

Strengthening the Health Systems Response to COVID-19

Technical working guidance #1

Maintaining the delivery of essential health care services freeing up resources for the COVID-19 response while mobilizing the health workforce for the COVID-19 response (18 April 2020)

Background

This paper is one of a suite of technical guidance papers developed by the WHO Regional Office for Europe, through the 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 the delivery of essential health care services across the continuum of care while freeing up resources for 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 of the policy recommendations put forward by the WHO European Region on strengthening the health system response to COVID-19, in particular policy recommendations 7–10 (Table 1).

The guidance will be updated on a regular basis to reflect the best available evidence and emergent country practices.

Table 1 Summary of 16 health system recommendations to respond to COVID-19

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 acute and ICU surge capacity	6. Organize and expand services close to home for COVID-19 response	7. Maintaining the delivery of essential health care services while freeing up resources for the COVID-19 response	8. Train, repurpose and 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

Source: [Strengthening the health system response to COVID-19: Policy Brief](#)¹

Policy issues

Health emergencies put health systems and their ability to deliver health 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, morbidity is exacerbated, disability intensifies and both mortality from the outbreak (direct) and mortality from vaccine-preventable and treatable conditions (avoidable) increase.

Responding exclusively to COVID-19 cases, without considering how the delivery of essential health care services will be maintained across the continuum of care from prevention to palliation, comes with several risks (Box 1). These risks are exacerbated by isolation, changes in established care pathways, interruptions in communication between providers, interruptions in communication between providers and patients, and interruptions in access to medicines and technologies upon which people are dependent.

Avoiding interruptions in access to treatments and providers is particularly important for patients with chronic conditions (noncommunicable and communicable) for whom continuity of care is vital to reduce the need for treatment intensive and time-sensitive services.

Box 1 Potential risks during COVID-19 outbreak

- ✓ Increased mortality
- ✓ Suboptimal short- and long-term outcomes
- ✓ Outbreak of other communicable and preventable diseases
- ✓ Exacerbation of existing conditions
- ✓ Medical errors and mismanagement of conditions
- ✓ Delays in seeking care
- ✓ Poorer quality of care
- ✓ Suboptimal quality of life
- ✓ Increased burden on care givers
- ✓ Poor self-management

To minimize the consequences of disruptions to the delivery of essential health care services, national health authorities and health service planners will need to ensure dedicated planning structures are in place, population risks are stratified, delivery settings/platforms and provider arrangements are modified or reconfigured, and financial and physical resources are made available accordingly.

Decisions will need to be made transparently and should be based on the best available evidence about which health and social care services may be postponed, deferred or delivered differently.

¹ WHO. Strengthening the health system response to COVID-19 Recommendations for the WHO European Region Policy brief (1 April 2020). Copenhagen: WHO Regional Office for Europe; 2020. (<http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov-technical-guidance/coronavirus-disease-covid-19-outbreak-technical-guidance-europe/strengthening-the-health-system-response-to-covid-19/strengthening-the-health-system-response-to-covid-19-policy-brief/strengthening-the-health-system-response-to-covid-19-recommendations-for-the-who-european-region-policy-brief-1-april-2020>, accessed 15 April 2020).

Maintaining public trust in the capacity of the health system to meet people’s needs safely and to control infection risk in the community and health facilities is critical to ensuring continued care-seeking behaviours and adherence to public health guidance. For this, communications strategies to build and maintain trust need to be in place early and maintained throughout the duration of the outbreak.

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 and absence of health workers in quarantine or infected with the virus or because of their caring responsibilities for affected family and friends. The combination of increased workload and reduced numbers of health workers is likely to pose a severe strain on the capacity to maintain essential health care services. Training the entire health workforce in recognizing and managing the symptoms of COVID-19 and repurposing the workforce for priority services – both for the COVID-19 response and to support essential health care services – will be critical areas that will need attention.

This paper sets out 12 strategic actions and related activities to support health service planners, health care managers and related officials to take the steps necessary to redirect resources to support the delivery of health care services across the continuum of care, while mobilizing the health workforce for the COVID-19 response.

