

COVID-19

Guidelines to Strengthen the First Level of Care (FLC)

Within the framework of PHC and Universal Health
during the COVID-19 pandemic

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30 June, 2020

PAHO

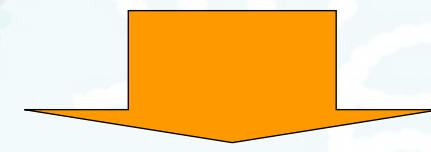
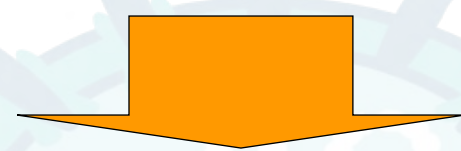


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Health
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PRIMARY HEALTH CARE BASED HEALTH SYSTEMS & UNIVERSAL HEALTH



DETERMINANTS

**SOCIAL
EXCLUSION**

INEQUITY

INEQUALITY

PROMOTE HEALTH

**HEALTHY PUBLIC
POLICIES**

**HEALTHY
ENVIRONMENT**

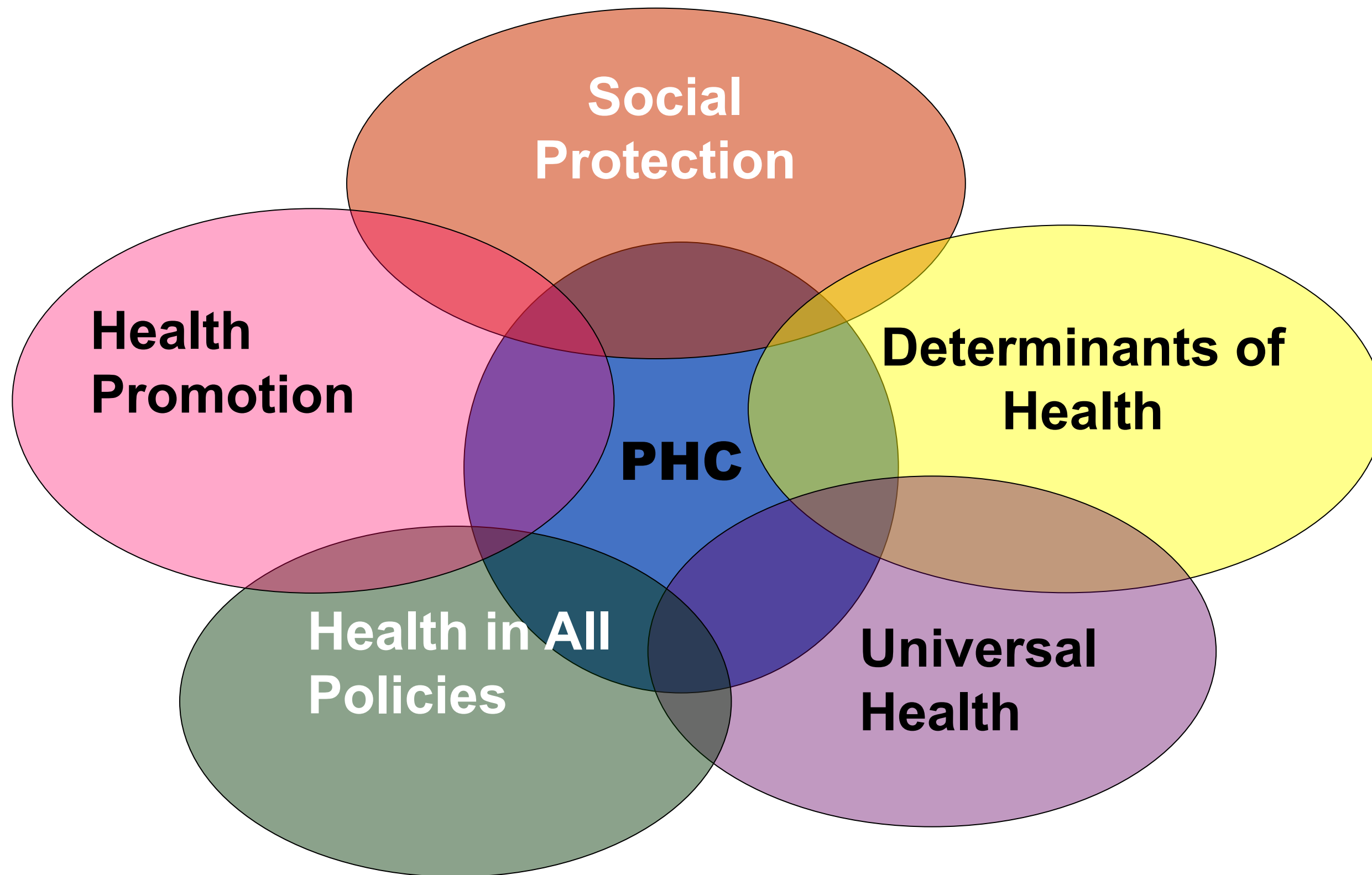
**COMMUNITY
ACTION**

SELF CARE

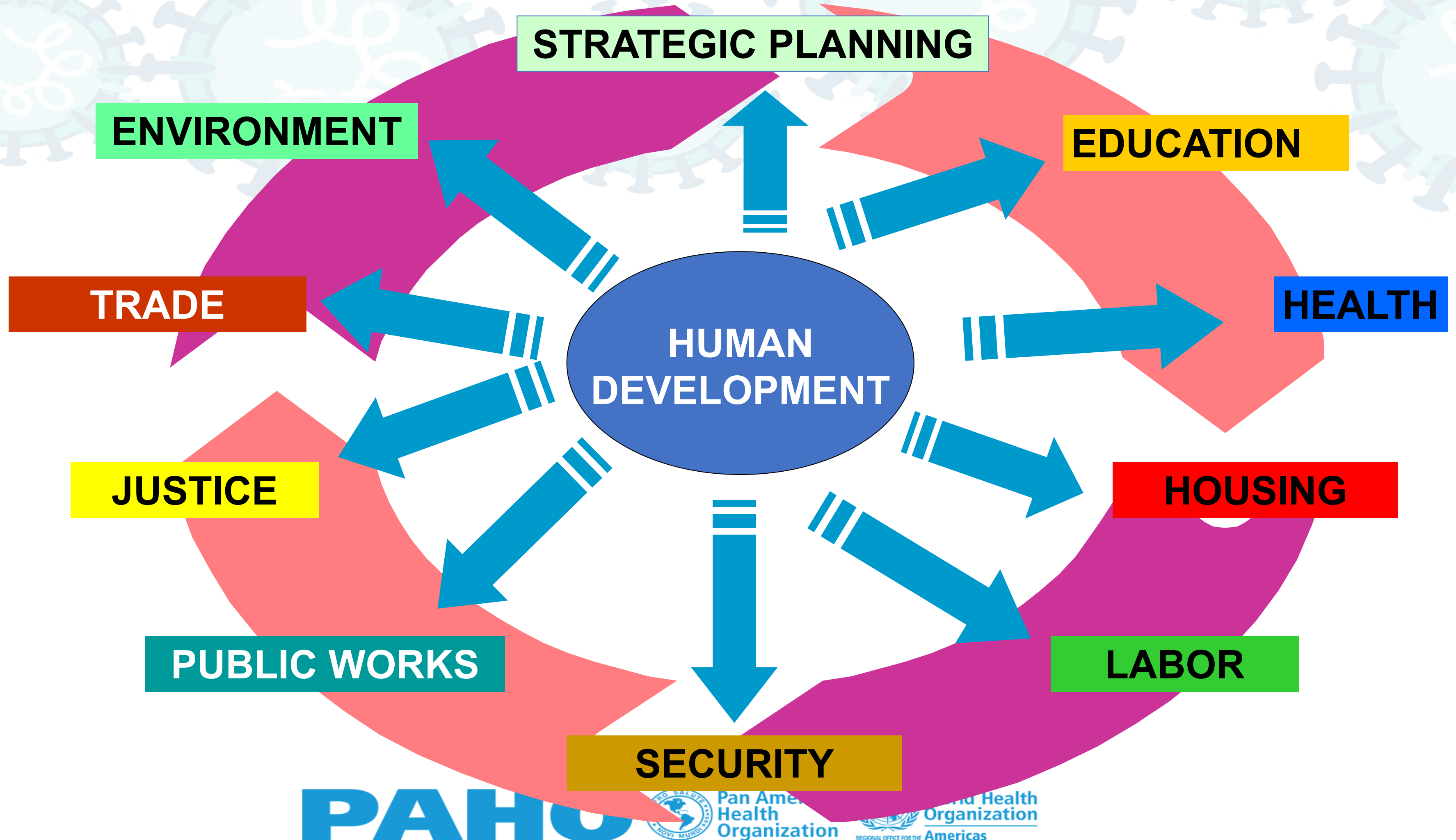
**REORGANIZATION
OF HEALTH
SERVICES**

**WELLNESS
QUALITY OF
LIFE
HEALTH**

PRIMARY HEALTH CARE SYSTEM: Integrated approach to health



RESPONSE TO THE SOCIAL IMPACT OF COVID-19: MULTISECTORIAL COORDINATION



What are we facing?

