

COVID-19: Impact on health and care workers

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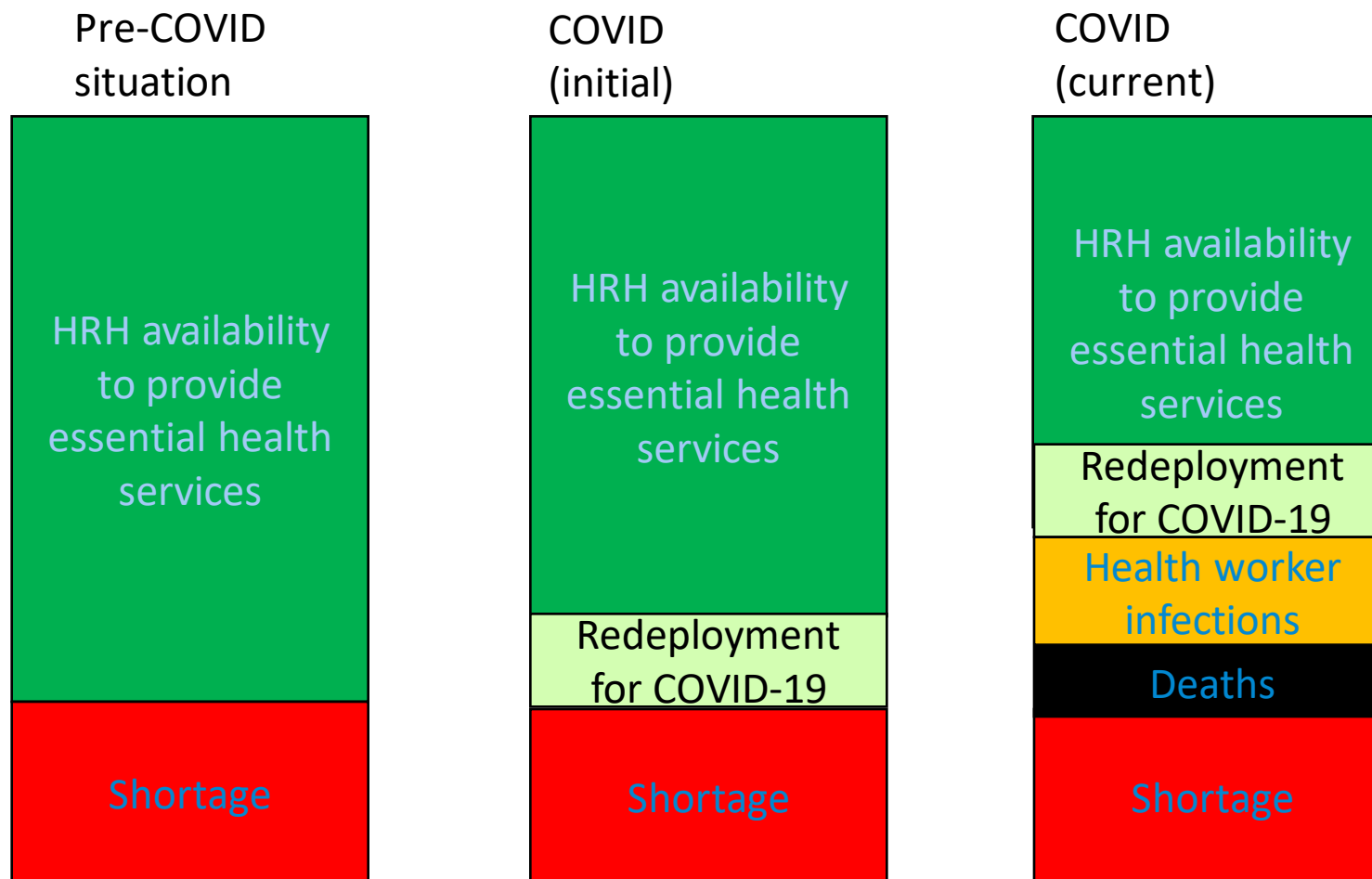
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IHF | Learning from COVID-19
**TRANSFORMING
HEALTH SERVICES**
AN IHF VIRTUAL FORUM

