Strategies of the World Health Organization in the Covid 19 Outbreak

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Abstract

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Coronavirus-es are single-chain, positive-polar, enveloped RNA viruses. Over the past 2 weeks, the coronavirus disease 2019 (COVID-19) pandemic has marched relentlessly westward. On March 13, WHO said that Europe was now the centre of the pandemic. A few days later, deaths in Italy surpassed those in China. Iran and Spain had also reported over 1000 deaths as of March 23, and many other European countries and the USA reported increasing numbers of cases, heralding an imminent wave of fatalities. Following the sweep of COVID-19 is a series of dramatic containment measures that reflect the scale of the threat posed by the pandemic. The central role played by WHO in global coordination is very important. WHO continues to provide consistent, clear and evidence-based recommendations.

Keywords

Coronavirus COVID-19, Viral pandemics, WHO: World Health Organization

Introduction

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Coronavirus-es are single-chain, positive-polar, enveloped RNA viruses. Coronavirus-es are a large family of viruses which may cause illness in animals or humans. In humans, cause critical respiratory infections ranging from the common cold to [1]. However, they are in the center of global agenda after the rates of potentially fatal infection soared starting in December 2019. COVID-19 has already inflicted nearly 90.000 people globally and killed more than 3000 in many countries [2]. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness [3]. Patients with uncomplicated upper respiratory tract viral infection, may have non-specific symptoms such as fever, cough, sore throat, nasal congestion, malaise, headache, muscle pain or malaise. The elderly and immunosuppressed may present with atypical symptoms. These patients do not have any signs of dehydration, sepsis or shortness of breath [4].

WHO - World Health Organization

WHO Research and Development Blueprint Scientific Advisory Group that met on March 2, 2020, in Geneva, Switzerland, to prioritise the recommendations of an earlier meeting on COVID-19 research held in early February, 2020 [5]. To respond to COVID-19, many countries are using a combination of containment and mitigation activities with the intention of delaying major surges of patients and levelling the demand for hospital beds, while protecting the most vulnerable from infection, including elderly people and those with comorbidities [6,7]. Activities to accomplish these goals vary and are based on national risk assessments that many times include estimated numbers of patients requiring hospitalisation and availability of hospital beds and ventilation support. Most national response strategies include varying levels of contact tracing and self-isolation or quarantine; promotion of public health measures, including handwashing, respiratory etiquette, and social dis-
WHO Releases Guidelines to Help Countries Maintain Essential Health Services During the COVID-19 Pandemic

To help countries navigate through these challenges, the World Health Organization (WHO) has updated operational planning guidelines in balancing the demands of responding directly to COVID-19 while maintaining essential health service delivery, and mitigating the risk of system collapse. This includes a set of targeted immediate actions that countries should consider at national, regional, and local level to reorganize and maintain access to high-quality essential health services for all.

Countries should identify essential services that will be prioritized in their efforts to maintain continuity of service delivery and make strategic shifts to ensure that increasingly limited resources provide maximum benefit for the population. They also need to comply with the highest standard in precautions, especially in hygiene practices, and the provision of adequate supplies including personal protective equipment. This requires robust planning and coordinated actions between governments and health facilities and their managers.

Some examples of essential services include: routine vaccination; reproductive health services including care during pregnancy and childbirth; care of young infants and older adults; management of mental health conditions as well as noncommunicable diseases and infectious diseases like HIV, malaria and TB; critical inpatient therapies; management of emergency health conditions; auxiliary services like basic diagnostic imaging, laboratory services, and blood bank services, among others.

Well-organized and prepared health systems can continue to provide equitable access to essential service delivery throughout an emergency, limiting direct mortality and avoiding increased indirect mortality. The guidelines stress the importance of keeping up-to-date information. This requires frequent transparent communications with the public, and strong community engagements so the public can maintain trust in the system to safely meet their essential needs and to control infection risk in health facilities. This will help ensure that people continue to seek care when appropriate, and adhere to public health advice [8].

WHO’s Strategic Objectives

- Interrupt human-to-human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further international spread;
- Identify, isolate and care for patients early, including providing optimized care for infected patients;
- Identify and reduce transmission from the animal source;
- Address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment options, and accelerate the development of diagnostics, therapeutics and vaccines;
- Communicate critical risk and event information to all communities and counter misinformation;
- Minimize social and economic impact through multisectoral partnerships [8,9].

This can be achieved through a combination of public health measures, such as rapid identification, diagnosis, and management of the cases, identification and follow-up of the contacts, infection prevention and control in health care settings, implementation of health measures for travelers, awareness-raising in the population and risk communication [9].


WHO is working with its networks of researchers and other experts to coordinate global work on surveillance, epidemiology, mathematical modelling, diagnostics and virology, clinical care and treatment, infection prevention and control, and risk communication. WHO has issued interim guidance for countries, which are updated regularly. WHO has prepared a disease commodity package that includes an essential list of biomedical equipment, medicines and supplies necessary to care for patients with 2019-nCoV. WHO has provided recommendations to reduce risk of transmission from animals to humans [8-10].

Conclusion and Recommendations

With the emergence of COVID-19 virus, many uncertainties remain as to certain epidemiological, seroepidemiological (related to identifying antibodies in the population), clinical and virological characteristics of the virus and associated disease. Studies to assess these
Characteristics in different settings are critical. While important precautions include expedient isolation of the sick individuals, quarantining people in a defined area if necessary, the most important measures are advancement of public awareness on the issue and self-protection against the disease. Finally, coordinated actions of scientific world, healthcare institutions and public administration will pave the way to end the disease.

References