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

Pandemic



Event of large magnitude and significance

Consumer of large amounts of resources

Affects the performance of the entire health system and society

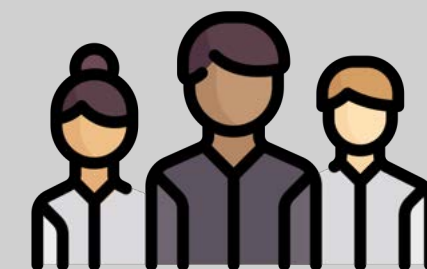
1

Increased demand for healthcare services



3

High social and political pressure



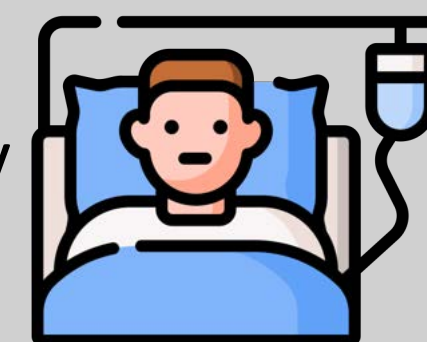
2

Limited or insufficient resources



4

Increased mortality

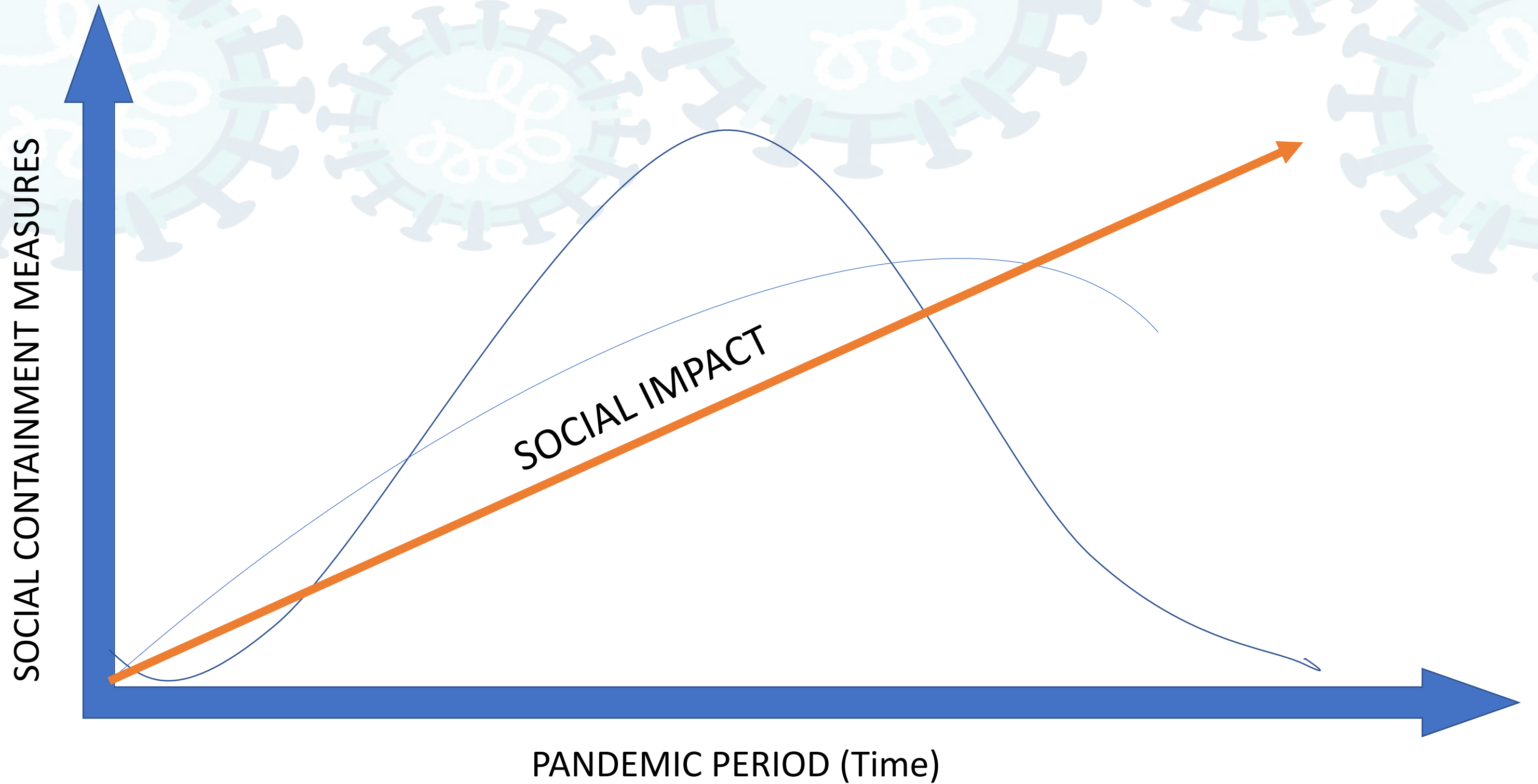


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SOCIAL IMPACT OF THE COVID-19 PANDEMIC

What are we facing?

Recommendations for
Health Service Networks
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Save Lives

