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

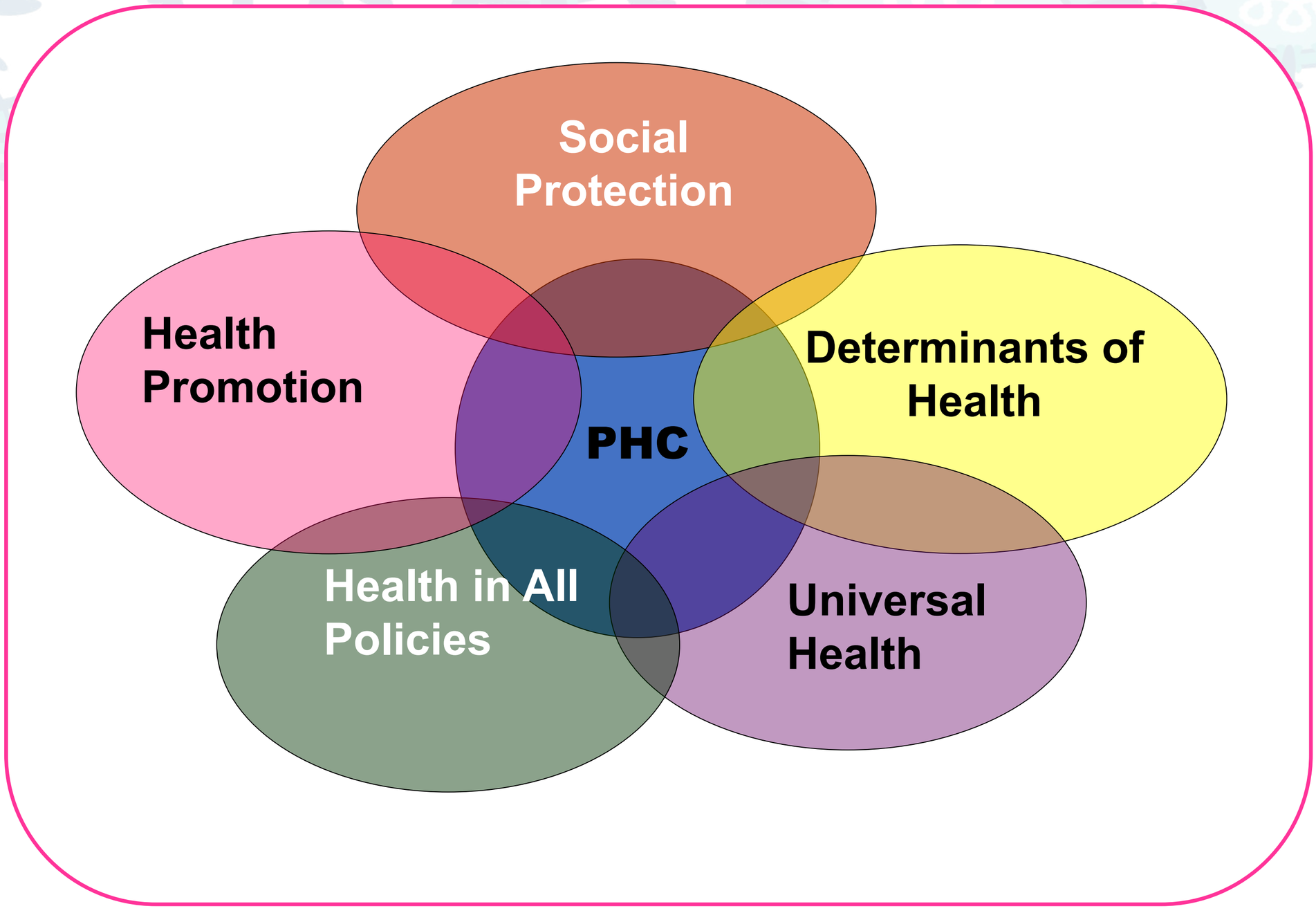
Hernan A. Luque S.

