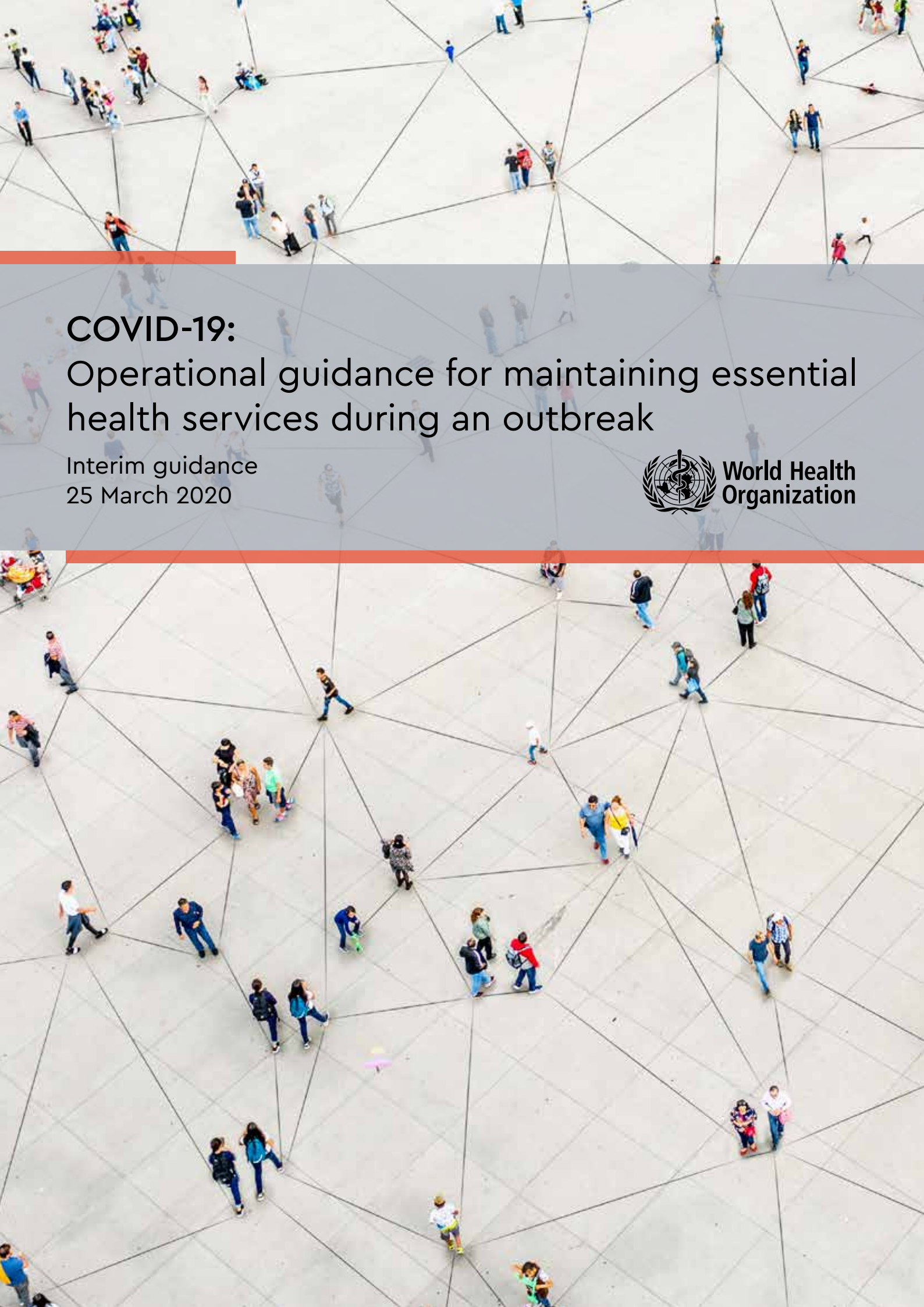

COVID-19:
Operational guidance for maintaining essential health services during an outbreak

Interim guidance
25 March 2020

World Health Organization

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Introduction and overview

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] A system's ability to maintain delivery of essential health services will depend on its baseline capacity and burden of disease, and the COVID-19 transmission context (classified as no cases, sporadic, clusters, or community transmission). Maintaining population trust in the capacity of the health system to safely meet essential needs and to control infection risk in health facilities is key to ensuring appropriate care-seeking behavior and adherence to public health advice. A well-organized and prepared health system has the capacity to maintain equitable access to essential service delivery throughout an emergency, limiting direct mortality and avoiding increased indirect mortality.

