supported with up to date information, or community-based modalities of service delivery can be implemented to keep patients at home and in their communities)

The settings and locations where specific essential health care services are delivered may require modification or reconfiguration for reasons including redesignation for management of COVID-19 cases exclusively, or the need to limit provider encounters due to increased demand and/or decreased staff.

Several factors may impact the availability of health workers to deliver essential services, including redeployment of staff to treat increasing numbers of patients with COVID-19, health workers in quarantine, infected with the virus, or having to care for affected family and friends. The combination of increased workload and reduced number of health workers is likely to pose a severe strain on the capacity to maintain essential health care services. Training, repurposing and mobilizing the workforce for priority services – both for COVID-19 response and to support essential health care services – is critical.

This paper sets out 10 strategic actions and related activities to support health service planners, health care system managers and related officials in taking the steps necessary to support the continuity and resourcing of priority health care services across the continuum of care in line with WHO transmission scenarios, while mobilizing the health workforce for COVID-19 response.

It should be noted that at the same time, at a health system level, appropriate attention should also continue to be given to population level services such as food and road safety, and a continuous protection from chemical, biological, radiological and nuclear (CBRN) hazards.

Recommendations and strategic actions

Strategic actions	What may this involve?
	Maintain continuity of essential services while freeing up capacity for COVID-19 response

1. Determine which health and social care services are essential	• Reinforce or establish a health service coordinating structure to bring public / private, hospital and primary care and social care together, reporting through the COVID-19 emergency management team to the overall health system governance structure.
	• Establish a designated focal point for essential health care services as a member of the COVID-19 emergency management team who could act as team focal point for the health service coordinating structure. In the early stages of the outbreak, this focal point can assist in repurposing human, financial and other resources from routine services and mobilizing additional resources. In later phases of the outbreak, the focal point can lead on triggering the phases to reprioritize services, coordinating with service provides and reorienting referral pathways.
	• Develop a framework list of essential health care services across primary, secondary and hospital care with senior clinicians and health service managers, based on disease burden, country context, patient safety, and WHO guidelines and tools. Priority categories include:
	   o essential prevention for communicable diseases, particularly vaccines;
	   o services related to reproductive health, including care during pregnancy
	   o care for vulnerable populations, such as newborns, children, older adults, refugees, migrants, Roma, homeless people and drug users
	   o provision of medications and supplies for the ongoing management of chronic diseases, (e.g. pulmonary disease, diabetes, cardiovascular disease, cancer, mental health disorders and psycho-social support)
	   o continuity of critical inpatient therapies;
	   o management of emergency health conditions and common acute presentations requiring time-sensitive intervention;
	   o auxiliary services, such as basic diagnostic imaging, laboratory services and blood bank services.
	• Identify routine and elective services that can be deferred or displaced to other settings or non-affected areas (e.g. elective surgery, outpatient services, routine primary care check-ups and health promotion visits)
	• Create a roadmap for progressive phased reduction of non-essential health care services in line with WHO transmission scenarios, include phasing protocols that progressively restrict or redirect services.
	• Establish clear criteria and protocols for targeted patient referral (and counter-referral) pathways aligned with the phased roadmap.
	• Identify the human and physical resources that become available for possible redeployment or reassignment, in line with the agreed roadmap or plan.
	• Consider strategies for restoration of non-essential health care services and revise periodically as the outbreak evolves.

2. Optimize service delivery platforms	• Conduct a functional mapping of health facilities, including those in the public, private and military systems as part of overall response planning. • Consider alternative models for delivery of care, including moving essential health and social care services from hospital to other settings and platforms, including, community; tele medicine; private clinics; pharmacies; public spaces. Delivery of vaccinations and antenatal care may require adaptation, together with routine health promotion visits.

	• Redirect chronic disease management towards strengthening supply chains to ensure continuity of established treatment regimens and needed supplies to reduce provider encounters and minimize unscheduled attendance at emergency departments. • Reinforce or establish web-based and other telemedicine platforms to provide direct clinical services and provide clinical decision support. • Reinforce or establish active discharge management for older and social care patients from hospitals to step-down, community and home care settings. • Consider and evaluate alternative models of care delivery, including possible high-impact clinical interventions for which rapid up-skilling would facilitate safe task sharing in line with existing scopes of practice, and consider expansion of scope of practice where this is may be practicable. • Consider options for increasing capacity of informal care givers for home care supports such as family, friends, neighbors, etc.
3. Ensure the safety of essential health care services	• Disseminate information to prepare the public and guide safe care-seeking behavior. • Ensure all health and social care services, including those delivering community-based services, are provided with protective equipment and follow IPC procedures • Establish screening and triage of all patients on arrival at all sites using the most up-to-date COVID-19 guidance and case definitions • Protect populations seeking care with other conditions form COVID-19 in health facilities through reinforcing standard operating procedures for facility based infection control, including separation at point of entry, separation of pathways and dedicated hospital equipment. • Establish mechanisms in all care sites for isolation of patients meeting the case definition for COVID-19. • Ensure acuity-based triage at all sites providing acute care. • Establish clear criteria and protocols for transporting patients needing transport from community to hospitals or between services.
**Train, repurpose and mobilize the health workforce according to priority services**

