Guidelines to Strengthen the First Level of Care (FLC) within the framework of PHC and Universal Health during the COVID-19 pandemic

Hernan A. Luque S.
Regional Advisor, Organization and Management of Health Services
Pan American Health Organization PAHO/WHO

17 June, 2020
PHCS: INTEGRATED APPROACH
HEALTH SYSTEMS BASED ON PRIMARY HEALTH CARE

- PROMOTE HEALTH
  - HEALTHY PUBLIC POLICIES
  - HEALTHY ENVIRONMENT
  - COMMUNITY ACTION
  - SELF CARE
  - REORGANIZATION OF HEALTH SERVICES

MORE WELLNESS QUALITY OF LIFE HEALTH

- ENVIRONMENT
- SOCIAL EXCLUSION
- INEQUITY
- INEQUALITY

FAMILY
COMMUNITY
MUNICIPALITY
STATE
COUNTRY
REGION
INDIVIDUAL

HEALTH SYSTEMS BASED ON PRIMARY HEALTH CARE

- MORE WELLNESS QUALITY OF LIFE HEALTH

- PROMOTE HEALTH
  - HEALTHY PUBLIC POLICIES
  - HEALTHY ENVIRONMENT
  - COMMUNITY ACTION
  - SELF CARE
  - REORGANIZATION OF HEALTH SERVICES

- ENVIRONMENT
- SOCIAL EXCLUSION
- INEQUITY
- INEQUALITY

FAMILY
COMMUNITY
MUNICIPALITY
STATE
COUNTRY
REGION
INDIVIDUAL
SOCIAL IMPACT DURING COVID-19 PANDEMIC
THE INTERSECTORIAL COORDINATION TO RESPOND TO THE SOCIAL IMPACT OF COVID-19: HEALTH IN ALL POLICIES

- Strategic Planning
- Environment
- Trade
- Education
- Justice
- Housing
- Public Works
- Labor
- Security

HUMAN DEVELOPMENT
Epidemic

What we are facing?

1. Increased demand for healthcare services
2. Limited or insufficient resources
3. Impact of large magnitude and significance
4. Consume resources heavily
5. Affect the performance of the entire system
6. High social and political pressure
7. Increased mortality

Recommendations for Health Service Networks in response to outbreaks and epidemics COVID-19

OPS
Recommendations for Health Service Networks in response to outbreaks and epidemics COVID-19

Objectives of the Pandemic Response

Responding to demand

Depends on leadership, response capacity of the health services, the organization of services and the level and organization of social participation

First level of care

- Identification of cases
- Case management in ambulatory care

Hospitals

- Risk and severity assessment
- Care for critical conditions

COVID-19 American Regional Dashboard, Geographic Distribution of Cases and Deaths

Save Lives
Focus of the response

Comprehensive and participatory approach:
- Health services, community organizations and intersectoral actors
- Public Health, health promotion, prevention, appropriate care.

Integrated approach:
- All levels of health services in integrated manner.
- Public and private (Steering role)
- Rational, efficient and integrated use of all the resources of the national health system
Recommendations for Health Service Networks in response to outbreaks and epidemics COVID-19
Recommendations for Health Service Networks in response to outbreaks and epidemics COVID-19
Role of local governments in health emergencies

1. **Coordination** with health authorities - network approach
2. **Information**-driven decision making
3. **Support** for the continuity of operations of the Health Services Network
THE IHSDN FRAMEWORK DURING COVID-19

Integrated Health Service Networks Interventions in response to a COVID-19 outbreak

