



Interim Strategic Guidance to Member State governments on setting up and managing temporary COVID-19 treatment centres at subnational level

**(Decentralized response at
District or Zonal level)**

05/05/2020

Please refer to the comprehensive WHO severe acute respiratory infection treatment centre (SARI) set-up guide at <https://apps.who.int/iris/handle/10665/331603> for detailed information including technical details on structural design, material specifications and dimensions on constructing a treatment centre, including options of repurposing existing facilities.

I. Introduction

The COVID-19 pandemic has been unprecedented in its spread and pace. So far, 45 out of the 47 Member States in the African Region have recorded cases and the average case fatality rate (CFR) recorded so far is very high. Established local transmission has resulted in clusters of cases being recorded outside of capital cities and urban centres. It has therefore become imperative to support countries in scaling up treatment capacities to meet the demand arising from this ugly trend.

This guidance contains relevant information on setting up treatment centres in the proximity of hospitals and in other dedicated spaces within the communities to cater for the increasing number of COVID-19 patients who require admission in treatment centres (moderate/severe cases) and in the ICU (critical cases).

This guidance contains key elements to consider in quickly setting up a temporary COVID-19 treatment centre. (It focuses on what, who, how, when, etc.).

II. Operational guidance for ministry of health decision-makers

Leadership, planning, partnership and coordination

- Political will and advocacy are key to the success of the case management scale-up
- Team composition and accountability should be determined at the start of the operations
- Identify the key people and partners who will support with resource mobilization
- Appoint the lead of the process at the strategic and operational levels
- Determine under which jurisdiction the centre falls – national or district level, MoH or partner, etc.
- Clarify the collaboration mechanisms required
- Develop a joint action plan and its implementation for the COVID-19 response involving all partners, civil society organizations and the private sector
- Organize advocacy meetings for resource mobilization.

Administration and management

- Put in place a team to oversee and implement the strategy and plan (political, strategic and operational aspects of the establishment of the treatment centre)
- Put in place a team to manage the centre with ToRs, lines of communication, etc.

Site identification and Infrastructure layout

- Site identification – preferably close to an existing health facility, or identify public spaces like churches, sports centres, schools to be used as treatment centres with good accessibility to the existing treatment centres within the community to facilitate cross-referrals
- Site layout and design – sufficient air flow, large enough to take between 100 and 500 patients.

Details: see annex 1

Equipment identification and installation

- A logistician and a technician will be required for the acquisition and installation of the needed set of equipment based on WHO recommendations
- Identify and quantify the equipment required, where to source them, design (see annex 2 below for a suggested list).

Case management and IPC supplies (consumables)

- The logistician should work with the clinician to draw up the list of supplies and consumables needed for case management, IPC, as well as cleaning and waste management (see suggested list in annex 3 below).

Logistics and supplies management

- Based on the logistical plan, ensure the essential supplies are adequately prepositioned to avoid stock-outs.
- Isolation centre: For PPE quantification, it is advised to use 2 doctors and 3 nurses for each 8-hour shift in a 20-bed isolation centre: 3-4 face masks per person (5 persons X 12); face shield, one per person per shift; goggles, one per person per shift; gowns, two reusable gowns per shift: 2 pairs of gloves per person every 3-4 hours.
- ICU: For PPE quantification, it is advised to use 3 doctors and 7 nurses for each 8-hour shift in a 10-bed ICU: 4 N95 masks per person (10 persons X 3 shifts); face shields, one per person per shift; goggles, 2 per person per shift; gowns, 4 reusable gowns per shift: 12 pairs of gloves per person every 2-3 hours.
- For ventilators and monitors, it is advised to purchase one ventilator and monitor per bed.
- Ensure sufficient oxygen supply by mobilizing all potential producers (such as mining companies).
- Ensure sufficient provision of liquid soap and alcohol-based solutions at the isolation centre, ICU and health care facility.

- The COVID-19 response should have its specific transportation mechanism.
- Testing kits and reagents: refer to the laboratory team to get reasonable and operational figures based on projections using current data and the weekly growth rate.

Human resource and capacity building

- Consider 3 shifts per day
- A minimum of 2 doctors and 3 nurses for a shift of 8 hours for a 20-bed isolation facility (20 beds for every 100 cases diagnosed).
- A minimum of 3 doctors and 7 nurses for a shift of 8 hours for a 10-bed ICU.
- The health authority is strongly advised to mobilize the health workforce from different partners and stakeholders including medical and paramedical associations (military health personnel, private health facilities, NGOs and volunteers, retired health workers, and unemployed health workers).
- All the health workers mentioned in the preceding bullet point should be trained on COVID-19 response management, and also sensitized on continuity in the delivery of routine services.
- This training will be continued and extended until a sufficient health workforce is available to manage the COVID-19 response.
- Community health workers will also be oriented on COVID-19 prevention (social distancing, use of masks, hand hygiene).
- The increase of space in isolation centres will be supported by the military forces to speed up the process.

Setting up an Isolation space/room

- Based on the geographical spread of COVID-19 cases, there is a need to scale up the planned establishment of isolation centres.
- Based on the pattern of severity of COVID-19 infection, target the provision of 20 beds for every 100 cases diagnosed (out of 100, 20% will require admission).
- The country's weekly case growth rate should be used to project the establishment of isolation and treatment centres.
- For countries or provinces without confirmed COVID-19 cases, health authorities should identify at least one or two hospitals/health centres with a capacity of 20 beds to take care of the first 100 cases or establish a temporary structure within the hospital vicinity. In case of increasing numbers of cases beyond 150, accelerate the implementation of the transformation plan in designated places (stadiums, churches, schools, etc.).

