



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?



GOVERNANCE

SOCIAL SECTOR

HEALTH SECTOR

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



FINANCING

PUBLIC

PRIVATE

LTCFs 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 LTCFs from implementing important measures for COVID 19. (Testing, PPEs, Staff shortage)
- ✓ Interrupt continuity of care for essential services within LTCFs



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

LTCFs

Health Facilities

Disconnect between LTCFs and health facilities

- ✓ Lack of clinical oversight
- ✓ Lack of information platforms to relay information between health facilities and LTCFs.



GENERAL

Settings/Services

Residents

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



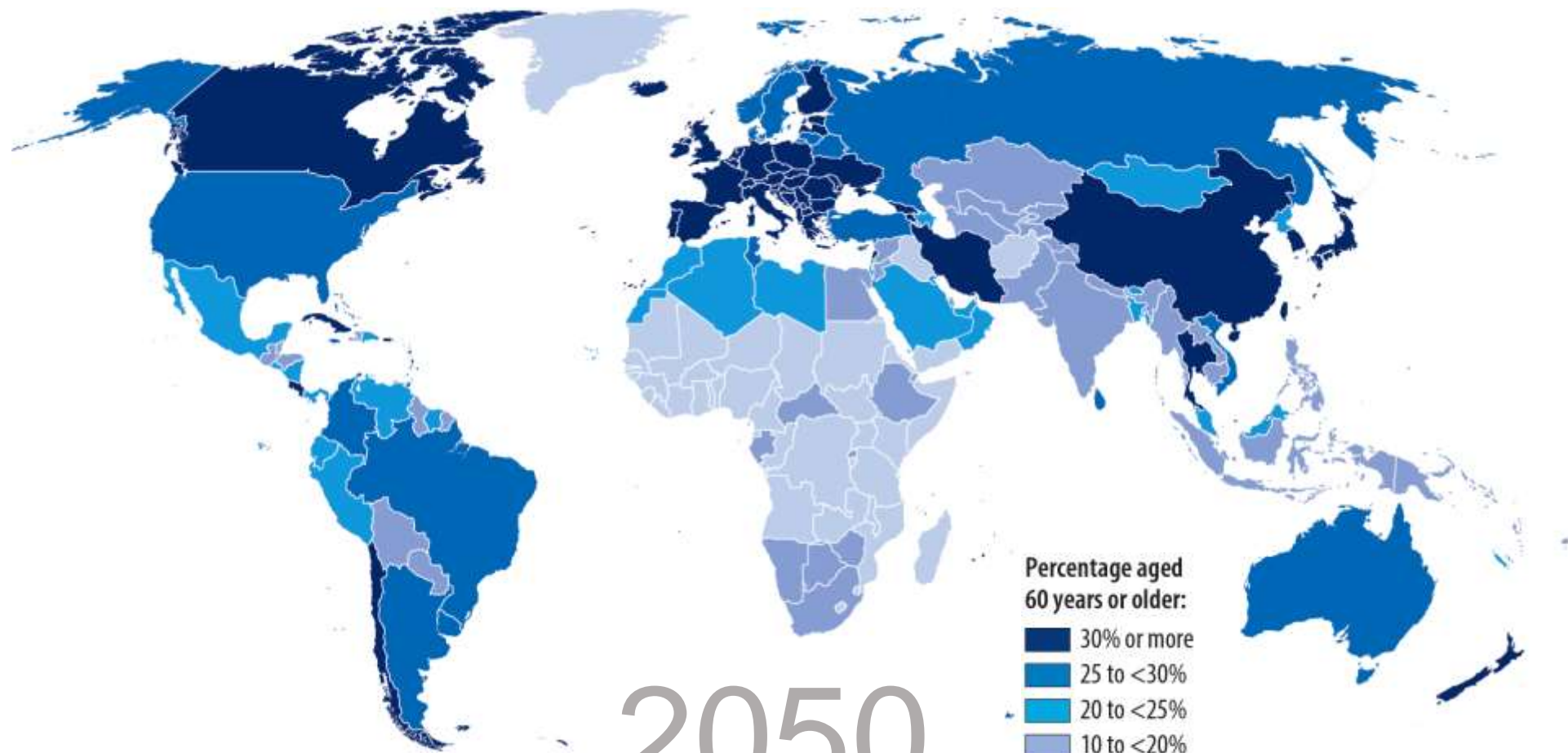
WHO Guidance on Infection prevention and control for long-term care facilities in the context of COVID-19.

Monitor and evaluate

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

Country support





2050

- Percentage aged
60 years or older:
- 30% or more
 - 25 to <30%
 - 20 to <25%
 - 10 to <20%
 - <10%





WHO LTC ***ADDING LIFE to YEARS***