Responding to demand

Depends on leadership and response capacity of the entire health system, the organization of all levels of the health services, and the involvement and organization of social all actors.

Controlling transmission

First level of care

- Public awareness and Prevention
- Identification of cases
- Case management of ambulatory care
- Public Health measures

Management of severe cases Hospitals

- Care for critical conditions
- Public Health containment



Focus of the response

Comprehensive and participatory approach:

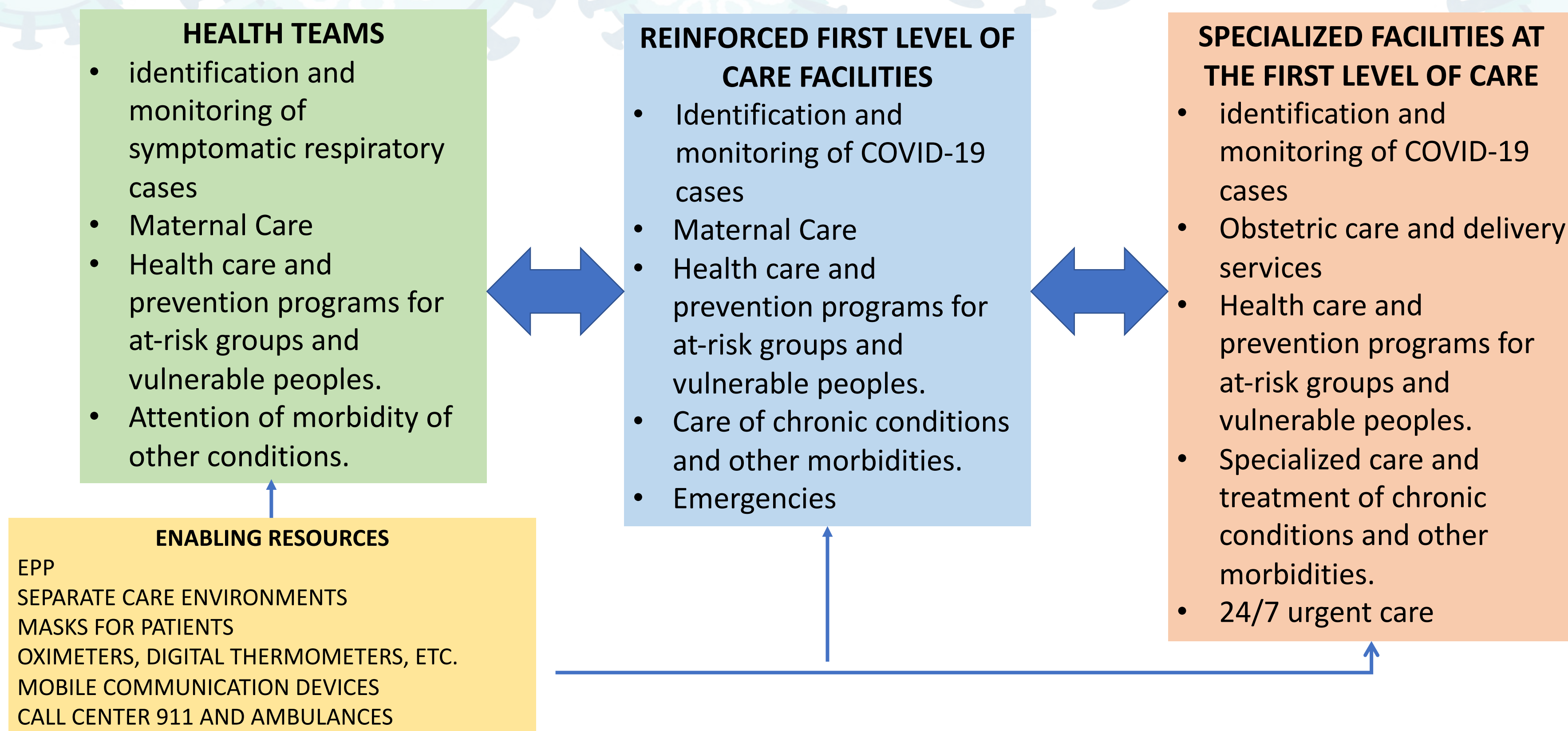
- Health services, community organizations and intersectoral actors
- Public Health, health promotion, prevention, appropriate care.

