

# **HRH and COVID-19 response in the Caribbean**

An Analysis in 12 countries of the Region

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## Strategy on Human Resources for Universal Access to Health and Universal Health Coverage



## CARIBBEAN ROADMAP ON HUMAN RESOURCES FOR UNIVERSAL HEALTH, 2018-2022



# HRH Strategy



Governance and Stewardship



Capacity building

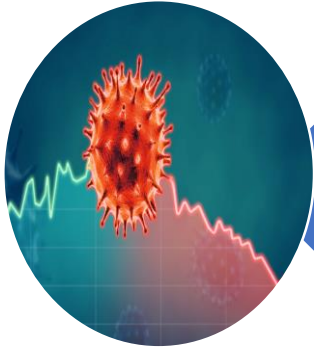


Coordination with education,  
reorientation to respond to HS needs

# **HRH and COVID-19 response**



# OBJECTIVES



To share information related to COVID-19 response and health workforce in the Caribbean countries



To facilitate the monitoring of HRH policy interventions related to COVID-19



To inform on HRH policy development in terms of lessons learned and areas for improvements

# Methods

- On-line questionnaire
- Interviews
- Period: May – July 2020
- Main topics:
  - ✓ Measures taken related to HRH during COVID-19 response
  - ✓ Legal framework: emergency decrees, existing norms.
  - ✓ First level of care health care workers and COVID-19
  - ✓ Plans for training



**Table 1. Participating countries: Questionnaire and interview**

COUNTRY	Participated in Questionnaire	Participated in Interview
BAHAMAS	√	√
BARBADOS	√	
BELIZE	√	√
DOMINICA	√	
GRENADA	√	√
GUYANA	√	√
HAITI	√	√
JAMAICA	√	√
ST. LUCIA	√	√
ST. VINCENT AND THE GRENADINES	√	
SURINAME	√	√
TRINIDAD AND TOBAGO	√	√

## Quick poll

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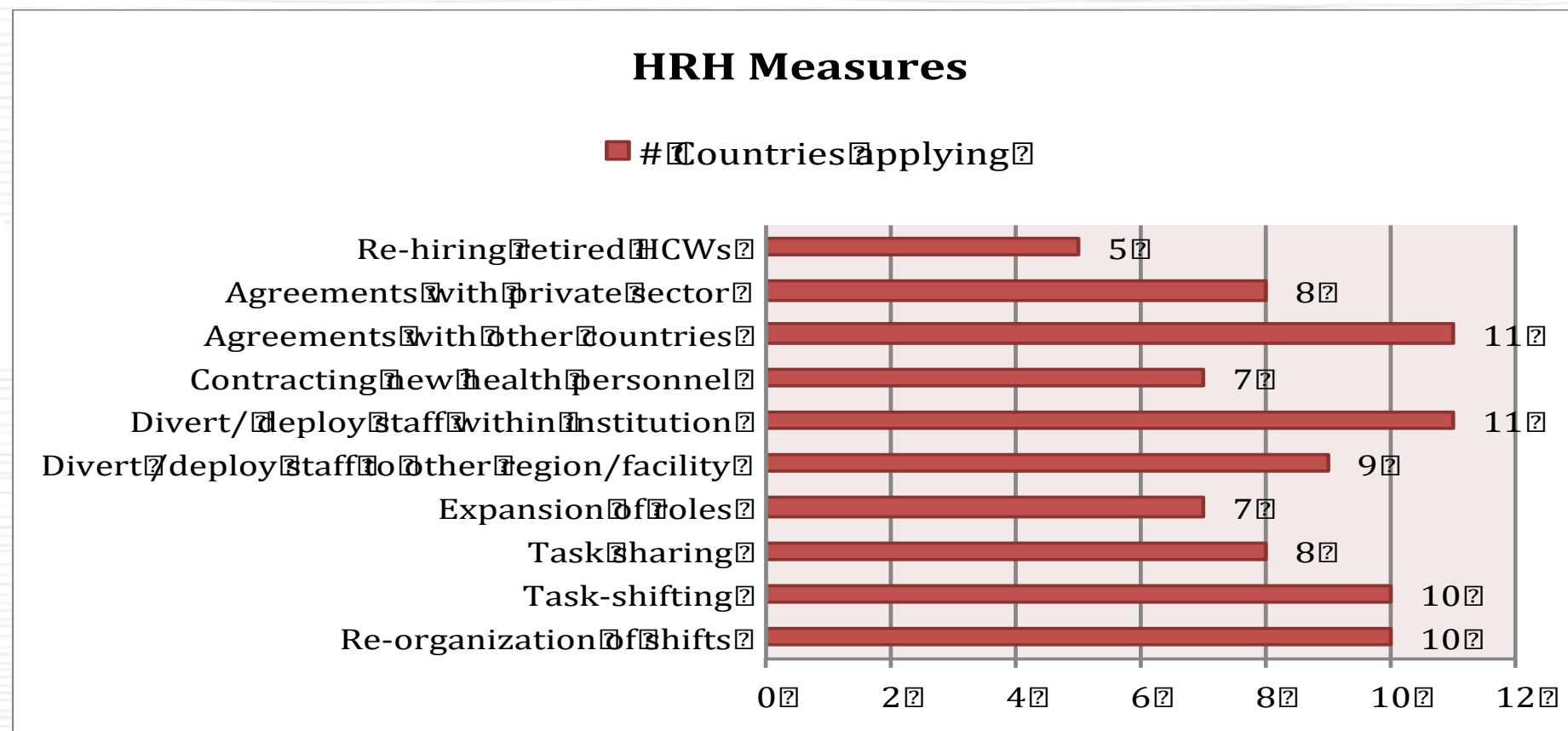