4-5 November 2020

#IHFCOVID19Forum

Impact on availability and performance



*For illustration. Proportions not to scale

Impact on availability and performance (2)

VIRUS OUTBREAK
China sends more doctors to Wuhan as coronavirus deaths surge past 1,500
Wuhan | Beijing | 15 Feb 2020



Surge support to high burden areas/field hospitals



Mobilizing Health Workforce Surge Capacity in Response to COVID-19: Lessons from the Asia Region

Redeployment to COVID-19 tasks (ICU, severe patient care)



Facility closure for non-COVID services, layoffs

COVID-19 Research Education News & Views

Worker strikes, limited testing, and clinic closures

<https://doi.org/10.1136/bmj.m3267> (Published 19 August 2020) m3267

Strikes (decent work conditions, protection)

Virus Knocks Thousands of Health Workers Out of Action in Europe

The thinning ranks of doctors and nurses, particularly in Spain, are hampering the ability to fight the epidemic, straining hospitals and raising fears that health workers are spreading the coronavirus.



Infection and/or Death

Policy Responses to Coronavirus (COVID-19)
Workforce and safety in long-term care during the COVID-19 pandemic
dated 22 June 2020



Gender, equity & rights of health & social workers



Mental ill health, stress, burnout

Impact on essential health services

Fig. 10. Reasons for service disruptions (n = 97)

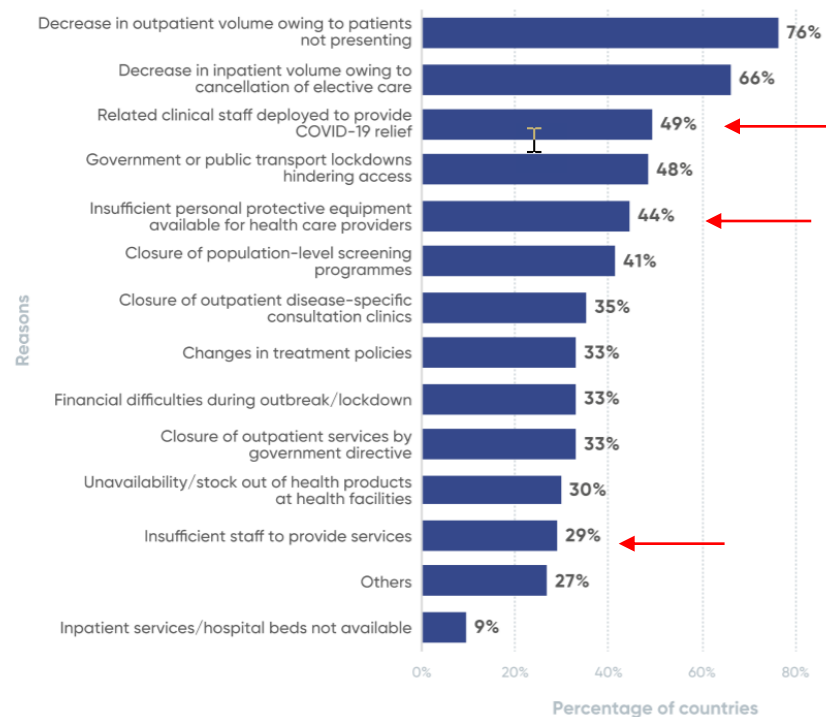
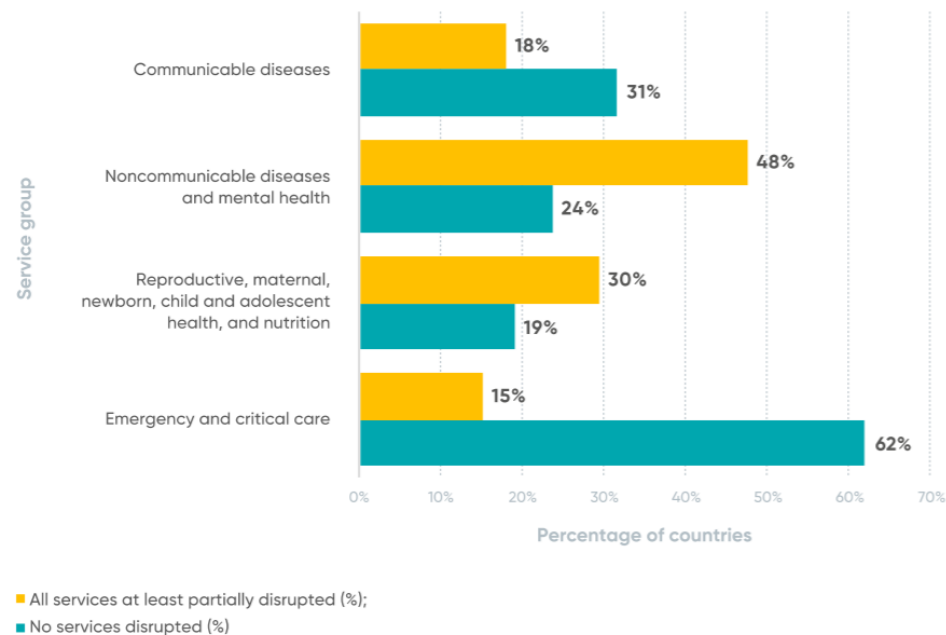