Integrated approach:

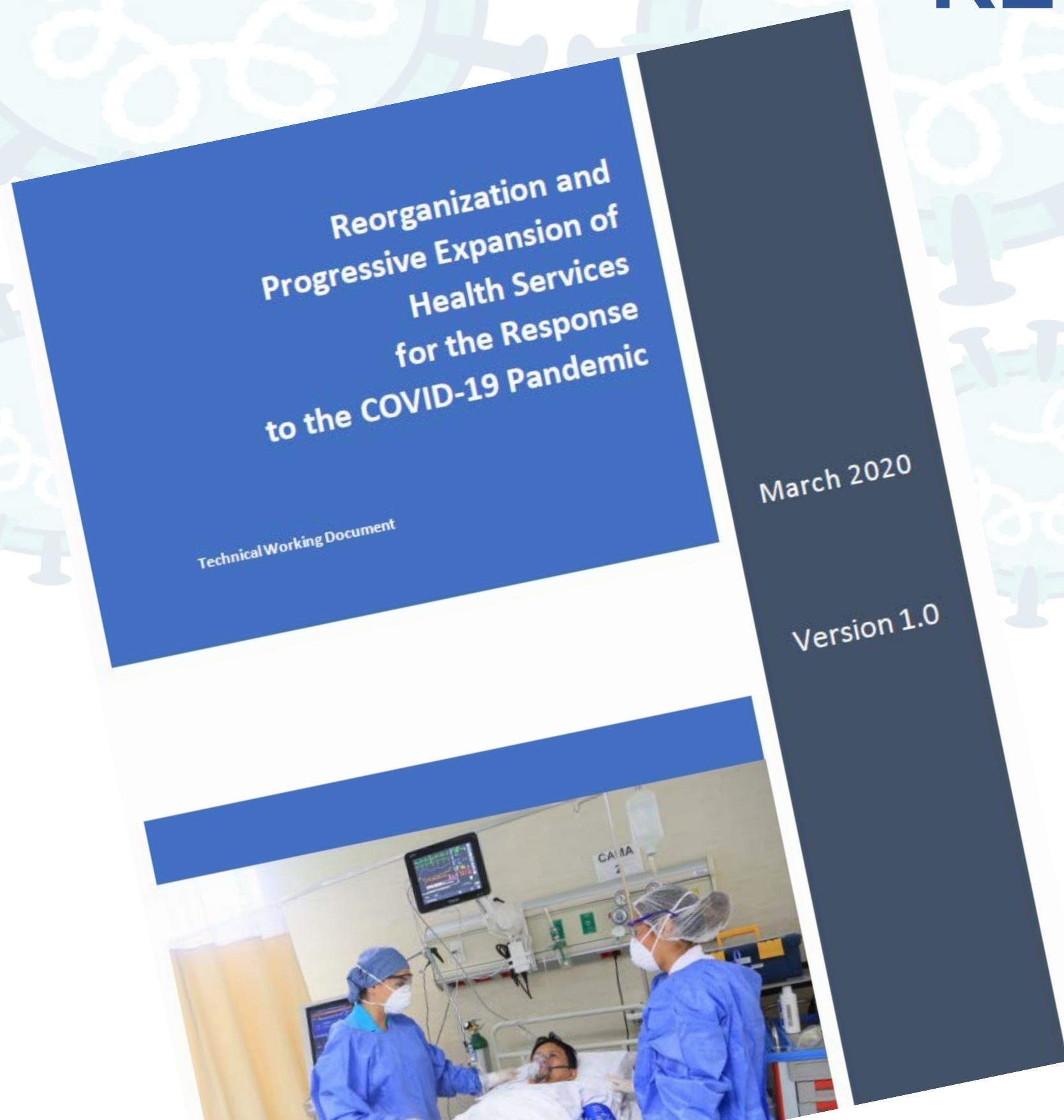
- All levels of health services in integrated manner.
- Public and private (Steering role of the NHA)
- Rational, efficient and integrated use of all the resources of the national health system



