Unique challenges for LTCFs in the context of COVID 19

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Fatality rates for those over 80 years of age is five times the global average.

Over 94 per cent of fatalities due to COVID-19 in Europe have been of people 60 years or older.

In China, approximately 80% of deaths occurred among adults aged 60 years or older. (Zhi et al. 2020)
In most countries, around 5 to 10 percent of older people aged over 60 years reside in long term care facilities if available (UN 2017)

Available data suggests that the percentage of COVID19-related deaths in long-term care facilities ranges from 19% and 62%. (Comas-Herrera A et al 2020)

Particularly in European region, as many as half of COVID-19 deaths were from residents of long-term care facilities.
WHY?
LTCFs are often managed apart from health system (WHO, 2019)

- No health system oversight
- No mandatory enforcement of infection, prevention and control measures
- No provision of personal protective equipment
- Non inclusion in Emergency preparedness and response
LT CFs are a mix of public and private, not-for profit and for profit

- Average expenditure for LTC is less than 1% of GDP (ILO, 2015)
- Out of pocket payments and its link to poverty is high for institutional care (ILO, 2015)
- Discourage LT CFs from implementing important measures for COVID 19. (Testing, PPEs, Staff shortage)
- Interrupt continuity of care for essential services within LT CFs
WORKFORCE

Multiple Competencies

Multiple Locations

Multiple competencies including health and social/domestic care backgrounds

✓ Knowledge gaps, limited IPC culture (unfamiliarity with PPE donning and doffing)
✓ Challenging working conditions

Outreach programs, Compensating for shortage of staff
COORDINATION

Disconnected between LTCFs and health facilities

- Lack of clinical oversight
- Lack of information platforms to relay information between health facilities and LTCFs.
Long-term care services involve regular support with personal care
✓ Difficult to enforce physical distancing
Settings/systems are often not feasible to implement IPC measures

Residents are vulnerable population groups (underlying conditions, dementia etc.)
FRAGMENTATION
RECONNECTING
Governance

Include LTCF in emergency preparedness and response planning. Include representatives (managers, workforce and residents) in national/local coordinating bodies for COVID-19. Integrate response in LTCF to broader public health and health system response.

Financing

Ensure adequate financing to LTCF to accommodate increased demand on resources. Emergency aid should be provided to support additional costs that may incur due to preparing and responding to COVID-19.
Workforce

- Ensure adequate education/training in IPC
- Ensure adequate supply chain for PPE
- Prepare rapid response teams to be deployed to LTCFs that need additional staff where a facility has cases
- Staff well-being, safe environment, working conditions (safe, clean, adequate pay, benefits, etc.)

Ensure provision of national/local guidance on identification of early COVID-19 cases in both residents and staff.

Mandatory reporting of suspected and confirmed cases in LTCFs to public health authorities and sharing of such data with nearby health facilities.
WHO is Responding

Monitor and evaluate

Forthcoming policy brief: focus on actions needed by governments to mitigate the impact of COVID-19 outbreaks in LTCFs

Country support