Fig. 5. Percentage of countries reporting disruptions across entire service groups (n = 105)



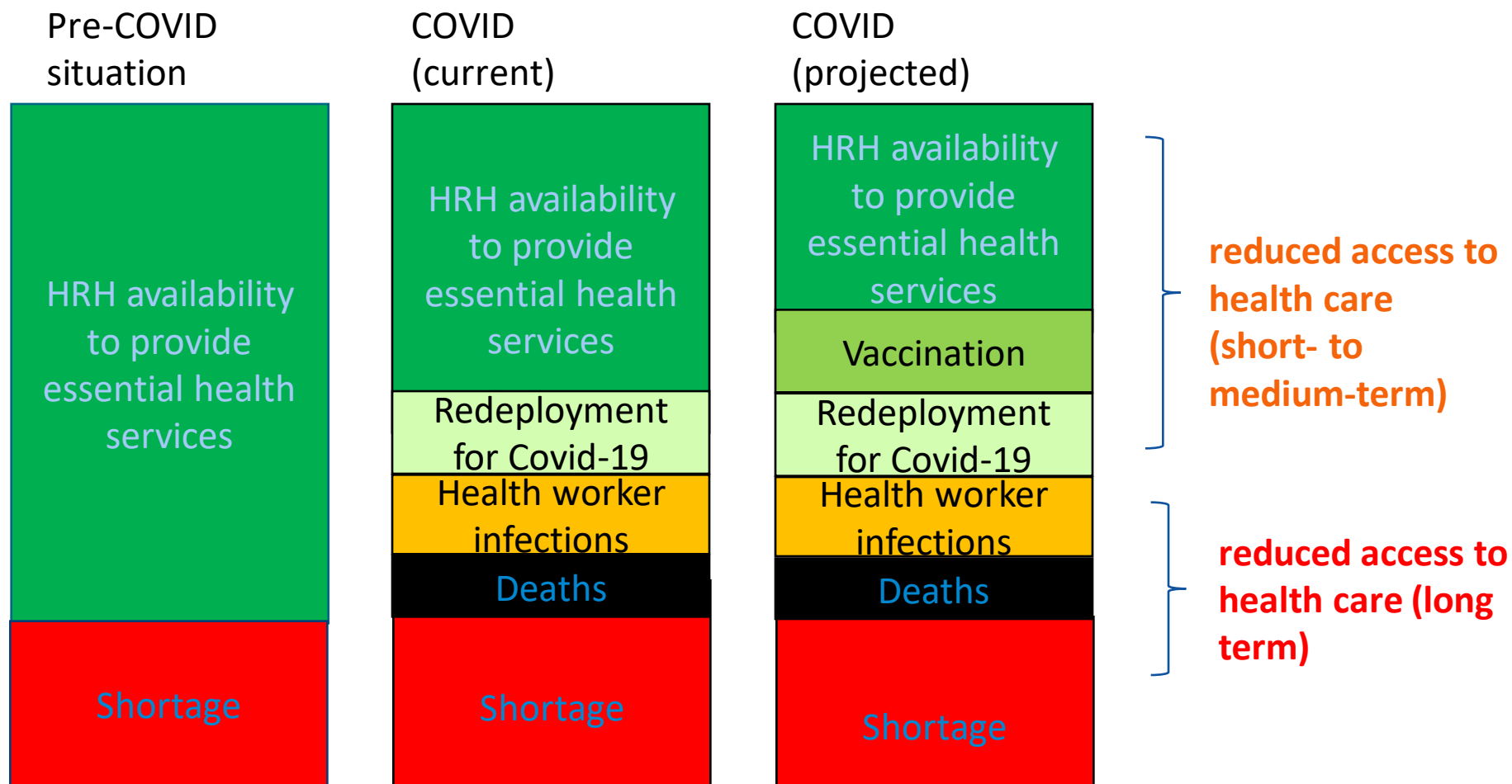
Pulse survey on continuity of essential health services during the COVID-19 pandemic