- Strengthen the resolute 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 for the poor, rural and indigenous peri-urban areas.



RECOMENDATIONS



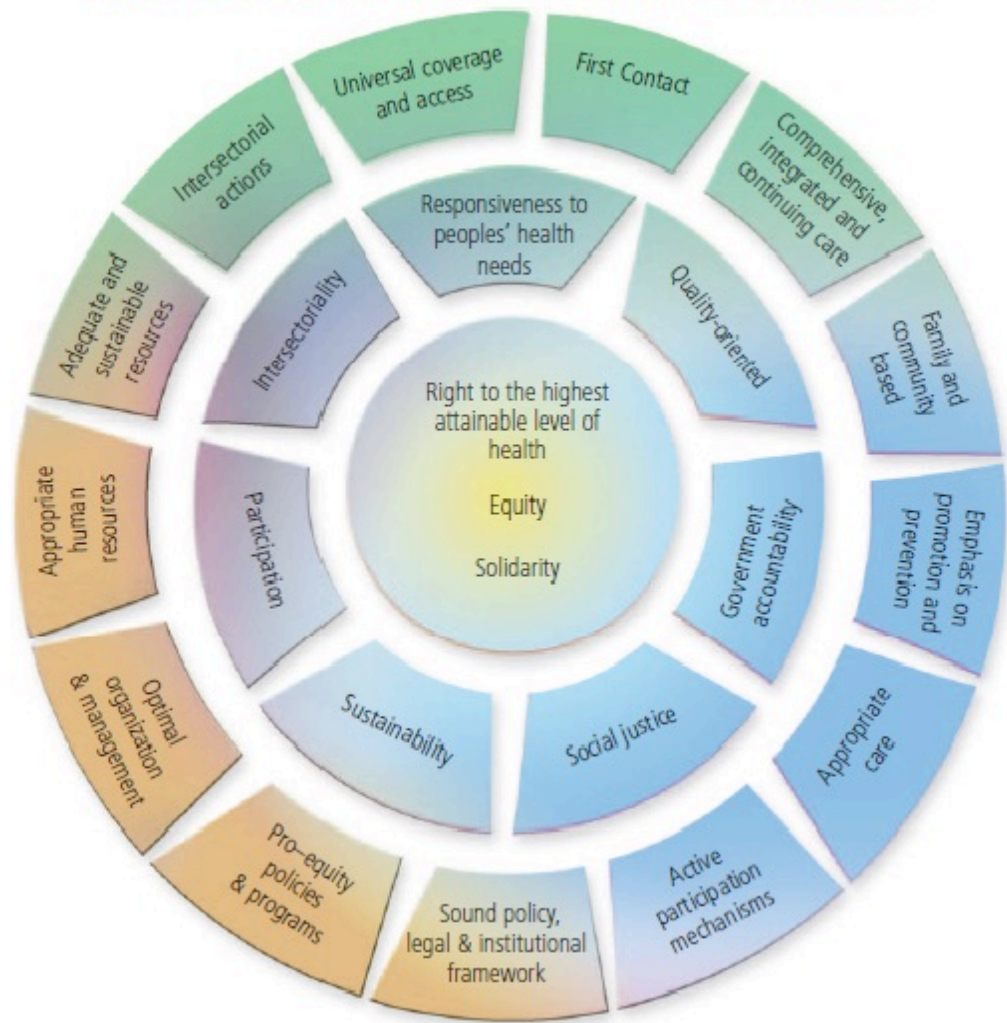
PURPOSE

offer recommendations to strengthen the response of the health services in order to save lives and ensure effective response capacity through the reorganization and progressive expansion of services in the context of the COVID-19 pandemic