Regional Advisor, Organization and Management of Health Services

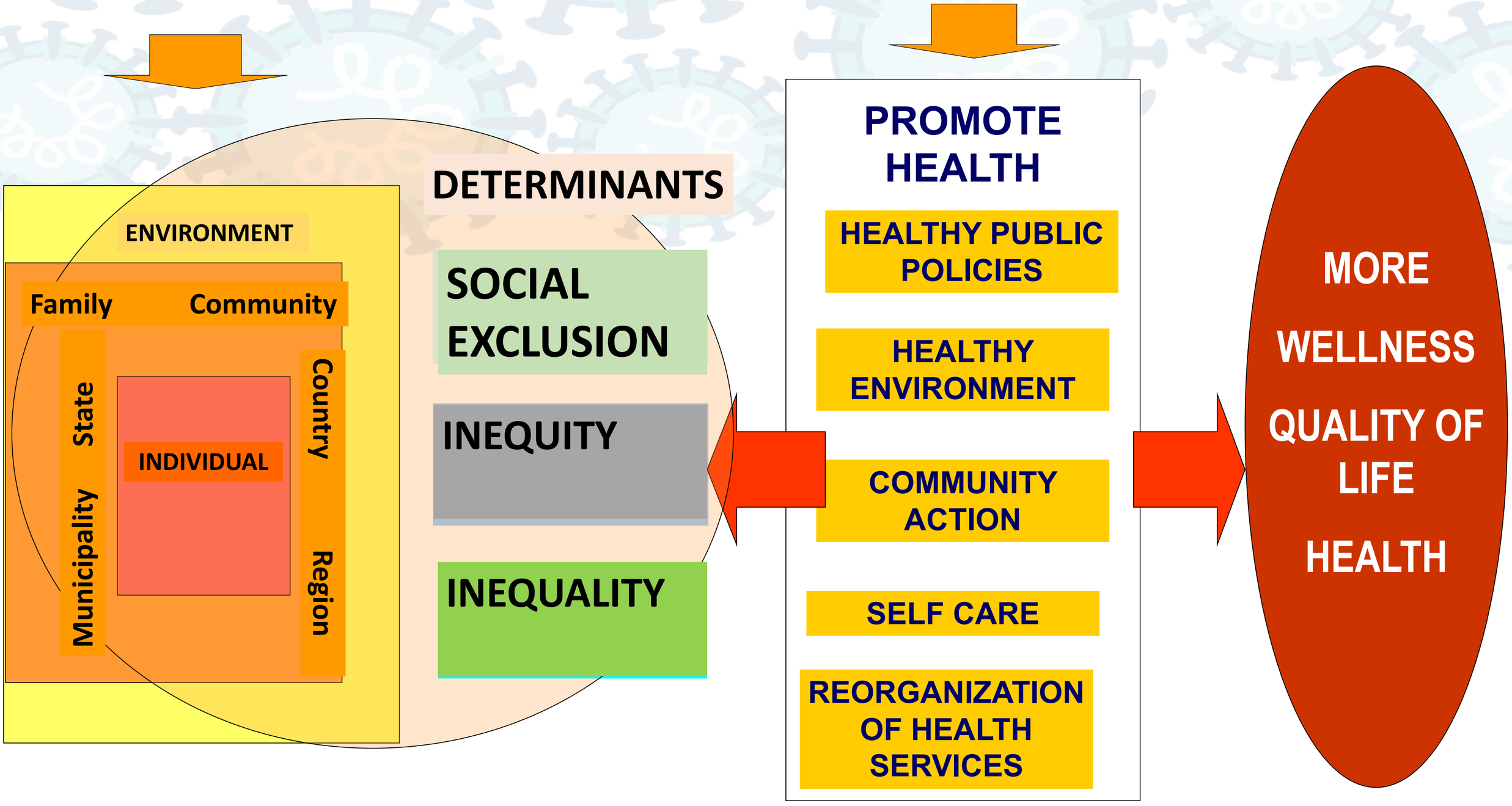
Pan American Health Organization PAHO/WHO

