Background:

COVID-19 is a global pandemic that has caused significant disruption to everyday life and public health. The initial focus of healthcare systems was on managing COVID-19 patients, leading to aimed efforts, to prevent and contain the spread of the virus. However, the adjustment of public health systems, ranging from isolation of infected cases to implementation of social distancing measures, has also affected non-COVID-19 medical services, and the most vulnerable were the most affected. Large groups of population suffered delays and interruptions in access to health services. The immediate effects of the pandemic are just the tip of the iceberg, and the long-term consequences are likely to be significant. Therefore, it is crucial to assess the collateral impacts of the COVID-19 pandemic on the population, including the social, economic, and psychological effects on different populations, and to develop strategies to mitigate these impacts.

Methods:

A systematic review was performed, identifying eligible full-texts through titles/abstracts screening of PubMed, Web of Science, Scopus, and Cochrane databases until April 17th, 2020. Double-blinded screening process was conducted by two independent reviewers. Eligible studies of any study design, published in English, were included. A narrative synthesis of each implemented strategy was performed. Results were expressed in ORs.

Results:

We included 163 studies, of which 24 eligible full-texts were read and pertinent data were extracted. The identified healthcare systems strategies applied worldwide to manage COVID-19 and other epidemics were categorized into two main groups: the first group includes strategies at a national level, such as healthcare systems management, workplace preventive measures, mental health interventions, non-pharmaceutical interventions, enhanced surveillance, management approaches, community healthcare facilities, and communication plans. The second group includes strategies at a local level, such as healthcare providers strategies, and communication plans.

Discussion:

The evidence reporting the healthcare systems management in the COVID-19 response is useful knowledge base to inform policy makers about the most effective strategies that can be implemented to manage pandemics/epidemics transition phases. The key strategies identified are ascribable to two main categories: those related to national and local healthcare systems management. The key components of the transition strategies regarded the implementation of non-pharmaceutical interventions, enhanced surveillance, management approaches, community healthcare facilities, and communication plans. These strategies are essential to minimize the impact of the pandemic on the population, but they also require careful planning and implementation to avoid negative consequences for the healthcare system.

Key messages:

1. Strategies at a national level include healthcare systems management, workplace preventive measures, mental health interventions, non-pharmaceutical interventions, enhanced surveillance, management approaches, community healthcare facilities, and communication plans.
2. Strategies at a local level include healthcare providers strategies, and communication plans.
3. The evidence reporting the healthcare systems management in the COVID-19 response is useful knowledge base to inform policy makers about the most effective strategies that can be implemented to manage pandemics/epidemics transition phases.

Issue:

Early epidemiology established higher risk of morbidity & mortality amongst infected older individuals or those having specific chronic diseases, consuming most hospital care. Also where demand exceeding supply of healthcare, mortality was very high. As an island nation with one central main hospital, not overwhelming the healthcare system whilst avoiding total lockdown was key.

Description:

On the 27-03-2020, the Superintendent of Public Health enacted the Protection of Vulnerable Persons Order, specifying that these categories (or subcategories thereof) of persons are to be granted vulnerable status: age >65; pregnant; persons suffering from diabetes; immunosuppressed; cancer; end stage renal failure; respiratory disease; cardiac disease; heart failure. Such persons were entitled to stay at home, to be granted special leave from work, entitled to a monthly allowance by social services. One could go out only to attend to essential or urgent personal matters, e.g. groceries, medicines, medical needs, bank etc. with mitigation measures. Exemptions were only granted to special categories such as healthcare workers, farmers, or headship positions. In addition, the carers & staff of most nursing homes voluntarily decided to isolate themselves inside the homes for periods of 2/3 weeks. Thanks to a very active family support network, offspring,
relative or neighbours ran basic errands for them, or else organised deliveries. This legal status has been lifted on the 5th June 2020. **Results:**
This status was granted to 126 000 persons, including 14000 employed persons. Only 9 deaths occurred in Malta out of 664 cases in a population of 500000 up till 20th June 2020, with a case fatality rate of 1.35% - one of the lowest in Europe.

**Lessons:**
Protection of vulnerable individuals can be a cornerstone of COVID-19 public health response if mobility is effectively restricted in this subpopulation.

**Key messages:**
- Protection of the vulnerable reduces healthcare & mortality burden.
- Effective legal & economic support measures, & extensive societal engagement required.