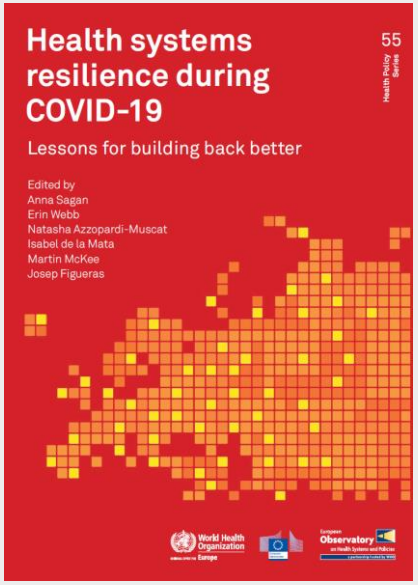
Health and long-term care staff at the limit – How to build resilient health systems?



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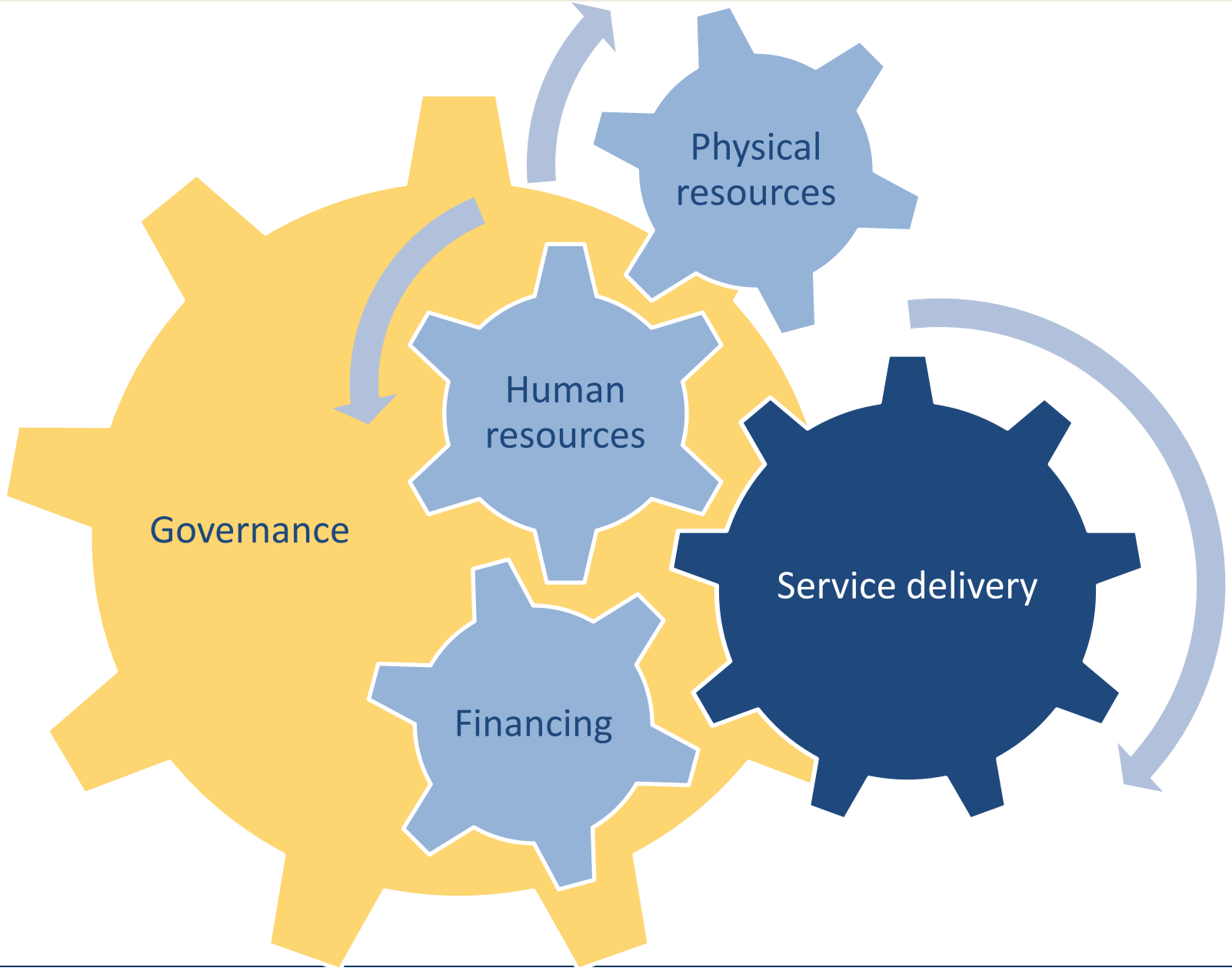
20 key strategies for a resilient response to COVID-19

