

Preparing to manage cases of COVID-19 in health facilities in low income countries – KEY MESSAGES

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Introduction

This short document focuses on the response of health services and facilities to the expected spread of COVID-19 in sub-Saharan Africa. These countries face a real threat of health systems becoming overwhelmed, with dramatic increase in deaths from the outbreak and indirect deaths from vaccine-preventable and treatable conditions.

The document draws on new WHO guidelines and seeks to assist decision makers by highlighting urgent and priority actions. The key messages reflect views of expert health professionals responding to the COVID-19 pandemic in Ireland and Europe and with wide experience of health systems and managing epidemics in Africa.

Key WHO Guidance documents for health services response to COVID-19

1. Operational considerations for case management of COVID-19 in health facility and community
https://apps.who.int/iris/bitstream/handle/10665/331492/WHO-2019-nCoV-HCF_operations-2020.1-eng.pdf
2. Operational guidance for maintaining essential health services during an outbreak
<https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>
3. Infection prevention and control during health care when COVID-19 is expected
[https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)
4. Hospital readiness checklist for COVID-19
<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/hospital-readiness-checklist-for-covid-19>
5. Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected
[https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected)

Implementing a health service response to COVID-19 is just part of the wider national response to control the epidemic which involves a whole of government approach. The population measures are of utmost importance, including social/physical distancing measures, good hygiene practices and reducing transmission through testing and contacting tracing, where feasible. Countries need to factor in the wider social and economic consequences of restrictive measures that affect people's ability to move around and work. Public messaging should reach the whole population, emphasising hand washing, respiratory hygiene, physical distancing and the need to self-isolate if symptoms develop.

KEY MESSAGES for Health Service readiness and response

1. Health facility readiness

- a. There are three objectives: to manage COVID-19 patients; to maintain essential health services; and to protect the welfare of health care workers.
- b. All health facilities should assess their response capacity and establish a plan to deal with a surge of severely ill patients.
- c. Consider how to mobilise additional staff for surge capacity
- d. Have clear plans for infection prevention and control (IPC) including WaSH facilities, environmental cleaning & disinfection.
- e. Communicate plans and actions widely, including signage and posters.

2. Segregation of COVID-19 patients

- a. Separating COVID-19 patients from others is key. The ideal approach is to stream hospitals such that entire facilities are dedicated to COVID-19 (e.g. field hospitals); or else dedicate COVID-19 treatment areas within hospitals.
- b. Establish effective patient flow at facilities including screening, triage and targeted referral of COVID-19 and non-COVID-19 cases.
- c. Reduce transmission by isolating cases from other patients (or at least cohorting), and minimise the number of staff caring for each patient.

3. Care of COVID-19 patients

- a. Initiate IPC at point of entry to hospital. Immediately screen and isolate COVID-10 suspects from other patients. If illness is mild, immediately discharge for self-isolation at home.
- b. Assess whether patients will benefit from admission or transfer from other facilities. Consider not admitting patients with respiratory failure if the hospital is not equipped. This is equally efficacious, more humane for the patient, and reduces the risk of spread of infection to staff and other patients.
- c. Establish guidance for handling deceased patients.
- d. Minimise presence of visitors and non-essential staff.

4. Infection prevention and control (IPC)

- a. The greatest risk of spread is by contact. Pay strict attention to hand hygiene, washing, respiratory etiquette and distancing measures. All staff should know about IPC and meticulously follow the WHO's "5 Moments for Hand Hygiene".
- b. Ensure facilities have supplies of soap and running water.
- c. Explore whether local ethanol producers (e.g. distilleries) could repurpose their facilities to make alcohol hand rubs following WHO formula.
- d. Manage supply and use of scarce PPE. Gloves, aprons and surgical masks mostly suffice. Don't over-focus on PPE as adherence to other IPC measures mitigates most of the risk. Do not use PPE unless staff know how to use it properly, including putting on and taking off.

5. Maintain essential health services

- a. Identify essential services to be prioritised for continuity (more people died from malaria than Ebola in west Africa in 2014).
- b. Redistribute health workforce capacity to support ongoing services.
- c. Maintain availability of essential medicines, equipment and supplies.