Interim report
27 August 2020

Pulse Survey 27th
August 2020

And if a vaccine is available in 2021 ?

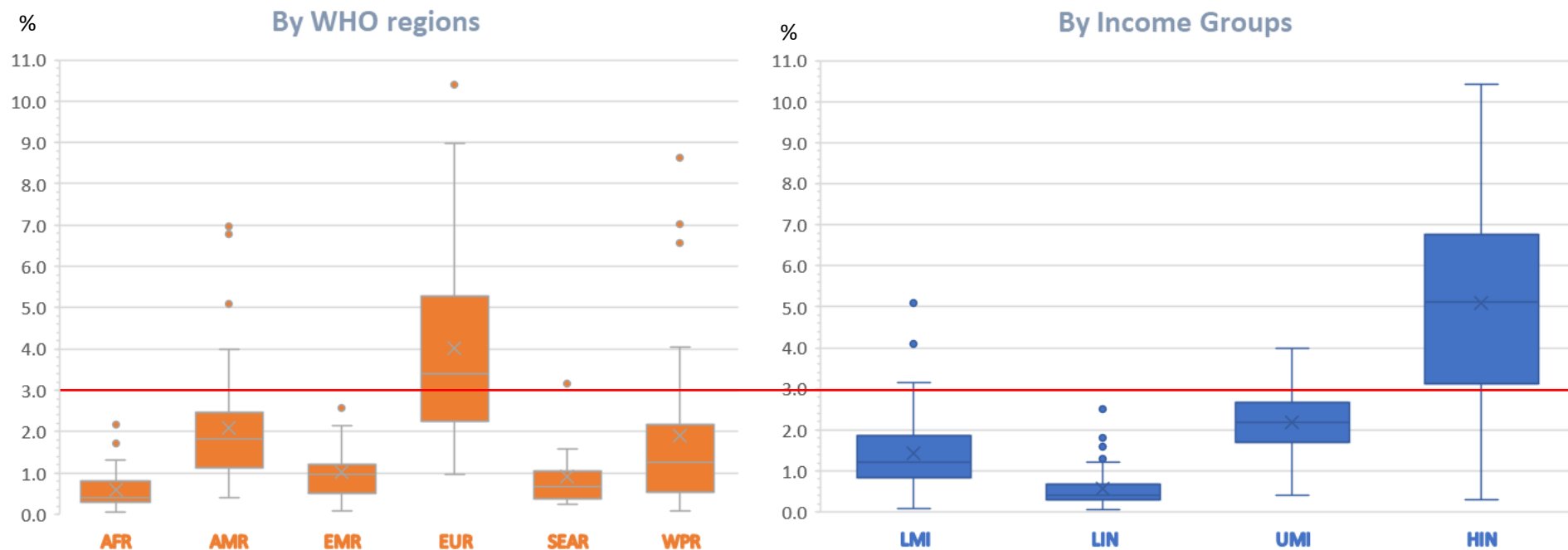


COVID-19 vaccine: scenarios & workforce needs

	Wave 1	Wave 2	Wave 3
Population Coverage (% of general population)	1 3%	2 17%	3 20%
Population size	233 million	1.317 billion	1.550 billion
Priorities (recommended priority groups for each wave)	Health and social care workers	High-risk adults	Further priority groups

source: COVAX core assumptions: Core scenarios 1.0, As of 24th Jul 2020

Globally the percentage of health and social workers (excluding informal and volunteer workers) varies by regions and income groups (ranging from 0.07% to 10.4%)