Setting up an ICU in a COVID-19 treatment centre

- Based on the geographical spread of COVID-19 cases, there is a need to scale up the planned establishment of an ICU (a facility equipped with mechanical ventilators, patient monitors, a blood gas analyser managed by an intensive care specialist).
- Based on the pattern of severity of COVID-19 infection, target the provision of 5-10 beds for every 100 cases diagnosed (out of 100, 5% will require admission).
- The country's weekly case growth rate should be used to project the establishment of ICU centres.

Case/patient management services

- Establish a screening/triage and isolation system in every health facility to avoid contaminating other patients. (See guidelines for setting up triage system in health facilities)
- Enforce IPC (hand hygiene, social distancing, respiratory etiquette)
- Make available appropriate PPE for health workers
- Ensure continuity of routine services and avoid collateral damage caused by the COVID-19 response; health authorities must put in place a team to monitor and support the delivery of routine services in facilities NOT designated for COVID-19 treatment
- During the deployment of the COVID-19 response, maintain a balance in the use of personnel, with some assigned to routine services
- Patient and staff feeding –a service provider should be engaged
- Laundry services should be available.

Laboratory testing services

- Establish a testing system for all persons who develop COVID-19 symptoms and for high-risk contacts.
- Ensure the availability of testing kits and reagents to enable confirmation of suspected cases, those ready for discharge and high-risk contacts.

Triage and contact tracing system/team

- Establish a triage/screening system in every health facility to avoid contaminating other patients. (See guidelines for setting up a triage system in health facilities)
- Establish a contact tracing system for all persons who come in contact with confirmed cases and monitor them regularly for 14 days and isolate them if they develop COVID-19 symptoms.

- Identify and orient several contact tracing teams for daily follow-up of contacts.
- Ensure that community health workers have been oriented in COVID-19 prevention (social distancing, use of masks, hand hygiene) before using them for contact tracing
- For early detection and admission of COVID-19 patients, ensure good monitoring of contacts under quarantine (dedicated places or home) and testing when appropriate.

IPC

- Ensure IPC is integrated in all communities, health facilities, isolation facilities, designated quarantine sites, etc.
- Mobilize all IPC partners to monitor IPC practices and provide support
- Ensure sufficient provision of liquid soap and alcohol-based solutions at the isolation centre, ICU and health care facility.

RCCE

- Ensure risk communication and community engagement is implemented to enable enforcement of IPC (hand hygiene, social distancing, respiratory etiquette and appropriate PPE for health workers) in all communities, in each health facility, isolation and temporary quarantine places to prevent further COVID-19 transmission
- Ensure appropriate and continuous communication messaging on testing, treatment centres, isolation and continuity of services to communities and get their feedback.

Referral systems

- The COVID-19 response should have its specific transportation mechanism: ambulances. The response should not share the same ambulance with the hospital/health facility
- A hotline should be made available for calling the COVID-19 ambulance to transport suspected patients who have developed symptoms.

Data management

- The health authority needs to reinforce the surveillance and data management team:
 - to review data collection tools and adapt them to the context,
 - to use the IDSR approach to collecting and compiling data from the peripheral levels,

- to compile data and make analyses to inform progress on the COVID-19 response,
- Share critical data with WHO and partners
- Provide feedback to the district level.

Monitoring and evaluation

- A monitoring and evaluation team should be established at national and subnational levels to ensure fast and effective implementation of the joint plans based on this guidance and key indicators of the COVID-19 response, given the complexity of case management operations.

Exit strategy/ decommissioning

- Patients to be discharged will undergo the required testing based on SoPs and algorithms for discharge, to ensure that they are no longer transmitting COVID-19
- The RCCE team will be informed to prepare the community and its leaders to receive the discharged patients to avoid any stigmatization or discrimination
- Stories from patients and their experiences should be recorded by the RCCE team to be used for community mobilization and engagement.

Resource mobilization and Procurement

- Develop a joint plan for the COVID-19 response involving all partners, civil society organizations and the private sector
- Organize advocacy meetings for resource mobilization
- Develop a procurement and deployment operational plan to ensure the availability of human, financial and material resources.

Implementation arrangements

- Coordination: Build a strong, inclusive and participatory mechanism to deliver a good quality and accessible response
- Integration: Mount a strong multisectoral, inclusive and participatory response
- Mobilization: It is important to involve partners such as civil society organizations and military health service personnel
- Planning: Develop a strong transformation plan to increase space for isolation
- Communication: Ensure appropriate continuous communication on testing, treatment centres, isolation and continuity of services to the communities and get their feedback.
- Data sharing: Share with partners critical data on COVID-19 and continuity of

WORLD HEALTH ORGANIZATION REGIONAL OFFICE FOR AFRICA SUPPORTS THE COVID-19 RESPONSE
health services in order to mobilize additional resources.

Annexes

1. Site layout and design
2. Material specifications and dimensions
3. Suggested list of equipment.

For information and details on the above, follow the link below to the WHO guide: <https://apps.who.int/iris/handle/10665/331603>