

CASE MANAGEMENT

Adequate provisions should be made for the delivery of appropriate clinical management of severe acute respiratory infections due to COVID-19 in health care facilities as well as home care for patients with mild disease and contacts.

Depending on which transmission scenario a country is in (see section 4), there may be high volume of cases that may present to health care facilities putting already overstretched facilities and staff under pressure. To limit the pressure of additional cases on the health care system, appropriate guidance should be given regarding the management of mild cases in isolation.

Delivery of essential health services for non COVID-19 related conditions should be kept functional. This is especially important for the most vulnerable populations (elderly, patients with chronic illness like HIV and non-communicable diseases, pregnant and lactating mothers and children. This will reduce case fatality. Provisions should be made to ensure that People living with HIV/AIDS and other vulnerable populations do not need to visit health facilities at the same time as the time of COVID-19 surge and thereby get exposed to higher risk.

Priority actions

- i. Map vulnerable populations, public and private health facilities (including traditional healers, pharmacies and other providers) and identify alternative facilities (e.g. schools, community centers, military barracks....etc) that may be used to provide treatment.
- ii. Assess intensive care unit capacity in all major cities and provinces
- iii. Continuously assess the burden on local health system and capacity to safely deliver primary health care services
- iv. Review case management protocols, standards and regulatory frameworks to ensure quality of care and safety of care
- v. Ensure that guidance is made available for self-care of patients with mild COVID-19 symptoms, including guidance on when referral to health care facilities is recommended
- vi. Train and refresh medical/ambulatory teams in the management of severe acute respiratory illnesses and COVID-19 specific protocols
- vii. Establish dedicated and equipped teams and ambulances to transport suspect and confirmed cases
- viii. Establish referral mechanisms for severe cases with co-morbidities
- ix. Provide comprehensive medical, nutritional and psychosocial care for COVID-19 patients and care-providers
- x. Assess diagnostics, therapeutics and vaccines for compassionate use
- xi. Evaluate implementation and effectiveness of case management procedures and protocols
- xii. Support hospitals to develop/update their business continuity plans.
- xiii. Develop/strengthen institutional arrangements with private-health care actors to coordinate health service delivery
- xiv. Establish financing mechanisms for COVID-19 specific health services and other essential health services
- xv. Identify indicators, information sources and reporting formats to report on the status of essential health service delivery

- xvi. Conduct rapid assessments to understand the needs for patients with chronic illnesses including PLHIV to document information needs, medication on hand, ability of people to access service support through telephone or through community networks.
- xvii. Accelerate full implementation of WHO HIV Treatment Guidelines for multi-month dispensing (MMD) ensuring PLHIV have sufficient medications on hand.
on of resources and sensitization of health care workers.