# **Measures taken related to HRH during COVID-19 response**

## Caribbean: HRH Measures for COVID-19 response taken by countries



Source: PAHO, Questionnaire COVID-19 response and HRH, July 2020

## Caribbean: HRH Measures for COVID-19 response taken by countries

COUNTRY	Re-organization of shifts	Task-shifting	Task sharing	Expansion of roles	Divert /Deploy staff to other region/facility	Divert/ Deploy staff within institution	Contracting new health personnel	Agreements with private sector	Agreements with other countries	Re-hiring retired HCW
Bahamas	✓	✗	✗	✗	✓	✓	✗	✓	✗	✓
Barbados	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Belize	✓	✓	✓	✗	✓	✓	✗	✓	✓	✗
Dominica	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓
Grenada	✓	✓	✗	✗	✗	✓	✓	✓	✓	✗
Guyana	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗
Haiti	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗
Jamaica	✗	✓	✗	✗	✗	✓	✓	✓	✓	✓
St. Lucia	✓	✓	✓	✓	✓	✗	✗	✗	✓	✗
St. Vincent & Grenadines	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Suriname	✓	✓	✓	✓	✓	✓	✗	✗	✓	✗
Trinidad & Tobago						✓	✓	✓	✓	✗

Source: PAHO, Questionnaire COVID-19 response and HRH, July 2020



- Not all countries required to hire new personnel (42%)
- Most countries deployed nursing and medical **students** in the last year.
  - Haiti deployed **residents** in social service (physicians and nurses)
  - Students supported call centers, contact tracing, triage, diagnosis, and referral
- Volunteers
  - Health professionals (public and private sector)
  - Lay volunteers



# Agreements with other countries

- 11 out of 12 participating countries reported Cuban brigades
  - Jamaica 140
  - St. Lucia 113
  - Barbados 101
- Cuban medical brigades were composed of MDs and nurses, including:
  - General practitioners
  - Intensivists
  - Internists
  - Infectologists
  - Epidemiologists

