



## AAAH Webinar Series 2020

# Addressing Health Care Workers Challenges and Response to COVID-19 in Pakistan

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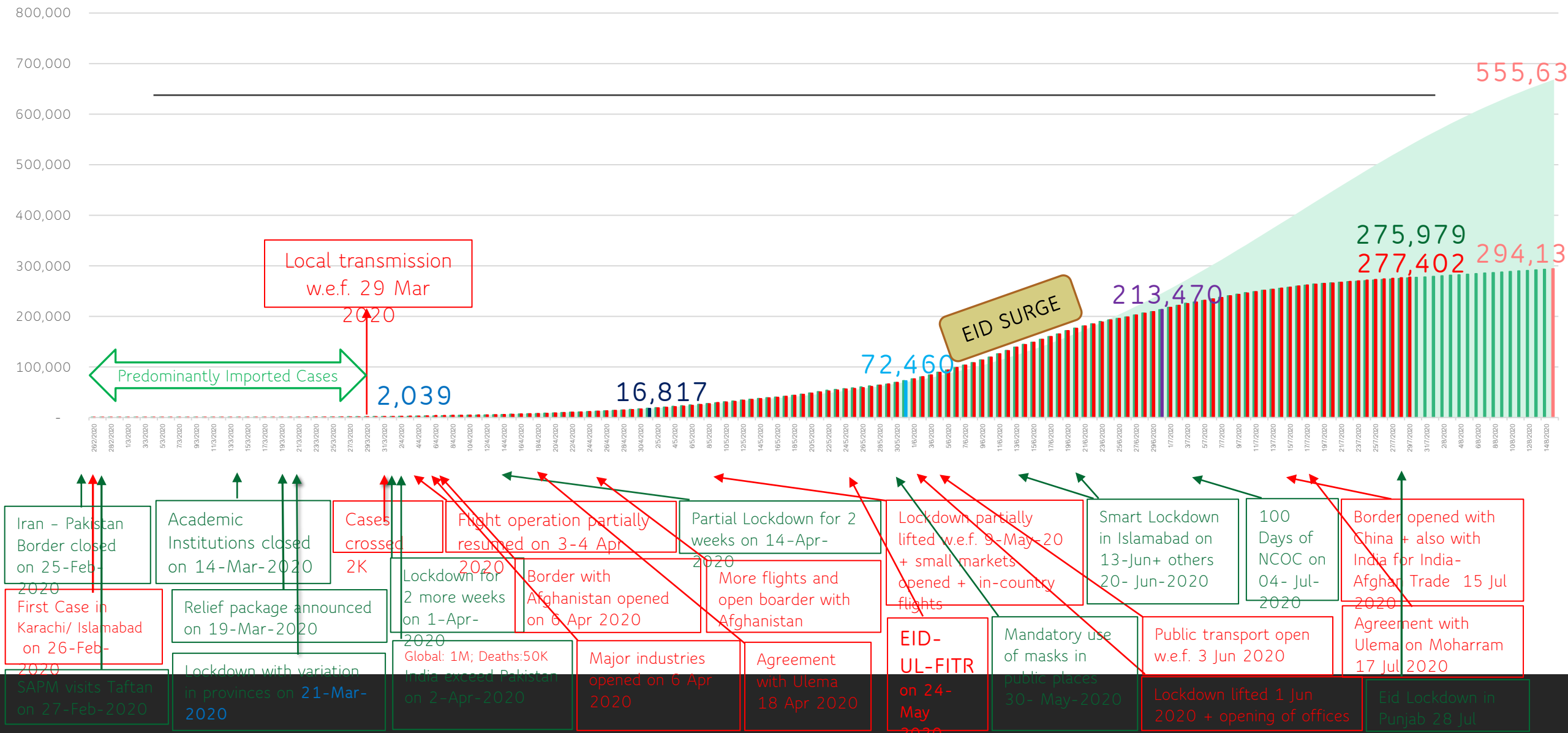
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# Background