With a relatively limited COVID-19 caseload, health systems may have the capacity to maintain routine service delivery in addition to managing COVID-19 cases. When caseloads are high, and/or the health workforce is reduced due to infection of health workers, strategic shifts are required to ensure that increasingly limited resources provide maximum benefit for a population.

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. Many routine and elective services may be postponed or suspended. In addition, when routine practice comes under threat due to competing demands, simplified purpose-designed governance mechanisms and protocols can mitigate outright system failure. Establishing effective patient flow (including screening, triage, and targeted referral of COVID-19 and non-COVID-19 cases) is essential at all levels.

Successful implementation of these strategic shifts will require transparency and frequent communication with the public, specific protections to ensure access for socially vulnerable populations, active engagement of communities and other stakeholders, and a high degree of cooperation from individuals.

This document expands on the content of the *Operational planning guidelines to support country preparedness and response*. It provides guidance on a set of targeted immediate actions that countries should consider at national, regional, and local level to reorganize and maintain access to essential quality health services for all. It complements existing and forthcoming WHO guidance on the wider implications of COVID-19 for health systems and cross-government strategies for responding to the COVID-19 outbreak, including region-specific technical guidance being developed by WHO Regional Offices.

1. Elston, J. W. T., Cartwright, C., Ndumbi, P., & Wright, J. (2017). The health impact of the 2014–15 Ebola outbreak. Public Health, 143, 60–70.
2. Parpia, A. S., Ndeffo-Mbah, M. L., Wenzel, N. S., & Galvani, A. P. (2016). Effects of response to 2014–2015 Ebola outbreak on deaths from malaria, HIV/AIDS, and tuberculosis, West Africa. Emerging infectious diseases, 22(3), 433.

Section 1

Establish simplified purpose-designed governance and coordination mechanisms to complement response protocols

A designated focal point for essential health services should be a member of the COVID-19 Incident Management Team. In the early stages of the epidemic, when COVID-19 caseload can still be managed and routine services are not yet compromised, this focal point can assist in repurposing human, financial, and material resources from routine services and mobilizing additional resources.

When routine services begin to be compromised, the essential health services focal point leads on triggering a phased reprioritization of services, as described in the sections below, working through relevant authorities to coordinate with public and private service providers, and reorient referral pathways.

KEY ACTIONS:

- ☐ Establish (or adapt) simplified mechanisms and protocols to govern essential health service delivery in coordination with response protocols.
- ☐ Establish triggers/thresholds that activate a phased reallocation of routine comprehensive service capacity towards essential services, through the specific mechanisms identified below.
- ☐ Assess and monitor ongoing delivery of essential health services to identify gaps and potential need to dynamically remap referral pathways.

Section 2

Identify context-relevant essential services

Countries should identify essential services that will be prioritized in their efforts to maintain continuity of service delivery. High-priority categories include:

- Essential prevention for communicable diseases, particularly vaccination;
- Services related to reproductive health, including care during pregnancy and childbirth;
- Care of vulnerable populations, such as young infants and older adults;
- Provision of medications and supplies for the ongoing management of chronic diseases, including mental health conditions;
- Continuity of critical inpatient therapies;
- Management of emergency health conditions and common acute presentations that require time-sensitive intervention;
- Auxiliary services, such as basic diagnostic imaging, laboratory services, and blood bank services.