1. **Reorganization and strengthening of the response capacity at the first level of care.**
2. Centralized bed management.
3. **Protocols for diagnosis and sampling of patients with suspected COVID-19.**
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.**

THE IHSDNs FRAMEWORK DURING COVID-19

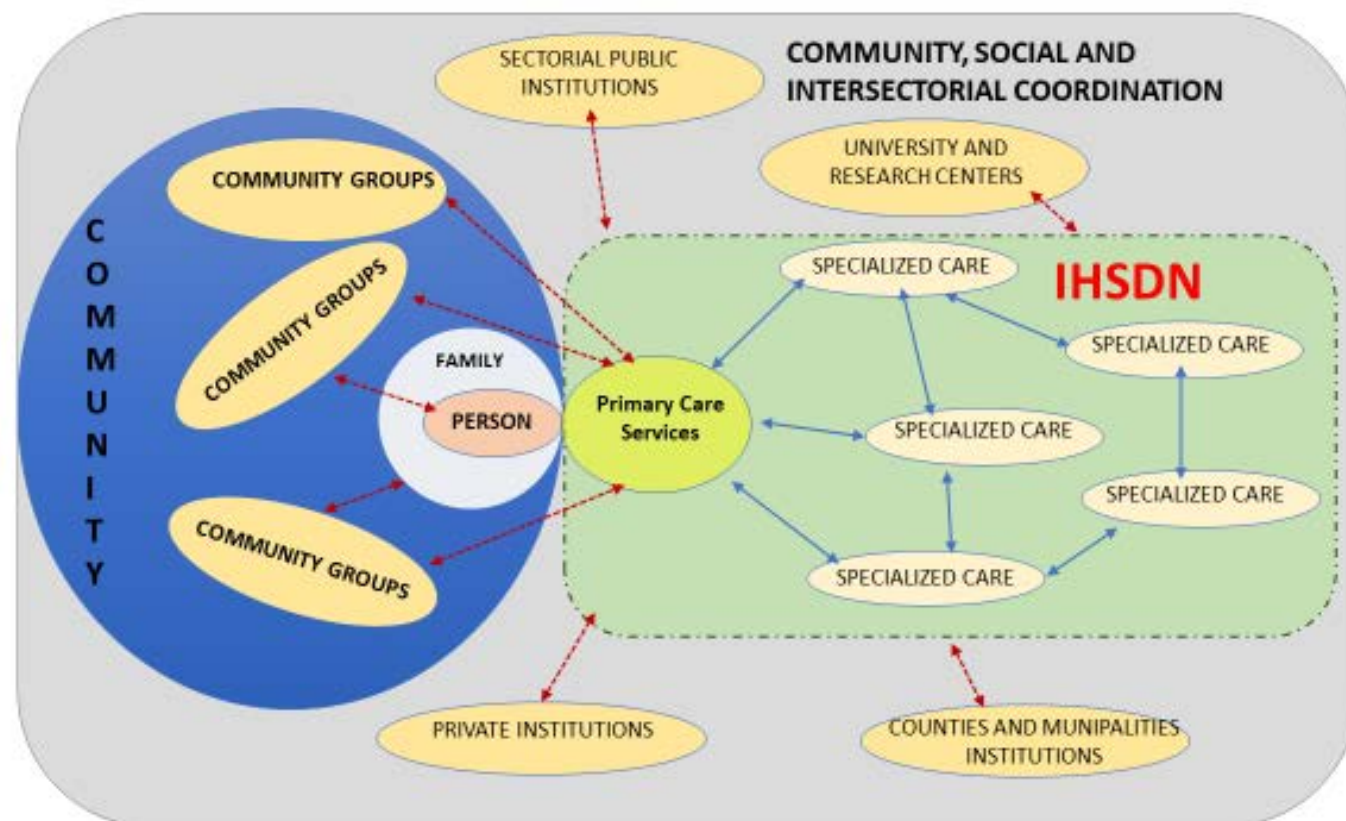
Figure 1: Core Values, Principles and Elements in a PHC-Based Health System