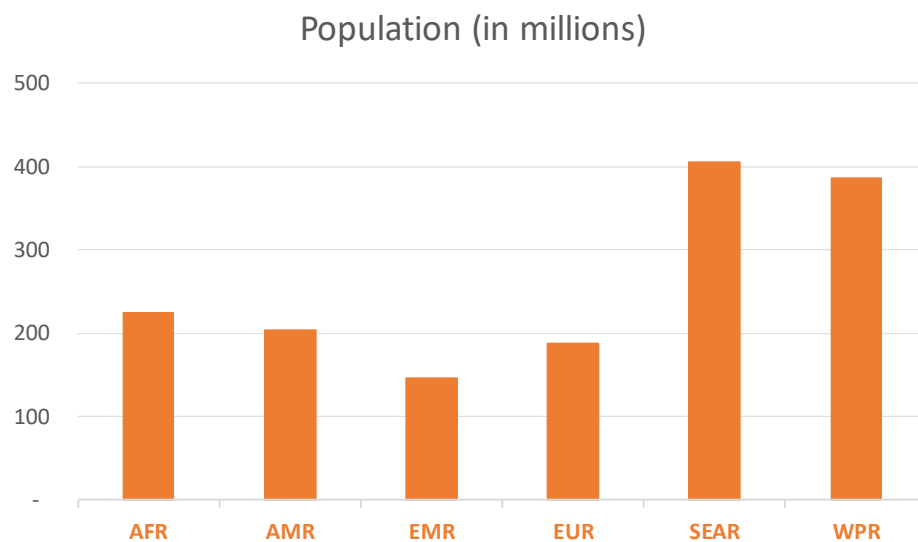


Wave 1

(doses to cover 3% of national populations)

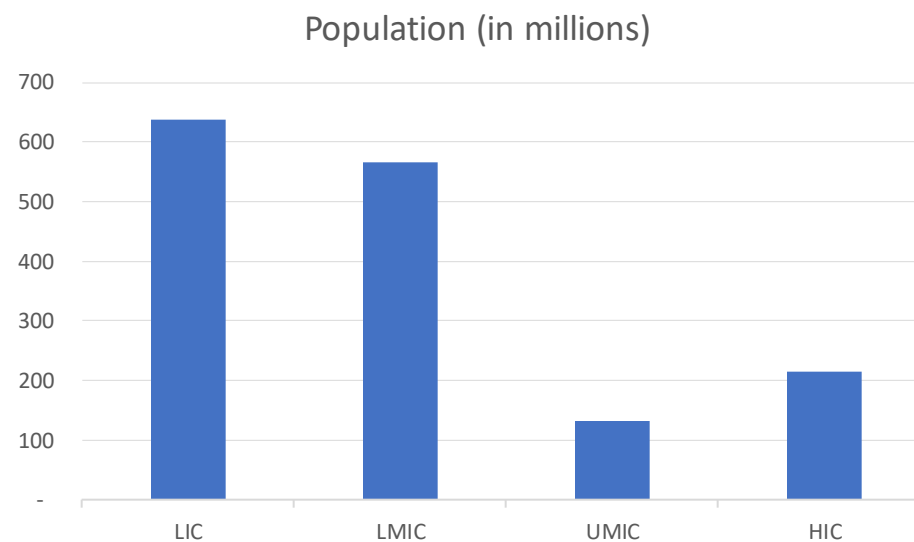
- Sufficient in AFR, EMR and SEAR.
- **Will not cover** all health and social care workers in most of the HICs.

