

# Mobilizing surge capacity for diagnostic and clinical management

AAAH Webinar, August 21, 2020

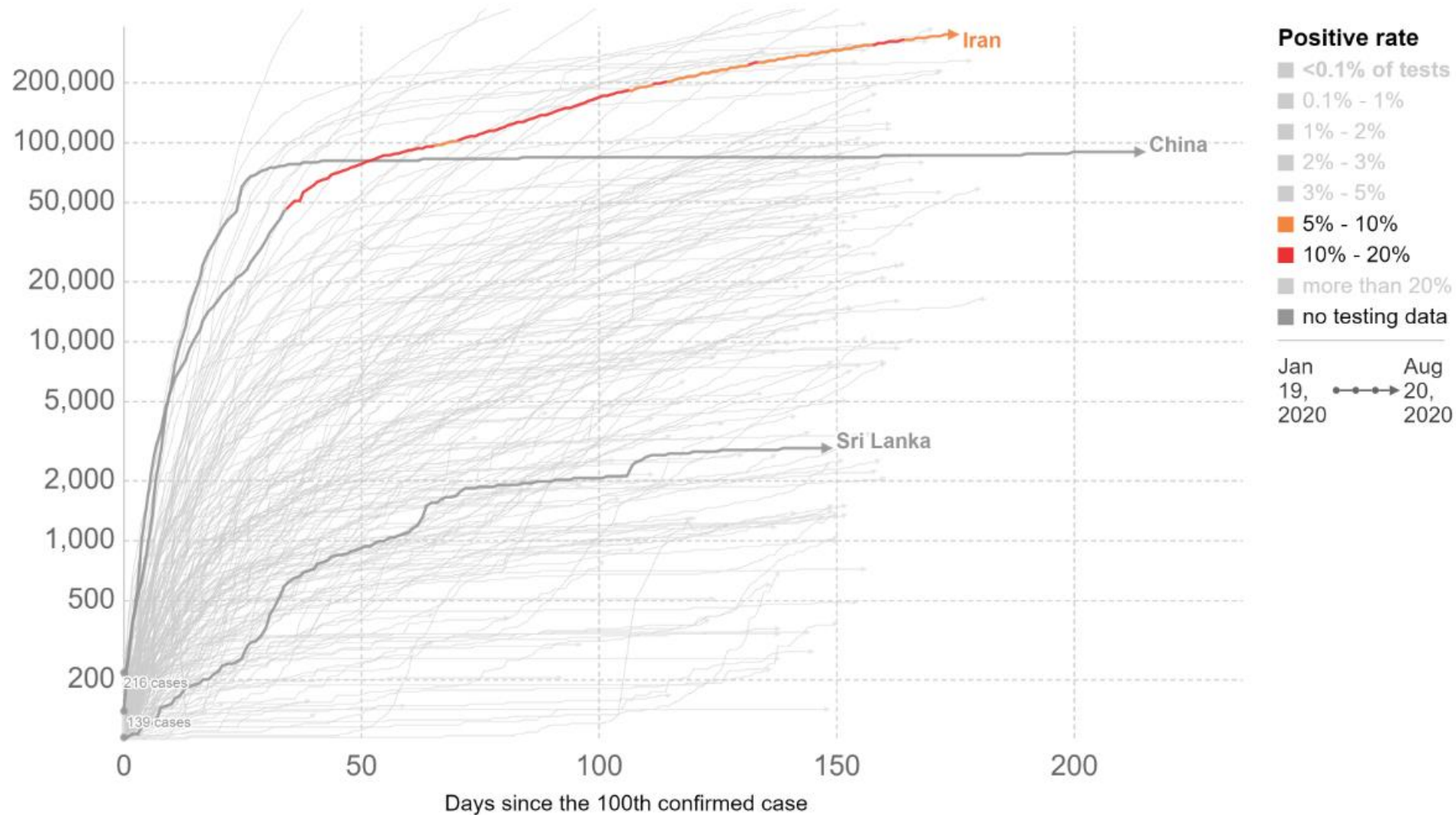
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# Consider the following:

- Country context (geographical, socio-economic, political, cultural, health system, public and private sectors, etc.)
- The magnitude of the COVID-19 threat which the country faced
- HRH framework (World Health Report 2006) –
  - ✓ Entry, Existing, Exit
  - ✓ Production, Retention, Distribution

# Cumulative confirmed COVID-19 cases

The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.



Source: European CDC – Situation Update Worldwide – Last updated 20 August, 09:04 (London time), Official data collated by Our World in Data  
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| Theme                                 | Iran   | Sri Lanka  | China  |
|---------------------------------------|--|--|--|
| <b>Mobilization of surge capacity</b> | <p>Massive recruitment of temporary and permanent workers to public hospitals;</p> <p>Mobilization of volunteers;</p> <p>Mobilization of military health workforce</p> | <p>MOH mobilization of medical staff on a roster basis;</p> <p>Mobilization from Colleges of Specialists;</p> <p>Workforce reserves: Medical staff on “foreign training” and new graduates of internship</p> | <p>Mobilization and concentration of national teams of medical specialties to achieve victory in Wuhan</p> |

| THEME  | IRAN   | SRI LANKA   | CHINA  |
|--|--|---|--|
| <b>Capacity building for existing and additionally mobilized HWs</b> | Training of volunteers;<br><br>Provision of financial and non-financial incentives;<br><br>Integration of HealthCare system and Medical Education; | National Institute of Infectious Diseases did virtual training;<br><br>Staff motivation and incentives were addressed | On-line training of health workers;<br><br>Incentives for medical personnel;<br><br>Awards and recognition for health personnel; |
| <b>Financing the shortages</b>                                       | Government allocation of 1.01B to hospitals  | Use of public funds   | Use of public funds  |

| THEME  | IRAN  | SRI LANKA  | CHINA   |
|--|---|--|---|
| <p><b>Long-term implications for required capacities and competencies of future health workers</b></p> | <p>Strengthen PHC;</p> <p>Strengthen Emergency Preparedness and Response;</p> <p>Revise GP and nursing curriculum</p> | <p>Surveillance system;</p> <p>Sustenance of readiness</p> | <p>Strengthen training for disease prevention and control personnel;</p> <p>Psychological crisis intervention and training;</p> |
| <p><b>Others</b></p>   | <p>Documentation of client satisfaction of services</p>   |  | <p>Use AAAH platform to strengthen collaboration on disease control</p>   |

# Points for reflection and conclusion

- Health system preparedness
- Adaptiveness in the face of the crisis
- Speed of response
- Social cohesion/social organization
- Leadership and Governance