LEADING AND GOVERNING THE COVID-19 RESPONSE	
Strategy 1	Steering the response through effective political leadership
Strategy 2	Delivering a clear and timely COVID-19 response strategy
Strategy 3	Strengthening monitoring, surveillance and early warning systems
Strategy 4	Transferring the best available evidence from research to policy
Strategy 5	Coordinating effectively within (horizontally) and across (vertically) levels of government
Strategy 6	Ensuring transparency, legitimacy and accountability
Strategy 7	Communicating clearly and transparently with the population and stakeholders
Strategy 8	Involving nongovernmental stakeholders including the health workforce, civil society and communities
Strategy 9	Coordinating the COVID-19 response beyond national borders
FINANCING COVID-19 SERVICES	
Strategy 10	Ensuring sufficient and stable funds to meet needs
Strategy 11	Adapting purchasing, procurement and payment systems to meet changing needs and balance economic incentives
Strategy 12	Supporting universal health coverage and reducing barriers to services
MOBILIZING AND SUPPORTING THE HEALTH WORKFORCE	
Strategy 13	Ensuring an adequate health workforce by scaling-up existing capacity and recruiting additional health workers
Strategy 14	Implementing flexible and effective approaches to using the workforce
Strategy 15	Ensuring physical, mental health and financial support for health workers
STRENGTHENING PUBLIC HEALTH INTERVENTIONS	
Strategy 16	Implementing appropriate nonpharmaceutical interventions and Find, Test, Trace, Isolate and Support (FTTIS) services to control or mitigate transmission
Strategy 17	Implementing effective COVID-19 vaccination programmes
Strategy 18	Maintaining routine public health services
TRANSFORMING DELIVERY OF HEALTH SERVICES TO ADDRESS COVID-19 AND OTHER NEEDS	
Strategy 19	Scaling-up, repurposing and (re)distributing existing capacity to cope with sudden surges in COVID-19 demand
Strategy 20	Adapting or transforming service delivery by implementing alternative and flexible patient care pathways and interventions and recognizing the key role of primary health care

