Preparing the health system to contain and mitigate COVID-19 in Lao People’s Democratic Republic

WHO Global COVID-19 Information Session
14 May 2020
Outline

• Containment strategy
• Facility preparedness
• Mitigating the damage on
  • Essential health services
  • Health systems
Case who need hospitalization

Confirmed cases, uncontained and contained Epi-curve

School closure
Suspension of tourist visa

Lock down (1st April)

Lock down partially lifted on 3 May

Hospitalized cases above capacity

To avoid excess deaths, Laos is strengthening early case detection tied to immediate increased public health and social measures

Bed capacity

Estimated uncontained Epi-curve using WHO Model

1-Apr

16-Mar 24-Mar 1-Apr 9-Apr

0 1 2 3 4

Case who need hospitalization

Confirmed Covid19 case

1000 2000 3000 4000 5000

Day
Strengthening early detection: Building Lab capacity

- National Centre for Laboratory and Epidemiology (NCLE), plus
- 3 additional advanced laboratories
- PCR testing expanded to sub-national level
Strengthening early detection: Surveillance

- Expanding surveillance and contact monitoring capacity through health centers engaging
  - Village chiefs and committees
  - Mass organizations
  - Buddhist Fellowship
  - Workplaces and schools

- Expanding multi-source surveillance including analysis of hotline calls

- 2710 contract tracers nationwide
- >10,000 needed to flatten the curve
Increasing capacity of hospitals to manage COVID-19:
Safety / IPC/Planning: Screening, zoning, PPE, referral, sample collection, disinfection

Simulation of patient pathway

The plan worked on paper but not in practice...

Post-simulation feedback

Germs (GloGerm) spread everywhere
Increasing capacity of hospitals to manage COVID-19: Translating WHO recommendations into practical modules

Clinical management role play

PPE practice

Setting up screening booths

Helping managers to determine and plan for adequate resources, equipment and surge capacity to protect staff and patients:

Including allocation of trained staff (considering shift hours), rooms and beds
Example of Xaysomboun Province

- The training revealed increased beds and staff are needed, but
- $O_2$ regulators and cylinders are bigger gaps
Essential services are suffering

Analysis is ongoing to guide how to ensure designated hospitals provide key services while the primary health system gatekeeping function is restored.
Health system improvements should not be compromised because of COVID-19.

Rather: we are making COVID-19 a driver for building a resilient health system.
Concluding thoughts:

1. Large waves of COVID-19 can be expected

2. These early cases gave us time to
   a. Increase surveillance and contact tracing capacity with community engagement
   b. Complete health facility training in all provinces
   c. Scale up to all districts and health centers in the next few weeks
   d. Ensure isolation, quarantine centers and points of entry meet minimum standards (not presented but we have not forgotten this)

3. It is critical to consider how to transform COVID-19 to be a driver to build robust health service delivery systems