Interim guidance note on the health workforce response to the COVID-19 pandemic

April 2020

Introduction

In late 2019, a novel human coronavirus emerged in Wuhan, China. Later named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), it causes coronavirus disease 2019 (COVID-19). It was declared a pandemic by WHO on 11 March 2020 *(1)*. The rapid increase in the numbers of cases and their geographical spread has created enormous demand and stress on health systems and health workers worldwide.

Health workers are at the forefront of the response to COVID-19, both as service providers and as high-risk groups for contracting the disease. The rapidly increasing workload has resulted in shortages in the health workforce in general, and in certain specialties in particular, such as intensive care unit physicians and nurses, infectious diseases specialists, pulmonologists, respiratory therapists and more. The acute onset of the epidemic has meant little time for adequate training and has resulted in a shortage of equipment (ventilators) and supplies to enable health staff to provide adequate care to patients.

The increased workload and highly stressful working environment have led to long working hours, psychological distress, fatigue, occupational burnout, and sometimes even physical and psychological violence. Health workers are also at risk of becoming infected, and even losing their lives, and may fear transmitting the infection to their families and loved ones. The current shortages of personal protective equipment (PPE) significantly increases the risk further *(2)*.

Most countries in the Region already face an overall shortage of health workers, along with skill-mix imbalances, geographical maldistribution and a shortage of specialized health workers. The situation is exacerbated by acute and protracted crises in half the countries of the Region, as well as by financial constraints. This health workforce situation poses a challenge for the COVID-19 outbreak response that needs to be rapidly addressed.

This guidance note identifies strategic action for policy-makers and managers at the national, subnational and facility level to address these different challenges.

The health workforce involved in the COVID-19 response

The health workforce involved in the COVID-19 response can be categorized into five groups.

1. ***Surveillance teams and rapid response teams***. These teams are mobilized immediately at the onset of the outbreak and play a critical role in the detection and control of the outbreak, as well as in data collection and reporting. Most countries of the Region face a shortage of public health professionals, including epidemiologists, resulting in the inadequate staffing of rapid response teams. This, coupled with resource limitations (such as transportation), provides a challenge for contact tracing, leading to incomplete case reporting.

2. ***Health care providers***. These staff are at the forefront of response to the COVID-19 pandemic and carry the heaviest burden and risk of infection. This group includes all health professionals involved in the clinical diagnosis and treatment of cases, including physicians, nurses, medical imaging professionals, pharmacists and other staff at health facilities and pre-hospital services, such as ambulance drivers, cleaning staff and medical waste disposal staff.

3. ***Laboratory professionals***. These staff play a key role in diagnosing patients with COVID-19. With an increasing number of tests, the high workload can lead to stress and fatigue, which can lead to lower quality and endangers the safety of testing. This situation necessitates a strategic approach to surge capacity, such as the repurposing and reassignment of staff to virology departments from other sections, supported by on-the-job training.

4. ***Health management workforce***. This group includes ministry of health staff and all management staff at all levels of the health system. They face the same health workforce-related challenges that frontline staff face, such as heavy workload, fatigue, stress and exposure to infection, although they have a relatively lower risk of infection compared to clinical service providers.

5. ***Community health workers and lay workers***. This group can be instrumental in providing information on protection and in referring and following up suspected cases. Additionally, several other lay groups may be involved in detection, such as airport, immigration and security staff who are involved in temperature taking.

Strategic actions in response to health workforce challenges

1. Mobilize health workers to address shortages and ensure health workforce availability

- In the context of the increasing workload and demand on the health workforce, analyse the availability, distribution and skills of the existing health workforce and identify shortages in all areas and across sectors to ensure adequate implementation of COVID-19 response plans.

- Repurpose, reassign and deploy existing staff to deliver services for the outbreak response, without interrupting essential health services. This may include mobilizing staff from other specializations after basic training in infection control and clinical care skills. When reassigning health workers, consider the continuity of essential health services.

- In planning, anticipate health workers coming down with illness despite protection efforts either through work- or community-acquired infection, and provide for possible contingencies. This includes estimating staff absenteeism in advance and monitoring it continuously.

- Review and maintain surge rosters and expand surge capacity to be ready for mobilization.

- Mobilize nongovernmental, military and private sector health workforce capacity, including through temporary deployment to the public sector where relevant, in line with legal requirements.

- Mobilize the inactive health workforce to increase surge capacity and encourage retired staff to return to work in low-risk environments, thereby releasing serving staff with a lower-risk status to support the COVID-19 response.

- Introduce different contractual modalities for recruitment to facilitate mobilization of health workers to meet health service needs. This might include shifting part-time staff to working full-time, full-time staff working remunerated overtime, and so on.

- Ensure financial resources for mobilization of additional staff, including the introduction of timely incentives, overtime for staff and timely payment of salaries.

- Consider final-year health professional students for employment in support of the COVID-19 response, within the limits of their competence, if needed.

- Engage and train community emergency volunteers for transmission of information, reflecting the cultural specificities of communities.