Waves 1 and 2 (20% of global population)



1 in 4 of targeted population in South East Asia

1 in 4 of targeted population in Western Pacific



3 in 4 of targeted population in LMICs and LICs (where health workforce shortages and disruption are acute)

WHO guidance related to health workforce

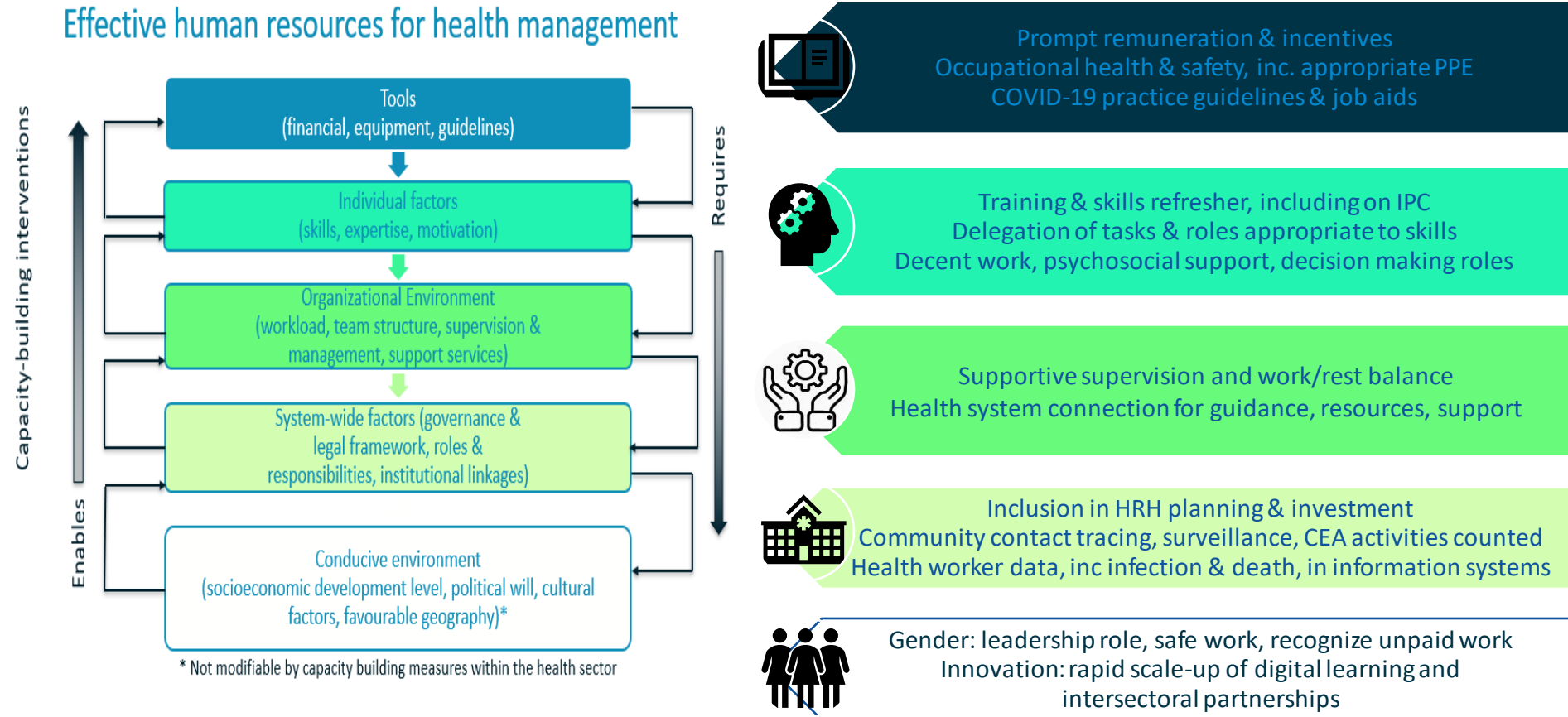
Interim guidance:

- Risk assessment and management of exposure of health care workers
- Infection prevention and control during health care when coronavirus disease (COVID-19) is suspected or confirmed
- Advice on the use of masks in the context of COVID-19
- Rational use of PPE for COVID-19 and considerations during severe shortages
- IPC in long-term care facilities
- Rights, roles and responsibilities of health workers, including key considerations for occupational safety and health.

Publications in press:

- Health workforce policy and management in the context of COVID-19 pandemic response. Interim guidance.
- Health and safety of health workers in the context of COVID-19. Interim guidance.
- Guidance for prevention, identification and management of health worker infections.

Recommendations: COVID-19 HRH management



Interim HRH Guidance provides tiered recommendations for holistic HRH management during COVID-19

CONTACT

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