17 June, 2020

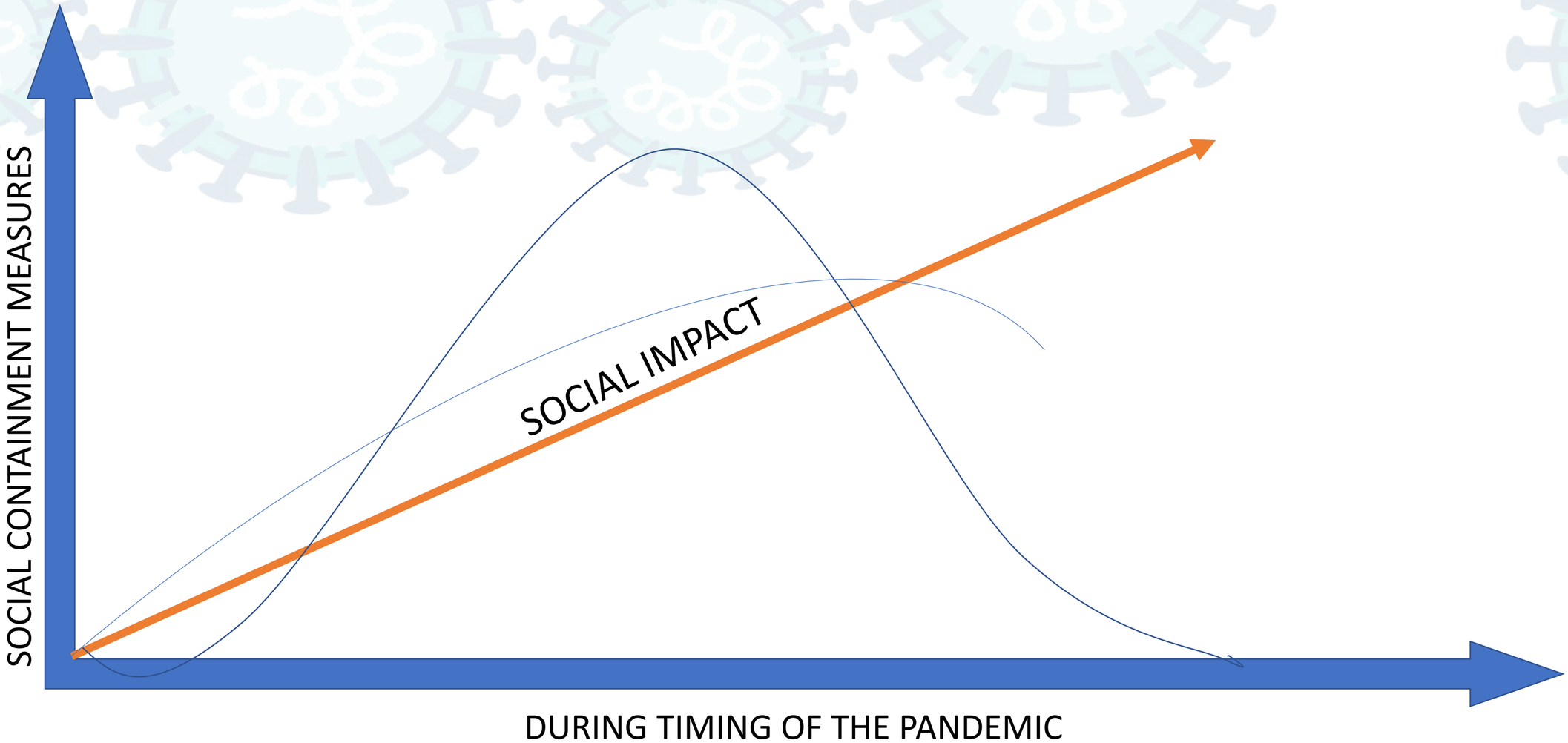
PHCS: INTEGRATED APROACH



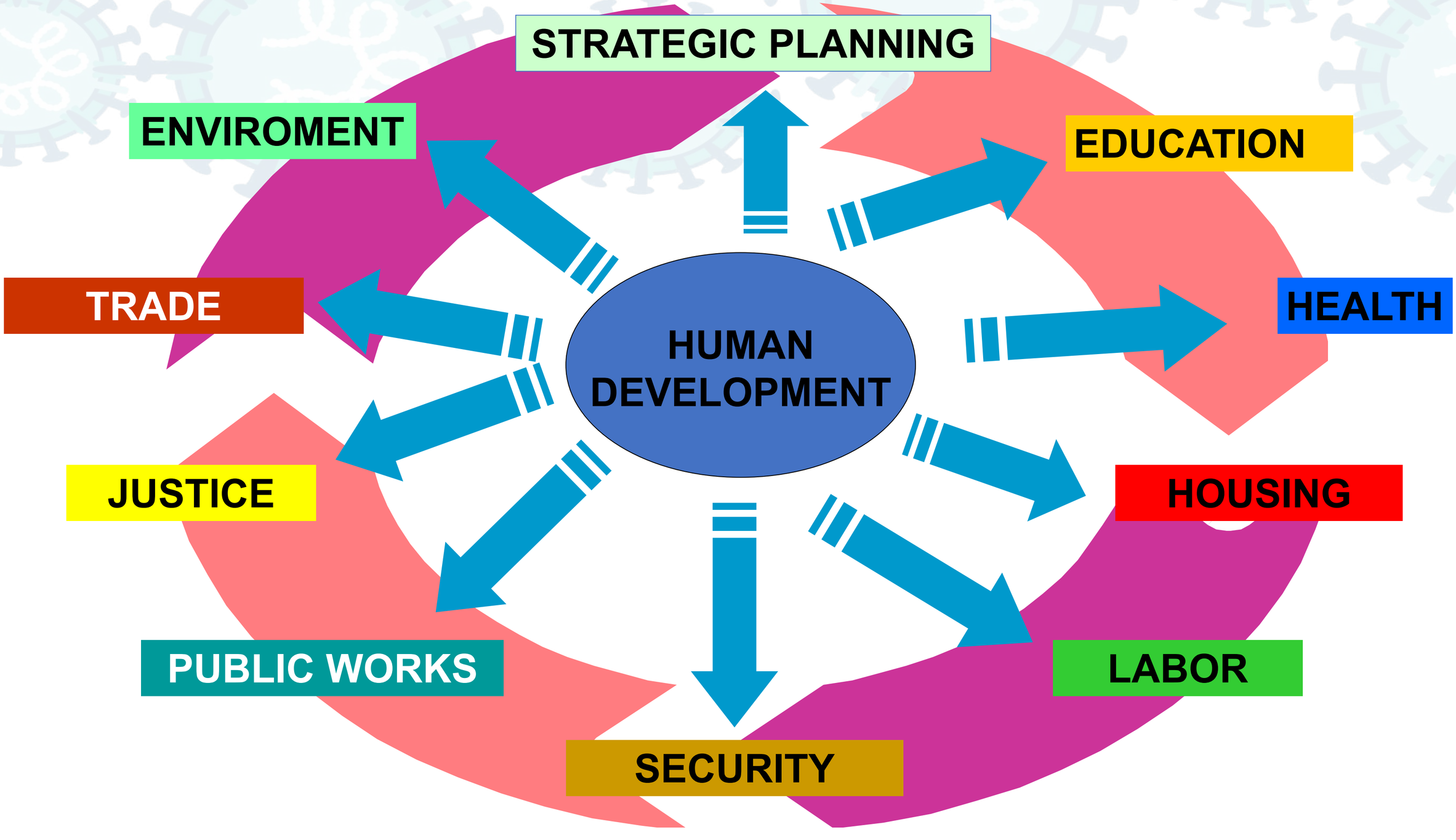
HEALTH SYSTEMS BASED ON PRIMARY HEALTH CARE



SOCIAL IMPACT DURING COVID-19 PANDEMIC



THE INTERSECTORIAL COORDINATION TO RESPOND TO THE SOCIAL IMPACT OF COVID-19: HEALTH IN ALL POLICIES



What we are facing?

