COVID-19: Impact on health and care workers

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Impact on availability and performance

Pre-COVID situation:
HRH availability to provide essential health services

COVID (initial):
HRH availability to provide essential health services
Redeployment for COVID-19

COVID (current):
HRH availability to provide essential health services
Redeployment for COVID-19
Health worker infections
Deaths

*For illustration. Proportions not to scale
Impact on availability and performance (2)

- Surge support to high burden areas/field hospitals
- Redeployment to COVID-19 tasks (ICU, severe patient care)
- Facility closure for non-COVID services, layoffs
- Strikes (decent work conditions, protection)

- Infection and/or Death
- 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 27th August 2020
And if a vaccine is available in 2021?

**Pre-COVID situation**
- HRH availability to provide essential health services
- Shortage

**COVID (current)**
- HRH availability to provide essential health services
- Redeployment for Covid-19
- Health worker infections
- Deaths
- Shortage

**COVID (projected)**
- HRH availability to provide essential health services
- Vaccination
- Redeployment for Covid-19
- Health worker infections
- Deaths
- Shortage

- Reduced access to health care (short- to medium-term)
- Reduced access to health care (long term)

And if a vaccine is available in 2021?
## COVID-19 vaccine: scenarios & workforce needs

<table>
<thead>
<tr>
<th>Priority Groups</th>
<th>Wave 1</th>
<th>Wave 2</th>
<th>Wave 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and social care workers</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>High-risk adults</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Further priority groups</td>
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<table>
<thead>
<tr>
<th>Population Coverage (% of general population)</th>
<th>Wave 1</th>
<th>Wave 2</th>
<th>Wave 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3%</td>
<td>17%</td>
<td>20%</td>
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<table>
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<tr>
<th>Population size</th>
<th>Wave 1</th>
<th>Wave 2</th>
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<tbody>
<tr>
<td>233 million</td>
<td></td>
<td>1.317 billion</td>
<td>1.550 billion</td>
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*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:

- 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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