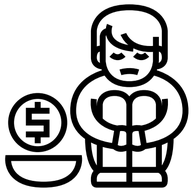
COVID-19: STRATEGIES TO SUPPORT HOME AND COMMUNITY-BASED CARE

WHY IS HOME AND COMMUNITY-BASED CARE FOR COVID-19 IMPORTANT?

Existing experience with different coronavirus outbreak scenarios has suggested that care in formal health settings and hospitals might not always be possible and people might prefer home or community-based care in some circumstances.

There can be risks associated with COVID-19 spreading in hospitals and other formal care settings if infection prevention control is difficult. If clinically appropriate, home care can reduce the spread of infection.



Health systems may be overwhelmed by COVID-19, making it even more difficult for poor and marginalised people to access care in hospitals and treatment centres.

People may prefer to undertake home care, especially if they distrust governments, formal health services, and other pandemic response actors such as international health workers.

Most people with COVID-19 experience only mild disease and can be safely cared for at home or in community-based facilities with the right support.

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WHAT ARE THE GAPS IN CURRENT HOME CARE GUIDANCE?

The World Health Organisation and many national governments have developed guidelines for COVID-19 home care, yet these tend to reflect 'best practices' and ideal scenarios which are unrealistic in many settings.

Existing guidance for home care assumes access to personal protective equipment (PPE), adequate space and sanitation at home, and the ability to communicate with health professionals.

Home care advice is limited to care for people with mild infections. While all people, particularly with moderate and severe disease should receive care in hospitals or other specialist healthcare settings, this will not be possible everywhere.

Accessible public messaging about home care is limited and communicated downward from those leading response. Dialogue and context-appropriate messaging developed with local actors and in a variety of formats is needed.

Messaging which does address home care focuses on infection prevention control. While important, additional guidance focused on care is also needed.

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SUPPORTING HOME AND COMMUNITY-BASED CARE IN DIVERSE SETTINGS

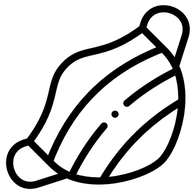
People have very different material and social realities, especially in low-resource settings. Support for home care and community-based care needs to be tailored to households' different needs.

Large, multigenerational families may share only one or two rooms. Alternatives should be explored by government and local actors for care in community-based facilities (such as hotels or community centres) for the sick, or for 'shielding' vulnerable household members among family or friends.

If people in single-person households cannot access care in health facilities, they should receive check-ins by phone or in person while undertaking self-care alone at home, or be cared by for a 'peer' if in shared accommodation.

Many people lack access to water and sanitation at home, presenting major risks for infection control. Provide water and soap (or ash) to homes and set up hand washing stations and additional latrines in communities.

Advise people to bury or burn home care waste such as soiled tissues if safe containment in plastic bags or lidded bins, and subsequent collection by adequately protected workers or volunteers is not possible.



Currently recommended personal protective equipment (PPE) such as medical masks and disposable gloves are unlikely to be easily available. Advise or provide effective, alternative forms of PPE made from locally available materials.

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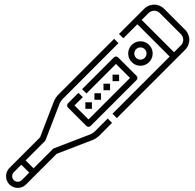
PROVIDING ROBUST SUPPORT FOR CARE AT HOME

Caregivers and households need accessible information, practical and ongoing advice from health professionals, and material and psychosocial support.

Where access to phones is limited, facilitate communication between caregivers, health professionals and emergency services. ‘Roving phones’ or regular home visits by trained (and protected) community health workers or other volunteers may be options.

Provide advice and support for recognising and alleviating symptoms of mild disease and clear guidance about signs of deterioration and referral options. Consider providing pulse oximeters to measure patients’ oxygen levels at home.

Although it is recommended that people with moderate and severe disease receive specialist care in formal health settings, it is important to provide advice and resources for alleviating symptoms of more severe disease at home if hospitalisation is not possible.



Where testing for COVID-19 is unavailable, provide guidance for distinguishing it from other prevalent health conditions with similar symptoms, like malaria. Provide home care support and advise about local primary care and broader diagnostic services for these conditions as well.

Work with local actors to ensure households are provided with essentials like food and medicine. Psychosocial (including religious) support is also essential, particularly where people are facing severe disease and death.

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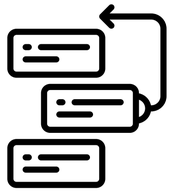
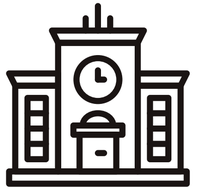
SUPPORTING CARE IN COMMUNITY-BASED FACILITIES

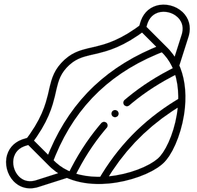
Where possible, consider care in repurposed or temporary community-based facilities such as hotels, religious centres, or community centres, and prioritise quality and trust in their operation.



Prioritise access to community-based facilities for the elderly, people with comorbidities, people who live alone, and others for when safe home care is not possible. In some contexts, this might be the preferred way to provide community-based care for people with confirmed COVID-19.

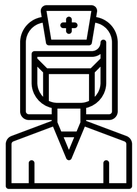


Select spaces for community-based care which are locally acceptable. Ensure transparent operation and that people receiving care can communicate with loved ones.



Staff community-based facilities with a mix of health actors and other trusted local people protected by adequate PPE. Establish PPE rationing protocols where there are shortages.

People may avoid care if facilities are dirty or become associated with infection. Ensure they are kept exceptionally clean, and have clear protocols for infection prevention and control, including by keeping people with confirmed infections separate from others.



Provide people receiving care in facilities with quality food, clean water, safety, privacy and care for other medical and mental health conditions.

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