In addition, appropriate attention should continue to be given to population-level services such as shelters for the homeless and victims of domestic violence, school programmes, community-based services for high-risk youth, food and road safety, and continuous protection from chemical, biological, radiological and nuclear (CBRN) hazards. However, these population services will not be covered in this document.

Recommendations and strategic actions

Strategic actions	What may this involve?
Policy recommendation #7 Maintaining the delivery of essential health care services while freeing up resources for the COVID-19 response	
1 Planning for measures to maintain delivery of essential health care services during COVID-19	<ul style="list-style-type: none"> • Establish or activate a health care service delivery coordinating structure bring health and social care providers together, including public and private, primary, community-based, secondary and hospital care. The coordinator should report to the COVID-19 emergency management team within the overall health system governance structure. • Establish a focal point for essential health care services. The incumbent should be a member of the COVID-19 emergency management team. The focal point will lead on reprioritizing health and social care services, coordinating providers and redefining pathways. The focal point can assist in repurposing human, financial and other resources from routine services and mobilizing additional resources. • Conduct a mapping of available health facilities, including those in the public, private and military systems, as part of overall response planning. • Secure supply chains to ensure continuity of established treatment regimens necessary for patients to access essential health care services.
2 Determine which health and social care services are to be delivered to	<ul style="list-style-type: none"> • Stratify the population to assess the risk of infection by sex and current health conditions. • Consider vulnerable groups. This may require attention to neonates, children, older people, people with mental health conditions, refugees, migrants, Roma and homeless people.

<p>non-COVID patients along the continuum of care</p>	<ul style="list-style-type: none"> • Develop a framework that lists essential health and social care services across different settings of care and providers. The development should consider continuity of care as well as the entire continuum of care, including prevention, rehabilitation and palliation. This should be done in consultation with senior clinicians and health service managers based on disease burden, country context, patient safety and WHO guidelines and tools. Priority services may include: <ul style="list-style-type: none"> ○ prevention for communicable diseases, particularly vaccine-preventable diseases; ○ care during pregnancy and childbirth; ○ continuation of critical inpatient therapies, e.g. dialysis; ○ sexual abuse and treatment services; ○ needle and syringe programmes and opioid substitution therapies; ○ management of acute episodes and exacerbations of chronic conditions that require time-sensitive intervention; ○ provision of medicines and supplies for the ongoing management of chronic conditions, e.g. people with diabetes, cancer, cardiovascular diseases, HIV/AIDS, mental health disorders, pulmonary diseases, TB, etc., ensuring refills for longer periods; ○ rehabilitation services that support independence and quality of life; ○ long-term care services and home care services for older people and/or people with disabilities; ○ maintaining the auxiliary services, such as basic diagnostic imaging, antimicrobial susceptibility testing, laboratory network and services, safe blood supply and blood bank services. • Identify routine and elective services that can immediately be deferred or displaced to other settings or non-affected areas (e.g. elective surgery, outpatient services, routine primary care check-ups, routine dental check-ups and low-risk health promotion visits). • Create a roadmap for a progressive phased reduction, modification or reconfiguration of health care services in line with WHO transmission scenarios,² including phasing protocols that progressively restrict or redirect services. • Identify the human and physical resources that have become available for possible redeployment or re-assignment. These are made digitally available. • Strategies for the restoration of essential health care services that have been postponed need to be revised periodically as the outbreak evolves.
<p>3 Optimize service delivery settings/platforms and coordination of providers</p>	<ul style="list-style-type: none"> • Consider alternative models of care to move services from hospitals to community-based or home-based care. These may include: <ul style="list-style-type: none"> ○ delivering services in a different setting/location; ○ delivering services on a different platform (telephone or web-based); ○ delivering similar services by different providers; ○ exploring task sharing in line with existing scopes of practice, and consider expansion of scope of practice where this is may be practicable; ○ spacing out the frequency in delivering services; ○ increasing the capabilities of and support for informal care givers for strengthening home care.