Health system perspective



Human resources: challenges

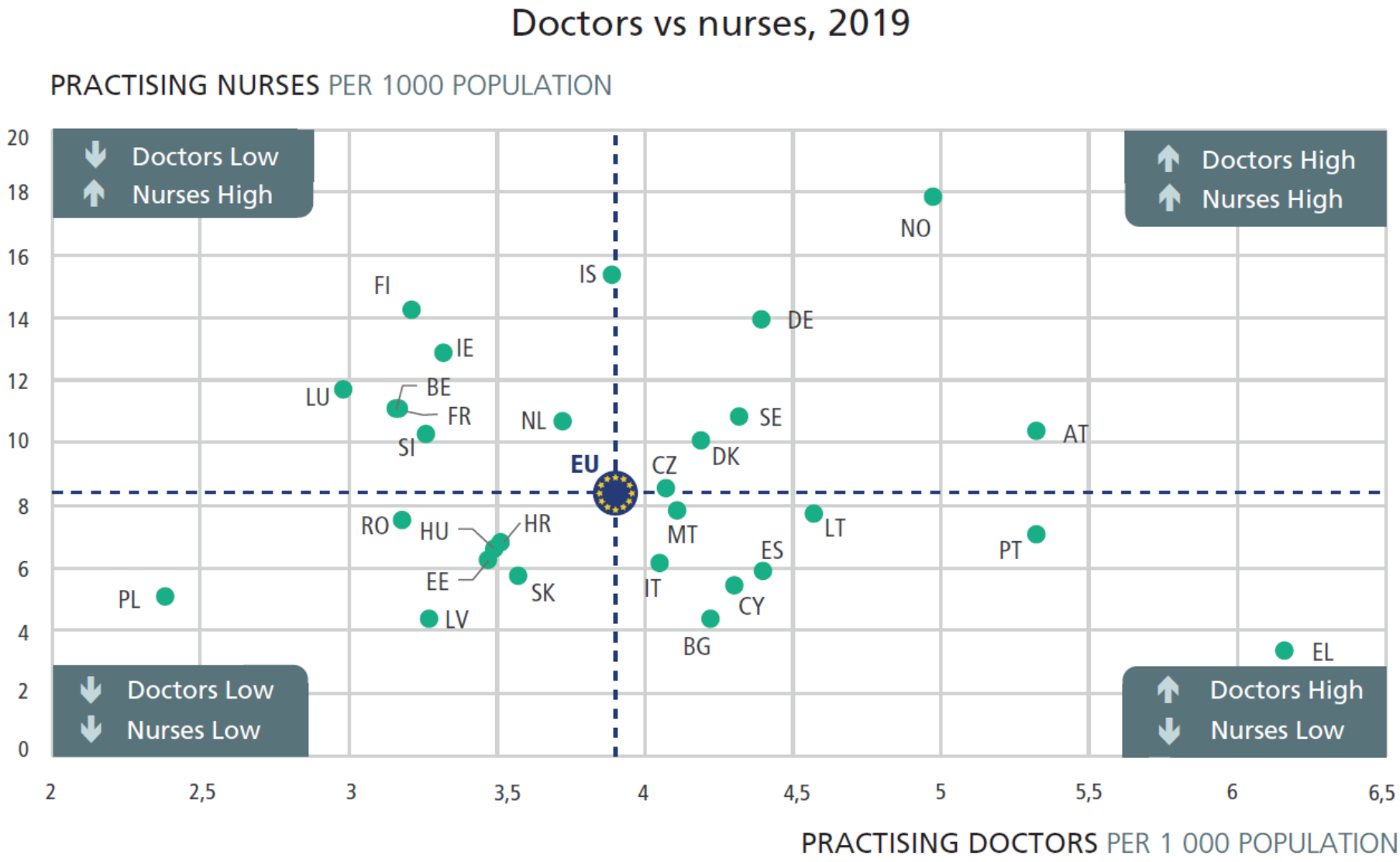
Surge capacity planning was needed to:

- Meet increased demand
- Maintain essential services
- Increase testing, monitoring and surveillance capacity
- Vaccination programmes

But was complicated by:

- Workforce shortages, maldistribution, skills misalignment
- Limited data on the health workforce
- Workforce absenteeism

Starting point



Scaling-up

Scaling-up existing capacity or recruiting additional health workers

- Expanding existing workforce capacity
- Bringing in new or inactive workers
- Redeploy to areas with greatest need

Table 4.1 *Various approaches have been used to increase staff levels and mobilize additional health workers during COVID-19*

Scaling-up capacity among the existing health workforce	Mobilizing and recruiting additional health workers and volunteers
• Asking staff to work extra hours. • Changing contracts from part-time to full-time. • Changing staffing requirements. • Changing night shift working patterns. • Cancelling leave. • Changing registration requirements.	• Increasing recruitment quotas. • Recruiting (final year) medical and nursing students. • Bringing inactive or retired health professionals back to the workforce. • Recruiting new health professionals (e.g. environmental health officers and sexual health specialists for contact tracing). • Bringing foreign-trained health professionals into the workforce. • Requesting assistance from other countries or international organizations. • Recruiting volunteers for nonmedical or basic medical tasks. • Using military personnel to supplement the civilian workforce.

Sources: Williams et al. (2020a); Winkelmann et al. (2021).