- Global coronavirus pandemic battle is led by an army of medical doctors, nurses, paramedics, researchers others.
- In wake of the Covid19, health care workers (HCWs) have to face emotionally distressing situations related to decision-making for critical patients, coupled with irregular and long shift patterns, low staffing levels, and increased patient ratios.
- Decline in the number of an already inadequate workforce due to disease could cast any country into a vicious cycle of health crisis.
- Covid19 has provided an opportunity to look into ways to strengthen the human resource for health not only in numbers but with adequate skill set required to deal with emergency situations

# Epidemic projection considering confirmed cases

## Projected Vs Actual Cumulative Infected



## HRH affected by COVID19

Provinces	Total COVID cases	Total HCWs infected	% among Total COVID Cases
AJK	2,065	177	8.5%
Baluchistan	11,708	480	4.0%
GB	<b>2,090</b>	140	6.7%
Islamabad	14,987	531	3.5%
KP	33,845	2,180	6.4%
Punjab	92,655	1,101	1.2%
Sindh	120,052	1,981	1.65%
Total	277,402	6,590	2.37%

Among affected HCW:

4,055 were doctors

771 were nurses

Others HCWs 1,764

76  
HCWs  
Died

# Challenges and Response in Pakistan

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# Challenges

- Numbers
- Appropriate skill set
- Spread
- Quality
- Incentives
- Safety
- Fatigue

## Enhance health workforce

The best healing touch for a Covid-19 warrior in this situation would be to add to the deficient workforce. However, simple addition without appropriate planning will lead to wasteful use of vital resources.

- A locum-based system in which the public health specialists, general cadre doctors, nurses, psychologists, pharmacists, paramedics, and technicians engaged on per day remuneration.
- Medical students and interns also helped offload routine outpatient and elective medical work, and even contributed to handling non-critical Covid-19 case
- New recruitments initiated with emergency budget allocations while expediting ongoing processes

## Appropriate & Targeted Trainings

- Multiple training programs targeted on required skill sets rolled out systematically at national and provincial level
  - PPE trainings ( 100,000 plus trained)
  - TTQ & Surveillance trainings (rolled out for RRTs and field workers in a trickle down program)
  - ICU/HDU skills (blended program for mid level workers performing duties in small and mid level newly formed corona wards)
  - Various other programs for PHC, CHW and Hospital staff specific to covid19
- Review of Pre service and Inservice training programs in general



# Incentivization for workforce

- Special incentive can greatly hasten and enhance human resource mobilization and retention.
- Covid allowance for FHCWs by federal and provincial governments proved very beneficial
- Provision of insurance cover for medical staff tackling Covid-19
- Special post humous packages for those losing their lives in the covid fight announced
- Awards and certifications

## Reduction in Duty Hours & Helplines

- Where possible, reducing the duty hours of HCWs to about 6 hours per day was helpful to lower chances of getting infected due to fatigue-driven breach of personal protection
- other measures to manage shifts (Week on week off, fortnightly duties in covid and non covid facilities, prioritizing first line and second line workers based on age and risk factors)
- Helplines established for HCWs to address work related grievances which evolved systematically into a robust redressal system with national oversight

# Task shifting

- Inclusion of non health staff for field work specifically for TTQ, surveillance and contact tracing with short capacity building courses was adopted
- Shifting administrative workload of existing and potential clinical staff helped free up a considerable skill pool e.g. simple reduction of paperwork for clinical staff
- Temporary arrangements for lodging frontline staff within the hospital premises proved to be helpful

## Use of technology

- Technology used for contact tracing, monitoring of isolation and case detection as appropriate helped to optimize the HR requirements
- Telehealth has emerged as a critical tool in the fight against COVID-19. Clinical practices moved towards telemedicine where patients call in and inform about their symptoms and the healthcare provider decides whether the patient need to come to hospital or not.
- Use of technology to monitor lockdown and imposition of NPIs by identifying hotspots was used at local level with national support

## Conclusions

- COVID19 Pandemic turned out to be major challenge for health systems and Health workforce for Pakistan
- A myriad of issues were encountered ranging from shortages to capacity and morale were encountered
- Targeted and focused approach was adopted by Government to address HCWs issues implemented at local level but supported & monitored centrally
- The surge capacity achieved helped overcome the epidemic response in an efficient manner

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Thanks