<table>
<thead>
<tr>
<th>Domain</th>
<th>Attributes (adapted for COVID-19 Outbreaks)</th>
<th>Essential Actions</th>
<th>Interventions</th>
<th>Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Definition of the population and territory:</td>
<td>Identification of population groups most at risk:</td>
<td>• Verify participation of</td>
<td>• Operational considerations <a href="http://www.who.int/">http://www.who.int/</a></td>
</tr>
<tr>
<td></td>
<td>Identification of population groups most at</td>
<td>• Older adults (60 years old and over)</td>
<td>first level of care teams</td>
<td></td>
</tr>
<tr>
<td></td>
<td>risk at risk based on epidemiological</td>
<td>• Patients with chronic diseases.</td>
<td>in the identification of</td>
<td>• Laboratory testing in suspected human cases <a href="http://www.who.int/">http://www.who.int/</a></td>
</tr>
<tr>
<td></td>
<td>criteria of the COVID-19 outbreak.</td>
<td>• Populations living temporarily or permanently in institutions (prisons, nursing</td>
<td>population groups at risk.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• People in conditions of vulnerability (overcrowding, some disabilities, older</td>
<td>Literally information and</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>adults living alone, caregivers of patients)</td>
<td>health education actions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Define risk stratification and prioritization mechanisms based on responsiveness</td>
<td>• Perform monitoring activities of risk groups.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>and according to priority criteria.</td>
<td>• Develop a home or institutional visiting program.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Population mapping using epidemiological risk criteria and according to priority</td>
<td>• Monitoring and control of</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>criteria.</td>
<td>the visiting program.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Outpatient care programming based on priority criteria.</td>
<td>• Outpatient care programming</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Mapping of health facilities in the network</td>
<td>• Verify the response capacity of the</td>
<td>• IMNC COVID-19 tool</td>
<td></td>
</tr>
<tr>
<td></td>
<td>defining those units with response capacity</td>
<td>capoacity of the</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
RECOMENDATIONS

1. Reorganization and strengthening of response capacity at the first level of care.

2. Centralized bed management.


4. Separate flows for triage, care, and diagnostic testing of patients with respiratory symptoms compatible with suspected COVID-19.

5. Retrofitting, certification, and added complexity for beds, according to clinical risk and nursing care needs.

6. Strengthening of home hospitalization, with or without telehealth.

7. Coordination with prehospital health care services network (emergency care and transportation, ambulances).

8. Networking of clinical management for continuity of care and efficient use of hospital resources.

9. Reorganization, recruitment, and training of personnel, with emphasis on safety and personal protection.

10. Strengthened supply chain.

PROPOSE

Offer recommendations to strengthen the response of the health services in order to save lives and guarantee timely response capacity through the reorganization and progressive expansion of services in the context of the COVID-19 pandemic.
THE ROLE OF THE FIRST LEVEL OF CARE DURING COVID-19

Functions

- During the period of sustained community transmission, the first level of care has three functions:
  - 1. Services focused on the response to COVID-19: identify, report, contain, manage, and refer.
  - 3. Reducing the demand on hospitals to increase the capacity of hospital-based services in response to COVID-19.
Survey to PAHO's HSS focal point in 17 countries of Latin America. May 2020.
Funds in the region to respond to the COVID-19 pandemic

<table>
<thead>
<tr>
<th>Institution</th>
<th>COVID-19 specific health &amp; public health</th>
<th>Restructured/reallocated other existing projects</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>World Bank</td>
<td>154.95</td>
<td>187.91</td>
<td>342.86</td>
</tr>
<tr>
<td>Interamerican Development Bank</td>
<td>60.34</td>
<td>116.90</td>
<td>177.24</td>
</tr>
<tr>
<td>Global Fund</td>
<td>2.87</td>
<td>-</td>
<td>2.87</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>218.16</strong></td>
<td><strong>304.81</strong></td>
<td><strong>522.97</strong></td>
</tr>
</tbody>
</table>

1/ As of June 3, 2020
Source: Institutional web pages
Survey to PAHO’s HSS focal point in 17 countries of Latin America. May 2020.