4. Identify the health workforce available for surge capacity demands and essential health care services	• Map health worker requirements (including critical tasks and time requirements) for WHO transmission scenarios.
	 • Consider the following sources for temporary health workforce surge capacity and essential health care services, including public health services:
	     o part-time staff to expand hours and full-time staff to work remunerated overtime;
	     o staff from non-affected areas and health workers available for temporary re-assignment in line with the agreed roadmap for essential health care services;
	     o utilizing registration and certification records to identify qualified candidates and recruit additional health workers, including licensed retirees and medical trainees for appropriate supervised roles
	     o mobilizing non-governmental, military, Red Cross or Red Crescent, and private sector health workforce capacity;
	     o government and other workers from non-health sectors to health sector support tasks and functions in health facilities that are also expected to be compromised (administration, maintenance, and other support services for staff and patients, etc.;
	     o calls for volunteers and/or health workers working outside the health sector.
	 • Consider setting up a centralized roster of all available health workforce at the appropriate level (rayon, municipal, regional, national) and designating a

	function for updating contact information and potential health care service capacity of all people willing and capable to serve. • Identify domestic support measures (e.g. travel, childcare, care of ill or disabled family members) that could enhance staff flexibility for shift work. • Ensure there are policies in place to manage volunteer workers (vetting, accepting, rejecting, liability issues etc.).
5. Repurpose and upskill for rapid deployment to meet surge capacity needs and deliver essential health care services	• Ensure all health workforce in community and hospital based services are provided with COVID-19 training (online, or in designated community training facilities). • Ensure that all health workforce is trained and up to date in basic life support according to WHO Basic Emergency Care. • Initiate rapid training mechanisms and job aids for key capacities, including diagnosis, triage, clinical management responsibilities and essential infection prevention and control. • Where appropriate, consider establishing pathways for accelerated training and early certification of medical, nursing and other key trainee groups. • Mobilize adequate supported supervision structures and capacity to reinforce and support rapidly-acquired knowledge and skills. • Consider opening or initiating access to existing web- based learning platforms (management of time-sensitive conditions; syndromic management of common undifferentiated presentations in frontline care; management of select chronic communicable and non-communicable diseases). • Consider simple high-impact clinical interventions for which rapid up-skilling would facilitate safe task sharing and expansion of scope of practice for the entire health workforce, for example, including pharmacists, nurses, nursing assistants, social workers, physiotherapists, psychotherapists, CHWs, dentists, community health workers.
6. Address contractual and related issues and put in place policies to enable rapid response	• Consider and implement agreed contract adjustments to facilitate upgrading contracts to meet health care service needs (part time to full-time, full-time staff to work remunerated overtime etc). • Consider and implement agreed contract adjustments -to support re-assignment of health workers to essential services and/or support the COVID-19 response in hospital-based settings. • Evaluate and allocate financial resources for all contract types to ensure timely payment of salaries, overtime, paid sick leave, incentives, hazard pay • Adjust liability, insurance and clinical indemnity arrangements in line with changes of assignment across medical sub-specialties and/or in line with agreed task sharing or substitution measures. • Consider temporary licensing measures, combined with targeted upskilling and adequate supervisory support, if appropriate
7. Maintain ongoing communications with health workers	• Establish or reinforce communication platforms so that a workforce notification system is in place to regularly and frequently inform the health workforce of changes in demands, service delivery arrangements, referral pathways, training opportunities, etc.). • Work with professional associations and others to maximise communication 'reach'.
Protect the physical health of frontline health workers	
8. Ensure the safety and protection of health workers in frontline of health care services delivery	• Ensure appropriate hours and enforced rest periods. • Secure and allocate PPE for the health workforce providing frontline services (in hospitals and communities), considering intensity of exposure. • Ensure the health workforce is properly trained in terms of the rational use and disposal of PPE.

	• Consider putting in place optional accommodation arrangements for hospital-based health workers to reduce time spent travelling to/from home and protect health workers' families from indirect exposure. • Consider reassignment of health workers in high-risk categories for COVID-19 complications to tasks/settings that reduce risk of exposure, including back-filling arrangements to support continuity of essential health care services, while releasing other health workers less at risk to provide care for patients with the virus.
9. Address occupational health concerns relating to COVID-19	• Ensure all health workers are aware of how to identify and report any symptoms. • Ensure health workers understand when they must self isolate. • Establish protocols to assure safe return to work of health workers following quarantine or sick leave. • Consider financial support and expansion of sick leave arrangements to support reporting of symptoms by health workers.
Anticipate and address mental health needs of the health workforce	
10. Provide mental health and psychosocial supports for health workers	• Establish a dedicated hot line for psychological support. • Review work schedules and ensure distributed workload to the extent possible. • Monitor health workers for illness, stress and burn-out • Consider introducing psychological first aid training for volunteers and community members to support staff in high stress areas, using digital and other platforms. • Consider financial support and expansion of sick leave arrangements to support reporting of symptoms by health workers. • Consider child care and other care support options for health workers, for example, when schools close due to spatial/social distancing measures or caring commitments for older relatives.