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

Domain	Attributes (adapted for COVID-19 Outbreaks)	Essential Actions	Interventions	Tools
Model of Care: Interventions in response to COVID-19 outbreaks	1	<p>Definition of the population and territory: Identification of population groups most at risk based on epidemiological criteria of the COVID-19 outbreak.</p> <ul style="list-style-type: none"> Identification of population groups most at risk: <ul style="list-style-type: none"> Older adults (60 years old and over). Patients with chronic diseases. Populations living temporarily or permanently in institutions (prisons, nursing homes, children's homes). People in conditions of vulnerability (overcrowding, some disabilities, older adults living alone, caregivers of patients) Define risk stratification and prioritization mechanisms based on responsiveness Population mapping using epidemiological risk criteria and according to projected cases. 	<ul style="list-style-type: none"> Verify participation of first level of care teams in the identification of population groups at risk. Intensify information and health education actions. Perform monitoring activities of risk groups. Develop a home or institutional visiting program Monitoring and control of the visiting program Outpatient care programming based on priority criteria. 	<ul style="list-style-type: none"> Operational considerations https://www.who.int/publications-detail/operational-considerations-for-managing-covid-19-cases-outbreak-on-board-ships Laboratory testing in suspected human cases https://www.who.int/publications-detail/laboratory-testing-for-2019-novel-coronavirus-in-suspected-human-cases-20200117
	2	<ul style="list-style-type: none"> Mapping of health facilities in the network defining those units with response capacity 	<ul style="list-style-type: none"> Verify the response capacity of the 	<ul style="list-style-type: none"> IHCN COVID-19 tool

IHSDN AND COMMUNITY, SOCIAL AND INTERSECTORIAL COORDINATION



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. Actions focused on the response to COVID-19: identify, report, contain, manage, and refer.
2. Recommendations for the continuity of essential services during community transmission of COVID-19.
3. FLC measures in reducing the demand on hospitals to increase the capacity of hospital-based services in response to COVID-19.



TECHNICAL NOTE. ADAPTING THE FIRST LEVEL OF CARE IN THE CONTEXT OF THE COVID-19 PANDEMIC: INTERVENTIONS, MODALITIES, AND SCOPE.
23 April 2020

This Note^a elaborates on Recommendation 1 of the document on the Reorganization and Expansion of Health Services^b as a frame of reference for reorganizing services at the first level of care and progressively structuring priority programs, as well as the set of activities that each country will identify as essential to ensure continuity of care for individuals, families, and communities during sustained community transmission of COVID-19 and in the context of each country. The continuity of essential services during the pandemic involves: suspending some routine activities at the first level of care; implementing other ways of providing services; strengthening first-level-of-care response capacity to effectively provide services such as 24-hour emergency services; day care centers, ambulatory surgery, delivery care, medication dispensing, and blood collection; relocating specialized personnel at the first level of care; strengthening teams with personnel to manage COVID-19 cases and contacts in the community; establishing separated physical areas for management of patients with respiratory symptoms; and using telemedicine and tele-messaging, among other measures. As the pandemic progresses, this should lead to the adaptation of guidelines, recommendations, and guidance on how the first level of care can ensure the continuity of priority programs and care for populations in conditions of vulnerability in the current circumstances.

Infection control standards and recommendations, as well as health protection standards for workers at the first level of care and for the use of personal protective equipment,^c must be applied in all interventions, modalities, and settings.

Purpose: The purpose of this technical note is to identify first-level-of-care interventions, activities, modalities, and scopes in the context of integrated health service delivery networks (IHSDN), for adaptation in response to sustained community transmission of the COVID-19 pandemic.^d
Audience: The document is targeted at health services managers, administrators, and coordinators at the first level of care.

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.
2. Maintaining continuity of essential services during community transmission of COVID-19.
3. Reducing the demand on hospitals to increase the capacity of hospital-based services in response to COVID-19

The following three tables describe the components involved in each function.

CHALLENGES



- Provide the technological resources to the first level of care for the effective implementation of new modalities of care,
- Ensure mechanisms for effective coordination, communication and linkages throughout the service network to ensure response to the health care needs of the population.
- Ensure that health workers at the first level of care have safe conditions, the necessary protections, care for their needs and incentives to provide service to communities and vulnerable populations.

BRING THE SMILES BACK!



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