- Mobilize emergency medical teams when necessary.

2. Enable health workers to deliver services effectively and efficiently

- Establish, mobilize and maintain specialized teams, including rapid response teams and infection prevention and control teams, and equip them with the necessary resources and provide adequate training, means and transportation.

- Brief health workers on their [rights, roles and responsibilities, including for occupational safety and health, during the COVID-19 outbreak](), to ensure coordinated and harmonized response operations *(3)*.

- Develop and disseminate updated technical guidelines, including on case management and pathways, to all staff and support these guidelines with short, easy to digest material.

- Provide pre-deployment guidance and training for surge capacity staff in case finding, how to deal/refer identified cases and how to protect themselves.

- Explore innovative approaches to providing accelerated training for overloaded health workers on infection prevention and control, rational use of PPE, case finding, clinical management and adapted referral systems for COVID-19. This may include online training, local training and mobile applications.

- Train health workers on how to communicate relevant information correctly and sensitively to patients and the public during the COVID-19 outbreak.

- Ensure that health workers have adequate supplies so that they can apply case management guidelines.

- Ensure that health laboratories that perform COVID-19 diagnostics are adequately staffed and can repurpose/reassign staff when needed.

- Train laboratory staff on how to handle and test collected samples in a safe, accurate and timely manner.

- Establish or reinforce communication platforms so that they can be regularly updated on changes in demand, case management, service delivery arrangements, training opportunities and so on

- Engage stakeholders, including local authorities, academic institutions, professional associations, councils and others, to scale up communication and support.

3. Protect health workers with effective infection prevention and control strategies

- Perform regular risk assessments for health workers to ensure their safety and well-being.

- Develop surveillance protocols for health workers at risk of infection.

- Provide guidance and training to health workers on infection control and use of PPE and disseminate and use [WHO interim guidance on rational use of PPE](#) *(4)*.

- Ensure the availability of adequate PPE to ensure health worker safety. If there is a shortage of PPE, distribute protective supplies according to the risk stages of clinical posts to ensure correct protection and avoid overprotection.

- Disseminate and use [WHO interim guidance for laboratory biosafety related to the COVID-19 virus](#) *(5)*.

- Review the division of labour and put in place adequately trained dedicated teams for high risk services for suspected or confirmed cases to reduce the number of health workers who are exposed, and thereby reduce the risk of transmission, where possible.

- Plan services and interventions in such a way to reduce patient encounters and limit health worker exposure, such as delivering a combination of several interventions at one time to a patient where possible.

- Reassign health workers in categories at high risk with comorbidities for COVID-19 to tasks with less risk of exposure.

- Ensure health workers understand when they should self-isolate and establish protocols to assure the safe return to work of health workers following quarantine or sick leave.

- Introduce new modalities for maintaining health services, such as telemedicine, to reduce the risk for both health workers and patients.

- Train staff in the safe disposal and transport of corpses resulting from COVID-19.

4. **Maintain the well-being and mental health of health workers**

- Develop mechanisms and protocols to monitor illness, stress and burnout among health workers.

- Provide psychosocial support to staff and their families who have been traumatized by the emergency, including a hotline for support.

- Ensure appropriate working hours with adequate rest and recuperation time and provide adequate rest facilities.

- Address potential occupational health risks, including by providing advice on self-assessment, symptom reporting, self-quarantine and protection from violence.

- Consider putting in place measures to reduce the time spent travelling to/from home and protect the families of health workers from indirect exposure, such as dedicated accommodation facilities for highly exposed staff, transportation and child care during the outbreak.

5. Recognize and appreciate the efforts and achievements of health workers

- Acknowledge the efforts of health workers during the outbreak through the media and other channels.
- Take advantage of 2020 as the Year of the Nurse and Midwife) to express appreciation of the value and indispensable role of the health workforce.
- Document the achievements of health workers and the challenges they face during the COVID-19 outbreak in order to demonstrate their critical role and identify lessons learned.

References

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3. Coronavirus disease (COVID-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health: Interim guidance 19 March 2020. Geneva: World Health Organization; 2020 (https://www.who.int/publications-detail/coronavirus-disease-(covid-19)-outbreak-rights-roles-and-responsibilities-of-health-workers-including-key-considerations-for-occupational-safety-and-health, accessed 25 March 2020).

4. Rational use of personal protective equipment for coronavirus disease 2019 (COVID-19) and considerations during severe shortages 6 April 2020. Geneva: World Health Organization; 2020 (https://www.who.int/publications-detail/rational-use-of-personal-protective-equipment-for-coronavirus-disease-(covid-19)-and-considerations-during-severe-shortages, accessed 15 April 2020).

5. Laboratory biosafety guidance related to coronavirus disease 2019 (COVID-19): Interim guidance 19 March 2020. Geneva: World Health Organization; 2020 (https://www.who.int/publications-detail/laboratory-biosafety-guidance-related-to-coronavirus-disease-2019-(covid-19), accessed 25 March 2020).