The selection of priorities will be guided by health system context and the local burden of disease, but should initially be oriented to preventing communicable disease, averting maternal and child morbidity and mortality, preventing acute exacerbations of chronic conditions by maintaining established treatment regimens, and managing emergency conditions that require time-sensitive intervention. Routine health promotion visits may be limited, and delivery of vaccinations and antenatal care will likely need to be adapted (see optimizing platforms and task sharing below). Specific guidance on immunization in the context of COVID-19 is under development and will shortly be available. Strengthening supply chains to ensure continuity of established treatment regimens for key chronic diseases can limit acute exacerbations, reduce the need for provider encounters, and minimize unscheduled attendance at emergency departments

Since availability of referral services may be limited in the context of increasing demands on the health system associated with COVID-19, all health workers should be prepared, including through targeted in-service training and in line with scopes of practice, to take on additional responsibilities related to the initial management for key life-threatening syndromes (difficulty breathing, shock, altered mental status, and injury in patients of all ages—see *WHO/ICRC Basic Emergency Care*). And emergency units at first-level hospitals may become the primary location for maintaining care for common symptomatic presentations, such as fever, pregnancy-related bleeding, chest pain, and headache.

If the outbreak period is prolonged, authorities will need to regularly reconsider the status of outpatient services that are time dependent and life saving, but not time sensitive on the order of hours to days. Decisions about when to initiate cancer treatments, for example, may need to be integrated with an analysis of the benefits of early treatment, the risk of immuno-compromise during an outbreak, and the estimated duration of service limitations. And the priority for surgical procedures initially deemed elective may change over time. Strategies for the restoration of comprehensive and elective services should be revisited and revised periodically as the outbreak evolves.

KEY ACTIONS:

- ☐ Generate a country-specific list of essential services (based on context and supported by WHO guidance and tools).
- ☐ Identify routine and elective services that can be delayed or relocated to non-affected areas.
- ☐ Create a roadmap for progressive phased reduction of services (see also governance above).

Section 3

Optimize service delivery settings and platforms

The settings where specific essential services are delivered may need to be modified for many reasons, including:

- Existing service locations may be unavailable because they have been designated for the exclusive care of people affected by COVID-19;
- Routine health service delivery may need to be adapted (e.g. vaccinations delivered by targeted approaches; postnatal care delivered at home);
- Need to limit the number of provider encounters due to increased demand and decreased staff;
- The primary venue for maintaining acute care services may be shifted to first-level hospital emergency units in order to concentrate services in a setting suited to high-volume high-acuity care available 24 hours per day.

KEY ACTIONS:

- ☐ Conduct a functional mapping of health facilities, including those in public, private, and military systems (this is a shared action with *Operational planning guidelines to support country preparedness and response*, Pillar 7: Case management).
- ☐ Taking into account re-purposed facilities, concentrate 24-hour acute care services at designated first-level hospital emergency units (or similar) and ensure public awareness.
- ☐ Redirect chronic disease management to focus on maintaining supply chains for medications and needed supplies, with a reduction in provider encounters.
- ☐ Establish outreach mechanisms as needed to ensure delivery of essential services.

Section 4

Establish effective patient flow (screening, triage, and targeted referral) at all levels

People with and without COVID-19 will initially access the health system in the same way. Since people present prior to having a diagnosis, there is overlap in patient flow for services directed to COVID-19 and for other essential services. Basic infection-prevention measures (hand hygiene, respiratory etiquette, physical distancing) should be promoted universally. In some settings, promotion of self-initiated isolation of those with mild respiratory symptoms may be indicated to limit facility crowding. Frontline care sites—including primary health centres, clinics, and hospital emergency units, as well as ad-hoc community settings (schools, etc) that have been designated as care sites—will need to expand their capacity for screening, isolation and triage, including with designated physical areas and appropriate security. All frontline sites will need to be ready to assess and refer patients appropriately and safely to reduce transmission and ensure rational use of scarce advanced care resources. In some settings, specific facilities may be designated for the care of patients affected by COVID-19. In other settings, there may only be one hospital. Instituting targeted referral and counter-referral criteria and processes will be crucial to keep the system from becoming overwhelmed.