Reskilling

Implementing **flexible** and effective approaches

- Taking on new tasks
- Task shifting
- Reskilling to work in different roles
- Introducing multiprofessional teams
- Reskill to use digital technologies

Table 4.2 *A number of skill-mix innovations has emerged during the COVID-19 pandemic*

Activity	Examples of changes in skill-mix
Preventing COVID-19	• Primary and mental health care staff conducted outreach services to vulnerable groups (United Kingdom).
Testing	• Graduates of natural and veterinary sciences used laboratory methods usually restricted to biomedical analysts (Austria).
Tracing	• Primary health care (PHC) providers supported public health surveillance teams in contact tracing (Albania). • Regional laboratories organized contact tracing and monitoring (Ukraine). • Health workers at risk from COVID-19 (e.g. due to age) have been moved from patient-facing roles to remotely support contact tracing efforts.
Monitoring	• Volunteers asked to help with basic support roles such as manning helplines or delivering medication and food to the most vulnerable, such as those self-isolating or shielding (Cyprus, Estonia, Germany, Greece, Italy, Malta, Poland, United Kingdom) (Williams et al., 2020a). • Mobile teams including a clinician, an epidemiologist, and a driver followed-up with COVID-19 cases in home quarantine (Kyrgyzstan). • GPs assisted with remote monitoring of patients in some countries.
Providing primary health care (PHC)	• PHC-based multidisciplinary teams have been introduced to manage the testing, triage and treatment of COVID-19 cases across many countries in Europe (Kumpunen et al., 2021). • Pharmacists authorized to issue e-Prescriptions for medicines for chronic disease patients (France, Ireland, Portugal) (OECD, 2021a).
Providing specialist outpatient care	• Non-nursing professionals performed nursing tasks if supervised by a coordinating nurse (Belgium). • NHS trusts shared waiting lists across local health and social care regions to more effectively manage elective care (United Kingdom).
Providing inpatient care	• Physicians from other departments with critical care expertise, such as internists, fellows and anaesthesiologists, assist with treating COVID-19 patients (United States) (Abir et al., 2020). • Physiotherapists trained to work in acute respiratory teams (Australia). • Registered Nurses (RNs) trained to operate ventilators to support respiratory therapists (Canada). • Dentists, especially with sedation skills, redeployed to support the NHS during COVID-19 surges (United Kingdom).
Vaccinating	• Paramedics (Austria, Israel, Ukraine, UK), medical students (Austria, Belgium, UK), pharmacists (Portugal, Switzerland), doctors' assistants (Germany, Netherlands), physiotherapists (United Kingdom), speech therapists (United Kingdom) and dentists (Ireland) provided authorization to administer the vaccine (Shuftan, 2021). • Members of the public trained as vaccinators and assistants of other nonmedical tasks such as check-ins, taking vitals, paperwork and monitoring recovery after vaccination (Belgium, Ireland, United Kingdom). • Nurses, pharmacists, physiotherapists, medical rescuers now allowed to conduct epidemiological interview (previously only doctor) and administer vaccine (previously only nurse) (Poland).

Source: Authors based on HSRM materials unless cited otherwise.

Ensuring support

Ensuring **physical, mental health and financial support**

- Protect physical health
- Protecting mental health and wellbeing
- Financial compensation
- Other practical support

Table 4.3 *A range of support strategies for the health workforce has been implemented*

Support strategy	Implementation examples
• Physical support	• Ensuring sufficient PPE. • Providing regular testing for health and social care staff. • Moving vulnerable staff to remote roles.
• Mental health and well-being support	• Providing helplines, websites or apps offering counselling or referrals for additional support. • Offering remote counselling sessions. • Organizing well-being sessions in health facilities. • Relaxing rules to access mental health support.
• Financial compensation	• Creating bonuses for nursing professionals, health and social care workers in hospitals and long-term care. • Offering vouchers or financial compensation of childcare for health workers.
• Other practical support	• Keeping schools open for children of essential workers. • Providing free parking, free transport and free accommodation if shielding family from potential transmission. • Launching campaigns to reduce discrimination against health workers (due to higher risk of infection). • Continuing medical education credits.

PPE: personal protective equipment.

Sources: Williams et al. (2020b); Winkelmann et al. (2021).

Lessons

- We need more health workers
- The right skill-mix is important
- Health workers need to be supported

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