² WHO. Critical preparedness, readiness and response actions for COVID-19. WHO/2019-nCoV/Community_Actions/2020.3 (<https://www.who.int/publications-detail/critical-preparedness-readiness-and-response-actions-for-covid-19>, accessed 15 April 2020).

	<ul style="list-style-type: none"> • Reinforce or establish active but safe discharge management for older and social care patients from hospitals to step-down, community and home care settings. • Consider increasing the capabilities of civil society and non-state actors to deliver social care services and home care, e.g. nongovernmental organizations, Red Cross, Red Crescent. • Ensure continued access to medicines and supplies for people with chronic conditions, e.g. allowing pharmacists to extend ordinary prescriptions.
4 Review pathway and patient transitions	<ul style="list-style-type: none"> • Establish criteria and pathways for patient referrals and counter-referrals aligned with the phased roadmap. • Ensure access to patient records across providers and settings/platforms.
5 Ensure the safety of essential health care services	<ul style="list-style-type: none"> • Guide safe care-seeking behaviours by disseminating information to the public, including new pathways for services, opening hours, precautions, etc. These should be disseminated through various media outlets including social media, but also through public and community organizations. • Ensure all health and social care services, including those delivering community-based services, are able to practice safely through the provision of personal protective equipment according to their risk, and that resources are provided to train staff in the use of personal protection equipment and how to practice infection prevention and control procedures. • Introduce or reinforce standard operating procedures for facility-based infection prevention and control. This may include separation of patients at the point of entry, dedicated pathways and reserved hospital equipment. • Ensure rapid learning cycles are in place to adjust health care services to respond to risk, population specificities, workforce supply, but also to input from patients and the health workforce. • Ensure acuity-based triage at all sites. • Establish guidance on screening and triage of patients on arrival at health care settings using the most up-to-date COVID-19 guidance and case definitions, e.g. through dedicated tents in the premises, case testing prior to accessing facilities. • Establish mechanisms in all care sites for isolation of patients meeting the case definitions for COVID-19. • Develop and ensure the availability of COVID-19-specific clinical decision aids with staff and for staff. • Establish criteria and protocols for transferring patients between settings. • Establish clear criteria and protocols for transporting patients from the community to hospitals or between services.

Policy recommendation #8 Train, repurpose and mobilize the health workforce according to priority services	
1 Identify the health workforce available for surge capacity demands and essential health care services	<ul style="list-style-type: none"> • 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 care services: <ul style="list-style-type: none"> ○ part-time staff increasing their hours and full-time staff working remunerated overtime; ○ staff in quarantine with mild symptoms can support the response by taking on remote tasks such as telemedicine, serving on a hotline to answer questions from concerned citizens, etc.

	<ul style="list-style-type: none"> ○ staff from non-affected areas and health workers available for temporary re-assignment in line with the agreed roadmap for essential health care services; ○ utilizing registration and certification records to identify qualified candidates (including migrants and refugees) and recruit additional health workers, including licensed retirees and medical trainees for appropriate supervised roles; ○ mobilizing nongovernmental, military, Red Cross or Red Crescent, and private sector health workforce capacity; ○ government and other workers from non-health sectors moving to the health sector to support tasks and functions in health care facilities that are expected to be compromised (administration, maintenance and other support services for staff and patients, etc.); ○ calling for volunteers and/or health workers working outside the health sector. <ul style="list-style-type: none"> ● Consider setting up a centralized roster of all available health workforce at the appropriate level (local, municipal, regional, national). ● A method designated to update the contact information and potential health care service capacity of all people willing and capable to serve. Mobile applications could be used for this, if possible. ● Identify domestic support measures (e.g. travel, childcare, care of ill or disabled family members) that could enhance staff flexibility for shiftwork. ● Ensure there are policies in place to manage volunteer workers (vetting, accepting, rejecting, liability issues etc.). ● Recruitment notices and contracts for emergency recruited staff clearly state what emergency registration status means and the measures regulatory bodies will take in the event that they receive information that they are not fit to practice.
<p>2 Repurpose and upskill for rapid deployment to meet surge capacity needs and deliver essential health care services</p>	<ul style="list-style-type: none"> ● Ensure all the health workforce in community- and hospital-based services are provided with COVID-19 training (online or in designated community training facilities) including WHO online training.³ ● Ensure that the health workforce is trained and up to date in basic life support according to WHO Basic Emergency Care.⁴ ● Initiate rapid training mechanisms and job aids for key capacities, including diagnosis, triage, clinical management responsibilities and essential infection prevention and control. ● Consider establishing pathways for accelerated training and early certification of medical, nursing and other key trainee groups. ● Mobilize adequately 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 (e.g. management of time-sensitive conditions; syndromic management of common undifferentiated presentations in frontline care; management of select chronic communicable and noncommunicable diseases). ● Consider simple high-impact clinical interventions for which rapid upskilling would facilitate safe task sharing and expansion of scope of practice for the entire health workforce, e.g. including pharmacists, nurses, nursing assistants, social workers, physiotherapists, psychotherapists, dentists, community health workers.

