



Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic

Interim guidance
May 2020

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Overview

The COVID-19 pandemic is challenging health systems across the world. Rapidly increasing demand for care of people with COVID-19 is compounded by fear, misinformation and limitations on the movement of people and supplies that disrupt the delivery of frontline health care for all people. When health systems are overwhelmed and people fail to access needed services, both direct mortality and indirect mortality from preventable and treatable conditions increase (1–3). Decision-makers will need to make difficult choices to ensure that COVID-19 and other urgent, ongoing public health problems are addressed while minimizing risks to health workers and communities. As established at the 2018 [Astana](#) Global Conference on Primary Health Care, the community level is an integral platform for primary health care, key to the delivery of services and essential public health functions, and to the engagement and empowerment of communities in relation to their health. This community-based platform, with its distinct capacities for health care delivery and social engagement, has a critical role to play in the response to COVID-19 and is essential to meeting people's ongoing health needs, especially those of the most vulnerable.

Existing delivery approaches will need to be adapted as the risk–benefit analysis for any given activity changes in the context of a pandemic. Certain activities may need to be anticipated in areas where COVID-19 transmission has not yet begun, modified where an alternative mode of delivery is safe or temporarily suspended where the risk of COVID-19 transmission is high. Where appropriate, in-person encounters should be limited through the use of alternative delivery mechanisms, such as mobile phone applications, telemedicine and other digital platforms. Specific adaptations will depend on the context, including the local overall disease burden, the COVID-19 transmission scenario, and the local capacity to deliver services safely and effectively.

Decisions should be aligned with relevant national and subnational policies and should be re-evaluated at regular intervals as the outbreak evolves. Taking a comprehensive and coordinated approach to community-based activities provides an opportunity to strengthen the resilience of the community-based platform into early recovery and beyond.

This guidance addresses the specific role of community-based health care (see Box 1) in the pandemic context and outlines the adaptations needed to keep people safe, maintain continuity of essential services and ensure an effective response to COVID-19. It is intended for decision-makers and managers at the national and subnational levels and complements a range of other guidance, including that on priority public health interventions, facility-based care, and risk communication and community engagement in the setting of the COVID-19 pandemic. National policies and capacities for community health services vary widely. Some of the activities discussed in this guidance may require skills, equipment and supplies that are only available at primary care facilities in some settings. Adaptation of this guidance to resource context will be essential to avoid placing unrealistic expectations on local community health care teams.

Part 1 of this document outlines basic principles and practical recommendations that support decision-making to:

- ensure the continuity of select essential services that can be delivered safely at the community level;
- leverage and strengthen the community platform as an integral part of primary health care to ensure an effective COVID-19 response;
- protect health workers and communities through infection prevention and control (IPC) measures.

Part 2 contains sections addressing COVID-19 in the context of different life course phases and highlights disease-specific considerations for adapting community-level activities.

Box 1. Community-based health care

Community-based health care includes services delivered by a broadly defined community health workforce, according to their training and capacity, encompassing a range of health workers, lay and professional, formal and informal, paid and unpaid, as well as facility-based personnel who support and supervise them and provide outreach services and campaigns. Where applicable, specific occupational groups and their roles are highlighted.

In every community, there are local actors, relationships and processes that intersect with the health sector and are central to delivering high-quality, people-centred health care and to building health system resilience. Relevant actors include local authorities, faith leaders and nongovernmental organizations (NGOs) and community groups, such as women's, scouting and youth groups. As trusted members of the community, the community health workforce usually has strong ties with these groups.



Part 1. Community-based health care





Maintaining essential health services and strengthening the COVID-19 response

National and subnational contexts

Different areas, even within the same country, may require different approaches to designating essential services and to engaging the community health workforce in maintaining these services and responding directly to the COVID-19 pandemic. Decision-makers must balance the benefits of different activities with the risks they pose for transmission of the virus to health workers or from health workers to others. The local

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