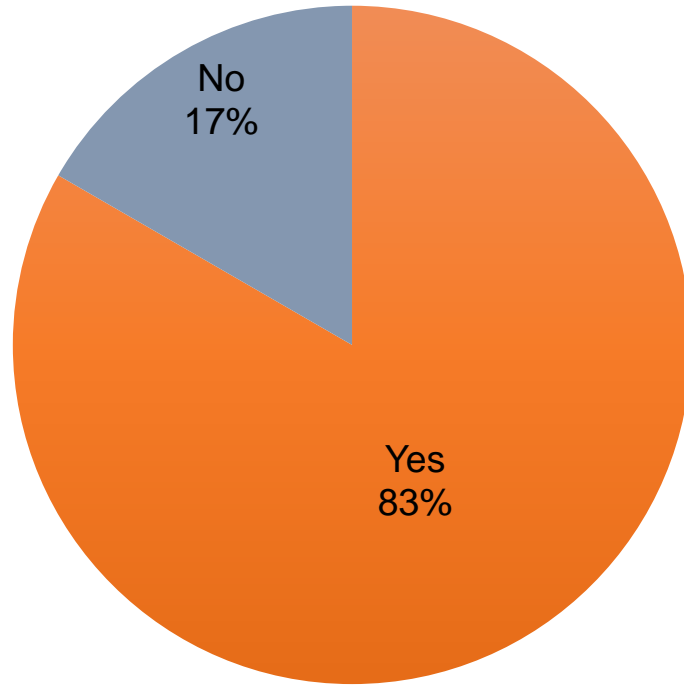






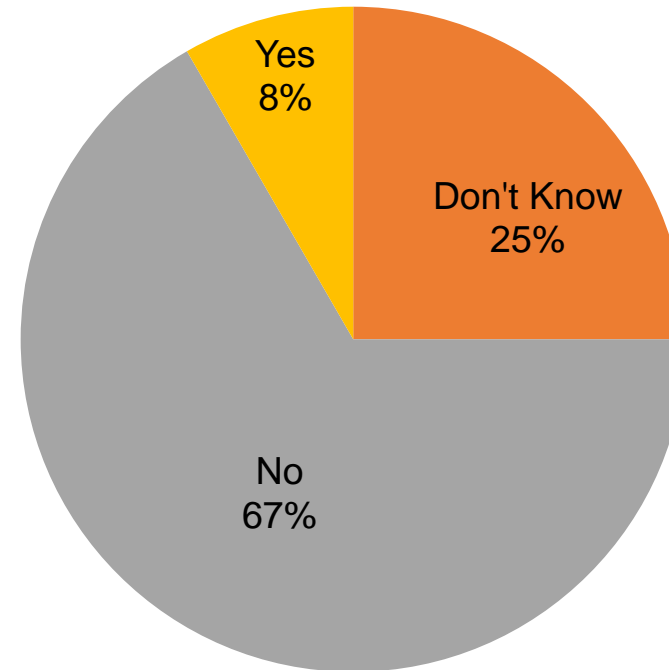
# **Legal framework**

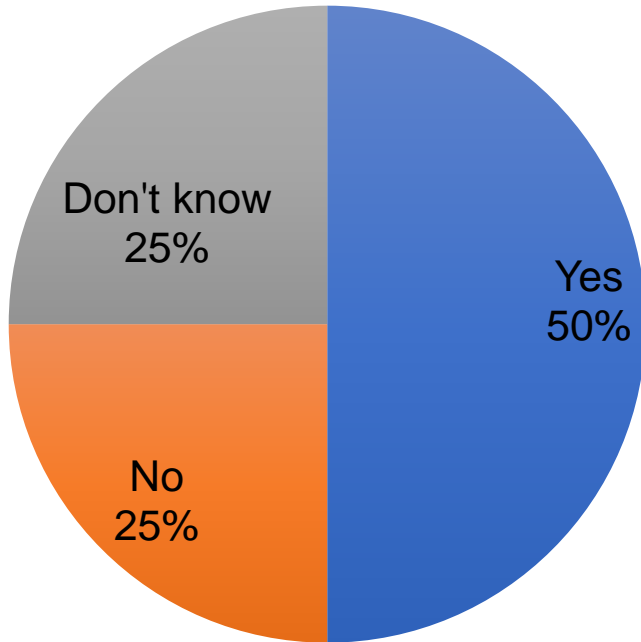
- No specific **legal instruments** that addressed HRH
- All countries reported the existence of emergency response decrees
  - Essential workers
  - Enabled the authority to hire HCWs or other personnel
- Existing legal framework
- Hospitals initiatives
  - HCW staffing and scaling, testing, protocols for HRH risk assessment and protection.



**Surveillance protocol for HCW at risk**

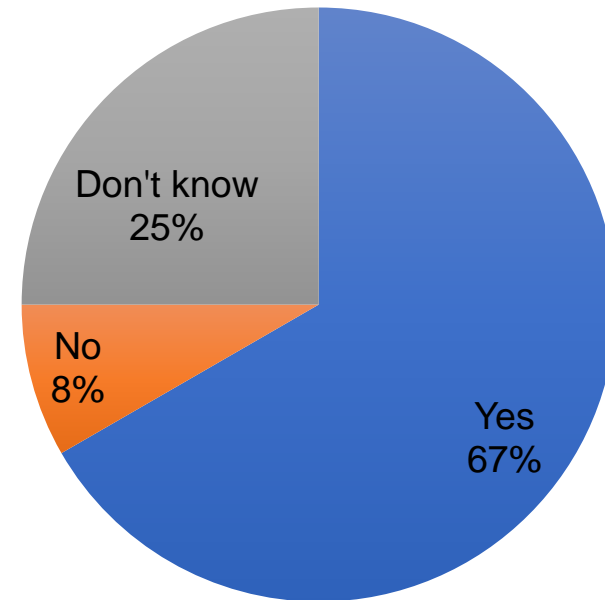
**Emergency decree for HRH**





Current legal framework allows for HRH mobilization and scaling to respond to COVID 19 pandemic