³ WHO. Welcome to Open WHO [website]. (<https://openwho.org/>, accessed 15 April 2020).

⁴ WHO. Basic Emergency Care. Geneva: World Health Organization; 2018. (<https://www.who.int/publications-detail/basic-emergency-care-approach-to-the-acutely-ill-and-injured>, accessed 15 April 2020).

	<ul style="list-style-type: none"> Staffing requirements are relaxed in critical care and COVID-19 specialized units in order to make greater use of the multidisciplinary team to help with moving equipment, restocking units, resupplying bed areas and completing administrative tasks.
3 Address contractual and related issues and put in place policies to enable rapid response	<ul style="list-style-type: none"> Consider and implement agreed contract adjustments to facilitate upgrading contracts to meet health care service needs (part-time staff working full-time, full-time staff working remunerated overtime, etc.). Consider and implement agreed contract adjustments to support the re-assignment of health workers to essential services and/or to 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 and 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. Consider reassuring the health workforce that if any scope of practice concerns are raised regulatory bodies will take into consideration the context in which the professional is working.
4 Maintain ongoing communications with health workers	<ul style="list-style-type: none"> 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 and training opportunities, etc. Work with professional associations and others to maximize communication reach. Consider issuing a joint statement that joins national health authorities, regulatory bodies, and professional organizations to direct health workers to where to find the most up to date information on signs, symptoms and treatment protocols for COVID-19.

Policy recommendation #9 Protect the physical health of frontline health workers	
1 Ensure the safety and protection of health workers in the frontline of health care services delivery	<ul style="list-style-type: none"> Ensure appropriate hours and enforced rest periods. Secure and allocate personal protective equipment for the health workforce providing frontline services (in hospitals and communities). Ensure the health workforce is properly trained in terms of the rational use and disposal of personal protective equipment which is adequate for the risk. Consider putting in place optional accommodation arrangements for hospital-based health workers to reduce time spent travelling to/from home and to protect health workers' families from indirect exposure. Consider re-assignment 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 who are less at risk to provide care for patients with the virus.
2 Address occupational health concerns relating to COVID-19	<ul style="list-style-type: none"> Ensure all health workers know 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 and encourage reporting of symptoms by health workers.

Policy recommendation #10 Anticipate and address mental health needs of the health workforce	
1 Provide mental health and psychosocial support for health workers	<ul style="list-style-type: none"> • Establish a dedicated hotline for psychological support. • Review work schedules and ensure distributed workloads, as far as possible. • Monitor health workers for illness, stress and burn-out. • Team arrangements that include non-professionals and professionals are considered to alleviate stress and help distribute tasks. • Consider introducing psychological first aid training for volunteers and community members to support staff in high stress areas, using digital and other platforms. Consider child care and other care support options for health workers, e.g. when schools close due to spatial/social distancing measures or for health workers with caring commitments for older relatives.

© World Health Organization 2020. Some rights reserved. This work is available under the [CC BY-NC-SA3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/) licence.