KEY ACTIONS:

- ☐ Disseminate information to prepare the public and guide safe care-seeking behaviour.
- ☐ Establish screening of all patients on arrival at all sites using the most up-to-date COVID-19 *guidance and case definitions*.
- ☐ Establish mechanisms for isolation of patients in all care sites using the most up-to-date COVID-19 guidance
- ☐ Ensure acuity-based triage at all sites providing acute care.
- ☐ Establish clear criteria and protocols for targeted referral (and counter-referral) pathways.

Section 5

Rapidly re-distribute health workforce capacity, including by re-assignment and task sharing

Many countries face existing health workforce challenges, including shortages, maldistribution, and mis-alignment between population health needs and health worker competencies. Additional factors may limit the availability of health workers to deliver essential services during the outbreak, including re-assignment of staff to treat increasing numbers of patients with COVID-19, and loss of staff who may be quarantined, infected, or required to care for infected friends and family. The combination of increased workload and reduced number of health workers is expected to pose a severe strain on the capacity to maintain essential services. These predictable challenges should be offset through a combination of strategies.

Critical support measures include ensuring appropriate working hours and enforced rest periods; providing guidance, training and supplies to limit health worker exposures; providing physical security and psychosocial support; monitoring for illness, stress and burnout; and ensuring timely payment of salaries, sick leave, and overtime (including for temporary staff to eliminate perverse incentives for staff to report to work while ill). Health workers in high-risk categories for complications of COVID-19 may need to be reassigned to tasks that reduce risk of exposure. Offering accommodation arrangements to reduce staff travel time and protect health workers' families from exposure may be appropriate.

Mechanisms to identify additional health workforce capacity include:

- Request part-time staff to expand hours and full-time staff to work remunerated overtime;
- Re-assign staff from non-affected areas (ensuring alignment of clinical indemnity arrangements where necessary);
- Utilize registration and certification records to identify additional qualified workers, including licensed retirees and trainees for appropriate supervised roles;
- Mobilize non-governmental, military, Red Cross/Crescent, and private sector health workforce capacity, including through temporary deployment to the public sector where relevant;
- Where appropriate, consider establishing pathways for accelerated training and early certification of medical, nursing, and other key trainee groups, ensuring supportive supervision;
- Identify high-impact clinical interventions for which rapid training would facilitate safe task sharing, and consider expansion of scopes of practice where possible;
- Utilize web-based platforms to provide key trainings (e.g., on management of time-sensitive conditions and common undifferentiated presentations in frontline care), clinical decision support and direct clinical services where appropriate.

- Formalize organized lay provider systems (such as Community First Aid Responders, Red Cross/Crescent volunteers);
- Train and repurpose government and other workers from non-health sectors to support functions in health facilities (administration, maintenance, catering, etc.);
- Increase home-based service support by appropriately trained, remunerated and supplied community health workers;
- Increase capacity of informal care givers for home care support such as family, friends, and neighbors.

KEY ACTIONS:

- [ ] Map health worker requirements (including critical tasks and time expenditures) in the four COVID-19 transmission scenarios.
- [ ] Maximize occupational health and staff safety measures in all categories listed above.
- [ ] Create a roadmap for phased implementation of the strategies above for timely scale-up.
- [ ] Allocate finances for timely payment of salaries, overtime, sick leave, and incentives or hazard pay, including for temporary workers.
- [ ] Initiate rapid training mechanisms and job aids for key capacities, including diagnosis, triage, clinical management, and essential infection prevention and control.

Section 6

Identify mechanisms to maintain availability of essential medications, equipment, and supplies

The need to redirect supplies to the treatment of patients with COVID-19, compounded by general supply chain disruptions due to the effects of the outbreak on other sectors, is likely to lead to stockouts of resources needed to maintain essential services. Priority resource lists should be developed (or adapted from existing lists), and planning should be executed in coordination with the overall outbreak response. Suppliers and pharmacies (public and private) can be networked to allow dynamic inventory assessment and coordinated re-distribution.

For details, see "Pillar 8: Operational support and logistics" of the *Operational planning guidelines to support country preparedness and response*.

KEY ACTIONS:

- ☐ Map essential services list to resource requirements.
- ☐ Map public and private pharmacies and suppliers.
- ☐ Create a platform for reporting inventory and stockouts, and for coordination of re-distribution of supplies.

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