



COVID-19: Operational guidance for maintaining essential health services during an outbreak

Interim guidance
25 March 2020



World Health
Organization

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Introduction and overview

Health systems are being confronted with rapidly increasing demand generated by the COVID-19 outbreak. When health systems are overwhelmed, both direct mortality from an outbreak and indirect mortality from vaccine-preventable and treatable conditions increase dramatically. Analyses from the 2014–2015 Ebola outbreak suggest that the increased number of deaths caused by measles, malaria, HIV/AIDS, and tuberculosis attributable to health system failures exceeded deaths from Ebola.^[1,2] A system's ability to maintain delivery of essential health services will depend on its baseline capacity and burden of disease, and the COVID-19 transmission context (classified as no cases, sporadic, clusters, or community transmission). Maintaining population trust in the capacity of the health system to safely meet essential needs and to control infection risk in health facilities is key to ensuring appropriate care-seeking behavior and adherence to public health advice. A well-organized and prepared health system has the capacity to maintain equitable access to essential service delivery throughout an emergency, limiting direct mortality and avoiding increased indirect mortality.

With a relatively limited COVID-19 caseload, health systems may have the capacity to maintain routine service delivery in addition to managing COVID-19 cases. When caseloads are high, and/or the health workforce is reduced due to infection of health workers, strategic shifts are required to ensure that increasingly limited resources provide maximum benefit for a population.

Countries will need to make difficult decisions to balance the demands of responding directly to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating the risk of system collapse. Many routine and elective services may be postponed or suspended. In addition, when routine practice comes under threat due to competing demands, simplified purpose-designed governance mechanisms and protocols can mitigate outright system failure. Establishing effective patient flow (including screening, triage, and targeted referral of COVID-19 and non-COVID-19 cases) is essential at all levels.

Successful implementation of these strategic shifts will require transparency and frequent communication with the public, specific protections to ensure access for socially vulnerable populations, active engagement of communities and other stakeholders, and a high degree of cooperation from individuals.

This document expands on the content of the [Operational planning guidelines to support country preparedness and response](#). It provides guidance on a set of targeted immediate actions that countries should consider at national, regional, and local level to reorganize and maintain access to essential quality health services for all. It complements existing and forthcoming WHO guidance on the wider implications of COVID-19 for health systems and cross-government strategies for responding to the COVID-19 outbreak, including region-specific technical guidance being developed by WHO Regional Offices.

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1. Elston, J. W. T., Cartwright, C., Ndumbi, P., & Wright, J. (2017). The health impact of the 2014–15 Ebola outbreak. *Public Health*, 143, 60–70.
 2. Parpia, A. S., Ndeffo-Mbah, M. L., Wenzel, N. S., & Galvani, A. P. (2016). Effects of response to 2014–2015 Ebola outbreak on deaths from malaria, HIV/AIDS, and tuberculosis, West Africa. *Emerging infectious diseases*, 22(3), 433.

Section 1



Establish simplified purpose-designed governance and coordination mechanisms to complement response protocols

A designated focal point for essential health services should be a member of the COVID-19 Incident Management Team. In the early stages of the epidemic, when COVID-19 caseload can still be managed and routine services are not yet compromised, this focal point can assist in repurposing human, financial, and material resources from routine services and mobilizing additional resources.

When routine services begin to be compromised, the essential health services focal point leads on triggering a phased reprioritization of services, as described in the sections below, working through relevant authorities to coordinate with public and private service providers, and reorient referral pathways.

KEY ACTIONS:

- ☐ Establish (or adapt) simplified mechanisms and protocols to govern essential health service delivery in coordination with response protocols.
- ☐ Establish triggers/thresholds that activate a phased reallocation of routine comprehensive service capacity towards essential services, through the specific mechanisms identified below.
- ☐ Assess and monitor ongoing delivery of essential health services to identify gaps and potential need to dynamically remap referral pathways.

Section 2



Identify context-relevant essential services

Countries should identify essential services that will be prioritized in their efforts to maintain continuity of service delivery. High-priority categories include:

- Essential prevention for communicable diseases, particularly vaccination;
- Services related to reproductive health, including care during pregnancy and childbirth;
- Care of vulnerable populations, such as young infants and older adults;
- Provision of medications and supplies for the ongoing management of chronic diseases, including mental health conditions;
- Continuity of critical inpatient therapies;
- Management of emergency health conditions and common acute presentations that require time-sensitive intervention;
- Auxiliary services, such as basic diagnostic imaging, laboratory services, and blood bank services.

The selection of priorities will be guided by health system context and the local burden of disease, but should initially be oriented to preventing communicable disease, averting maternal and child morbidity and mortality, preventing acute exacerbations of chronic conditions by maintaining established treatment regimens, and managing emergency conditions that require time-sensitive intervention. Routine health promotion visits may be limited, and delivery of vaccinations and antenatal care will likely need to be adapted (see optimizing platforms and task sharing below). Specific guidance on immunization in the context of COVID-19 is under development and will shortly be available. Strengthening supply chains to ensure continuity of established treatment regimens for key chronic diseases can limit acute exacerbations, reduce the need for provider encounters, and minimize unscheduled attendance at emergency departments.

Since availability of referral services may be limited in the context of increasing demands on the health system associated with COVID-19, all health workers should be prepared, including through targeted in-service training and in line with scopes of practice, to take on additional responsibilities related to the initial management for key life-threatening syndromes (difficulty breathing, shock, altered mental status, and injury in patients of all ages—see [WHO/ICRC Basic Emergency Care](#)). And emergency units at first-level hospitals may become the primary location for maintaining care for common symptomatic presentations, such as fever, pregnancy-related bleeding, chest pain, and headache.

If the outbreak period is prolonged, authorities will need to regularly reconsider the status of outpatient services that are time dependent and life saving, but not time sensitive on the order of hours to days. Decisions about when to initiate cancer treatments, for example, may need to be integrated with an analysis of the benefits of early treatment, the risk of immuno-compromise during an outbreak, and the estimated duration of service limitations. And the priority for surgical procedures initially deemed elective may change over time. Strategies for the restoration of comprehensive and elective services should be revisited and revised periodically as the outbreak evolves.

KEY ACTIONS:

- ☐ Generate a country-specific list of essential services (based on context and supported by WHO guidance and tools).
- ☐ Identify routine and elective services that can be delayed or relocated to non-affected areas.
- ☐ Create a roadmap for progressive phased reduction of services (see also governance above).

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