

COMMUNITY HEALTH CARE

Community health systems will need to prepare to provide high-quality care to patients with influenza during a pandemic, recognizing that it is unlikely that effective vaccines will be available to prevent cases, and that antiviral drugs to treat cases will be in limited supply. It is expected that during the next influenza pandemic, the volume of illness will be so large that the vast majority of ill persons around the world will be cared for in their own homes. For this reason, communities should not only build the capability of their health systems but they should also build the capacity of their community members to care for those with influenza as well as other illnesses. Investing in this effort will have immediate benefits in the event of a pandemic and will make a long-term contribution to building healthier communities.

For this reason, countries should plan their health services along two broad axes:

1. Caring for influenza cases, both in health facilities and in the community

- Review and adapt international guidelines and materials on the most effective and efficient ways to provide care for influenza cases. These guidelines are forthcoming from the World Health Organization and other technical partners.
- Develop or update plans for implementing these guidelines. Technical support for doing so can be accessed through WHO or other agencies as needed.
- Adapt training materials and train a core group of master trainers who will be responsible for the rapid roll-out of training on a large scale once a pandemic threshold is reached.
- At the health facility level, develop plans for handling increased patient flow, including requirements for human resources and essential commodities.
- At the community level, identify additional human resources, such as volunteers or auxiliary health staff, who can provide direct care or guidance to families on how to care for their sick. Training such “community health responders” to care for sick people at home may reduce the severity of influenza cases and their complications, and reduce the burden on the health system.
- Conduct simulation exercises at sub-national levels to test whether plans are likely to be effective. Make revisions as needed.

2. Managing indirect impacts: caring for people with other illnesses

- Because the health system will be overwhelmed with caring for the most serious cases of influenza, it probably will not be able to care for other common and chronic illnesses, such as tuberculosis, HIV/AIDS, and diarrheal disease in young children.

- For this reason, a large portion of such care will need to be provided at the community and household level by community health responders. WHO has issued technical guidelines that countries can use to plan on how to shift the care of these common illnesses to community health responders at community and household level.
- National and local leaders have the important responsibility of identifying the resources within their communities, including civil society organizations (such as Red Cross chapters), NGOs, and faith-based organizations, who can be trained and deployed to provide this care. These organizations can greatly augment the care provided by the health system, while also serving as trusted sources of accurate information on the pandemic.
- For these reasons, the planning conducted by health managers should address how health personnel will train and interface with community health responders before, during, and after a local outbreak of pandemic influenza. They should also identify the technical, material, and financial resources that will be needed to do so.