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

OPS

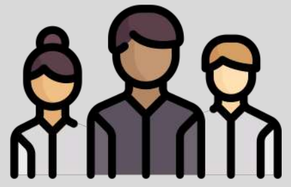
Epidemic

- Impact of large magnitude and significance
- Consume resources heavily
- Affect the performance of the entire system

1. Increased demand for healthcare services

2. Limited or insufficient resources

3. High social and political pressure



4. Increased mortality

Save Lives

Responding to demand

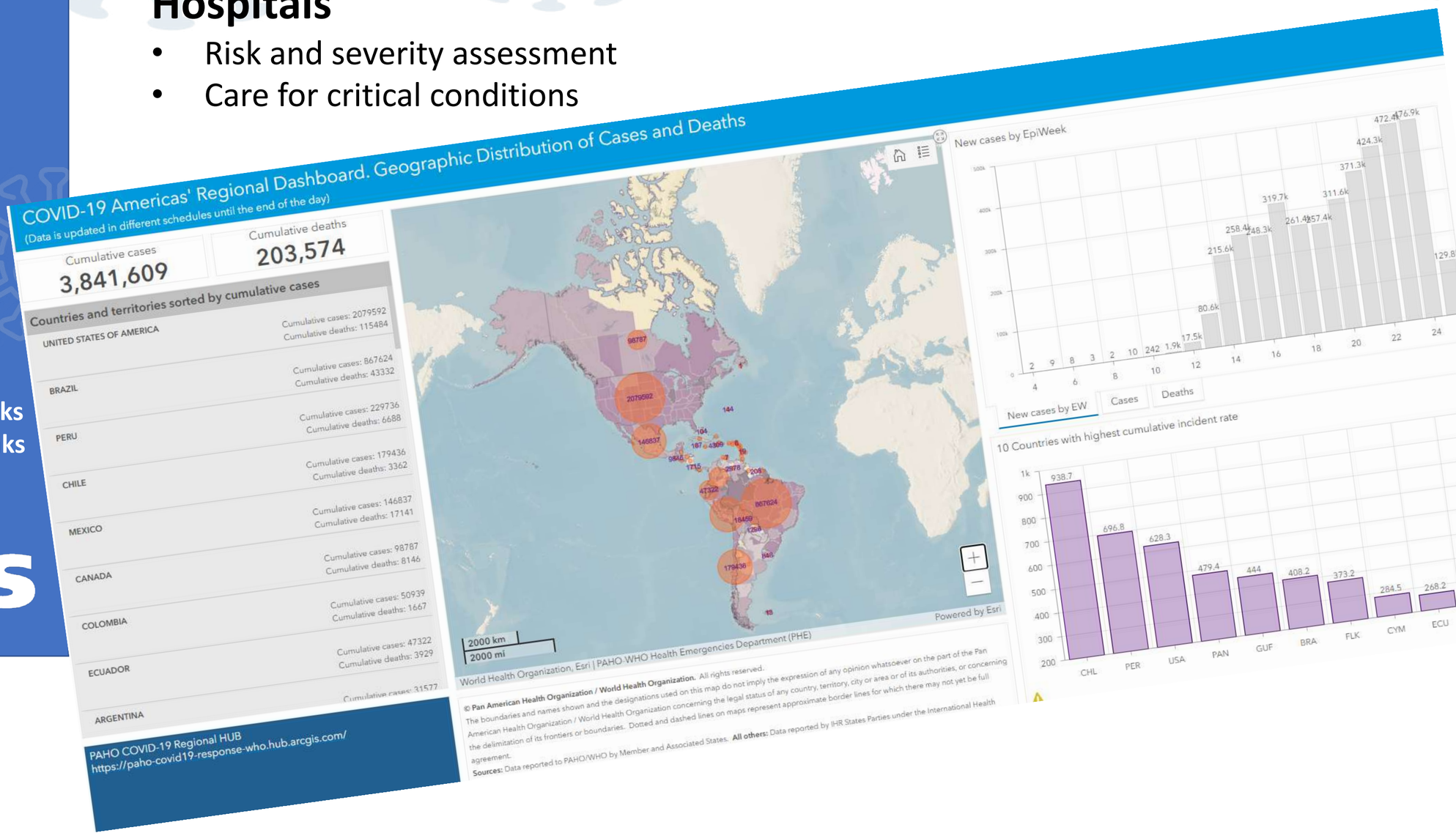
Depends on leadership, response capacity of the health services, the organization of services and the level and organization of social participation