**ACTIVITIES OF FIRST LEVEL OF CARE DURING COVID-19**

MAY 2020

- EDUCATION: 24%
- SEARCH: 15%
- TRIAGE: 15%
- TRACING: 20%
- TEST: 11%
- REFERENCE: 15%

**ESSENTIALS ACTIVITIES OF FIRST LEVEL OF CARE DURING COVID-19**

- NEWBORN: 16%
- PREGNANT: 19%
- IMMUNIZATION: 21%
- MEDICATION: 18%
- TRACING: 26%

Survey to PAHO’s HSS focal point in 17 countries of Latin America. May 2020.
HUMAN RESOURCES DURING COVID-19

- The deficit of human resources that existed previously in the region has exposed the challenge that services are facing to expand services to respond to the pandemic and to provide continuity of essential services. This has been critical for hospital services with intensivists and personnel to care for hospitalized cases.

- From the point of view of occupational health, the limitations and lack of PPE, the practice in their use by personnel, and the long hours of services, especially in intermediate and intensive care units, have been important factors in personnel contracting the virus and symptoms of exhaustion, fatigue, irritability, frustration, anxiety attacks and depression. Measures taken by countries include providing health insurance coverage; monitoring health status; surveillance and observation of symptoms; psychological support; limiting shifts to no more than 8 hours; providing transportation, food and support for lodging to avoid risks to families and health personnel; and quarantine measures before returning home or returning to work. In various countries, COVID-19 has been decreed an occupational disease by law.

- The recruitment of personnel has been improved by contracting national professionals for the duration of the emergency, and in other cases for periods of three months, with possibility of extension and additional bonuses in pay. One common approach has been to put forth special measures to accelerate the graduation of medical and nursing students in their final year; a few countries (Chile, Peru) have instituted laws to make it easier to contract foreign personnel.

- The lack of personnel as well as the departure and retirement of staff from their posts due to fear of getting sick and lack of sufficient safety measures and incentives has made it difficult to cover the care needs of patients as well as to address community containment and continuity of essential services at the first level of care. Some human resource management strategies to address this situation are measures such as the scaling up and redistribution of personnel by assigning new functions in the case of internists and other specialties in the ICU and reassigning personnel at the first level of care to hospitals, mobile hospitals and alternative sites. Virtual measures have also been used to provide patient consultations and follow-up.

- The recruitment, contractual, occupational health and health personnel management strategies have necessitated different forms and methods of in-service training in an accelerated and, in some cases, repetitive manner to develop the competencies and skills to manage COVID-19 patients. Task sharing and the interprofessional approach in hospital services have necessitated peer training for different specialists in intensive care, supervised or assisted by cameras by intensivists that are on the second line of defense.
• Strengthen the resolutive capacity of the first level of care to respond to COVID-19 and guarantee the continuity of essential services.

• Maintain a balance between the resources allocated to the first level of care and to hospital services and mobile hospitals.

• Expand and maintain services to provide care to poor, rural and indigenous peri-urban areas.

**HEALTH TEAMS**
- Identification and monitoring of symptomatic respiratory cases
- Care of pregnant women
- Health care and prevention programs for at-risk groups and vulnerable peoples.
- Attention of morbidity of other morbidities

**REINFORCED FIRST LEVEL OF CARE FACILITIES**
- Identification and monitoring of COVID-19 cases
- Care of pregnant women
- Health care and prevention programs for at-risk groups and vulnerable peoples.
- Care for other morbidities.
- Emergencies

**SPECIALIZED FACILITIES AT THE FIRST LEVEL OF CARE**
- Identification and monitoring of COVID-19 cases
- Care and deliveries of pregnant women
- Health care and prevention programs for at-risk groups and vulnerable peoples.
- Specialized care and treatment of other morbidities.
- 24/7 urgent care

**ENABLING RESOURCES**
- EPP
- CPI
- Separate environments
- Masks for patients
- Mobile communication devices
- Call center 911 and ambulances
CHALLENGES

• Implement new modalities of care, providing the technological resources to the first level of care.

• Ensure mechanisms for effective coordination, communication and linkages in the services network to ensure response to the health care needs of the population.

• Ensure that the workers at the first level of care have safe conditions, the necessary protections, care for their needs and incentives to provide series to communities and vulnerable populations.
THANK YOU!