Administrative procedures and contractual mechanisms to facilitate HRH hiring, mobilization and/or changes in the worker profile





# **Health care workers at first level of care and COVID-19**

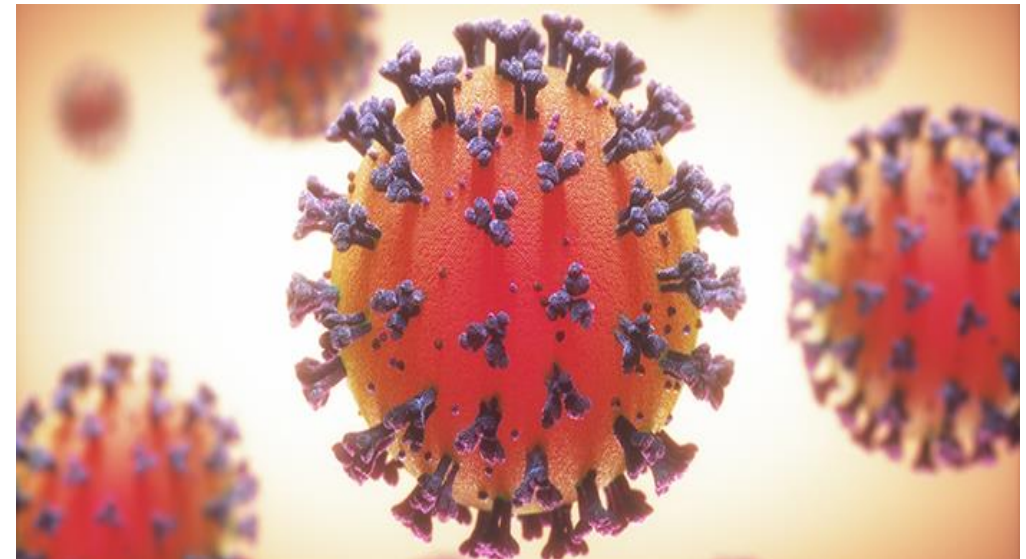


- Countries maintained basic **essential health services**
- Some countries stopped operation of PHC clinics temporarily
- HCWs were diverted from FLC to other levels
- Essential services were provided by:
  - Physicians
  - Nurses: public health and rural health nurses
  - Community health workers
  - Students



# Plans for training

- Most countries did not report having national plans of training on COVID-19
- Most common training topics:
  - Infection prevention and control (IPC), with an emphasis on the use of PPE
  - Testing
  - Early detection of suspected cases
  - Management of patients
  - Mental health and psychosocial support



- Training target population:
  - Nurses
  - Physicians
  - Medical and nursing students
  - Community health workers





# MAIN FINDINGS





- COVID-19 exacerbated **gaps** in:
  - Availability, distribution and quality of HRH,
  - Limited ability for expansion, recruitment and retention
- Some measures on HRH staffing and scaling were similar:
  - Reorganization of shifts
  - Task shifting
  - Deployment of staff within institutions or between regions.
- PC staff were **key** in the response:
  - Deployment of mobile teams,
  - Contact tracing, surveillance and referral

# Essential health services: reduction



HCW diverted from the first level



Reorganization of services:

- Scheduled appointments
- Expanded schedule at PHC clinics



Transformation of health services for COVID-19 response



Multi-monthly medication supply given earlier to NCD patients (3-month),



Government decrees and national campaigns to stay home



Freeze of public transportation

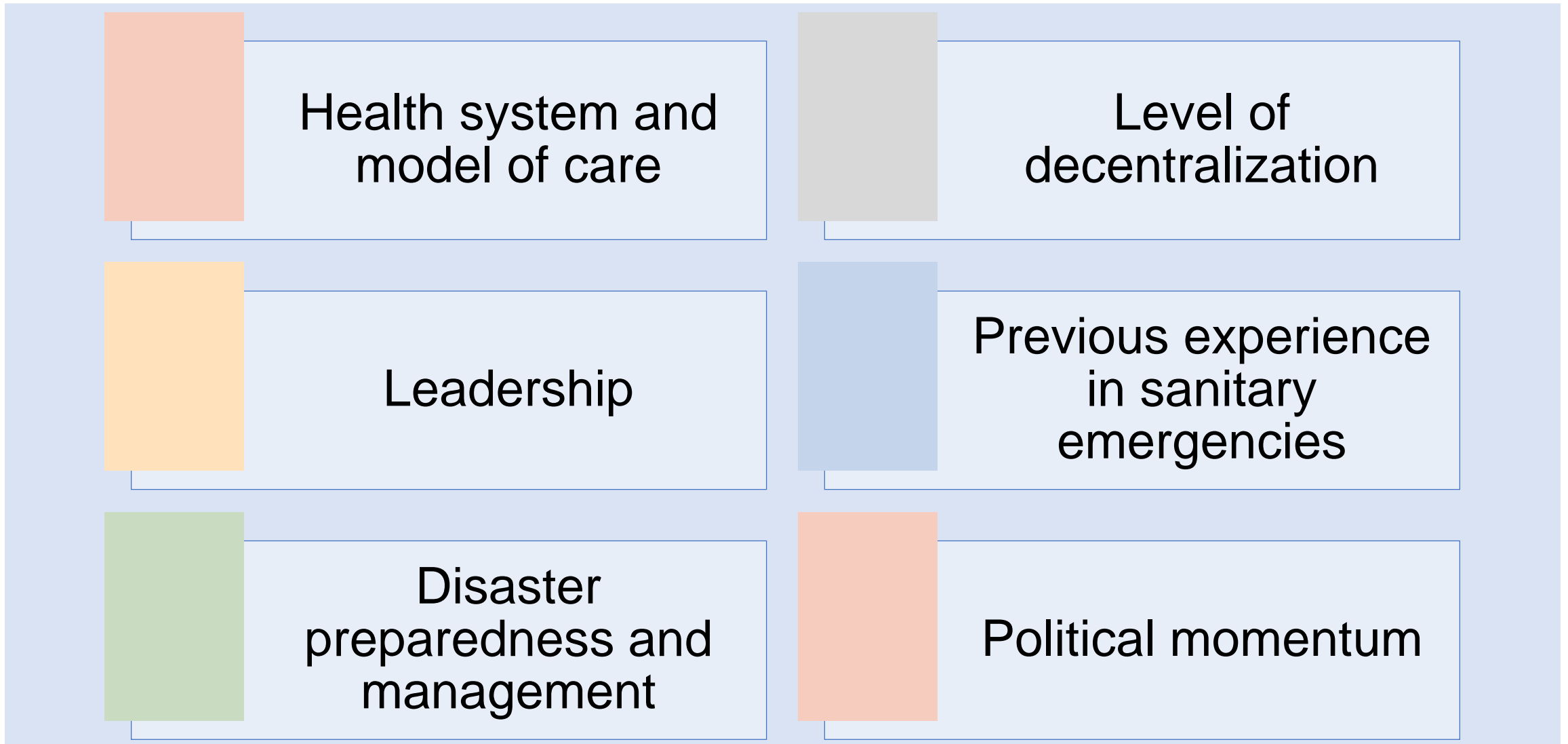


FEAR of the population

- The pandemic led to:
  - Recruitment of physicians and nurses
  - Agreements with other countries (Cuba)
  - Deployment of residents in social service,
  - Deployment of medical and nursing students
  - Participation of volunteers
- Some countries did not require hiring additional HCWs.
  - Second wave?
- **No legal instruments** that specifically addressed HRH staffing, scaling, and well-being of HCWs

- **Protection** of health care workers represents a challenge
  - COVID-19 an occupational disease
  - Health insurance plan for HCWs
- Decentralized regions & health facilities: **initiatives**
  - HCWs staffing and scaling, testing, protocols for HRH risk assessment and protection.
- Most participating countries did not mention having national **plans for training** HCWs in COVID-19 response.
- Training responded to immediate needs

# Factors that influenced COVID-19 response in the Caribbean





# Conclusions

- The Caribbean has accumulated **experiences and lessons** learned related to HRH and the COVID-19 pandemic.
- It is necessary to **identify and systematize** the experiences to share them among the countries of the region
- Development of **common standards and guidelines** for HRH planning and policy development.
- The establishment of an **HRH Action Task Force** could support efforts to advise and monitor the development of public policy.

Thank you!