First level of care

- Identification of cases
- Case management in ambulatory care

Hospitals

- Risk and severity assessment
- Care for critical conditions



Objectives of the Pandemic Response

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

Organización Panamericana de la Salud
Organización Mundial de la Salud
Américas

OPS

Focus of the response

<u>Comprehensive and participatory approach:</u>

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

<u>Integrated approach:</u>

- 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

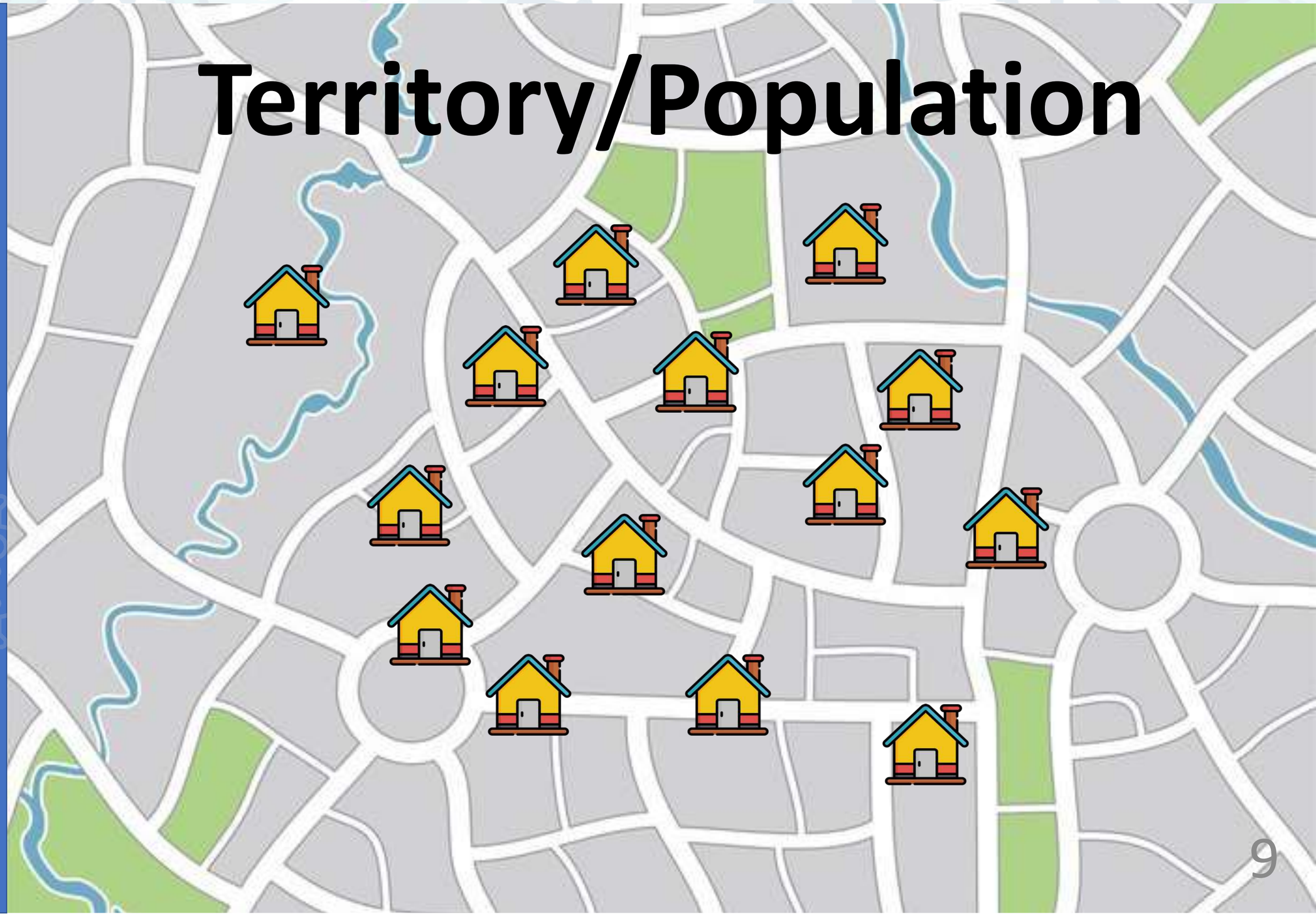
Recommendations for Health Service Networks in response to outbreaks and epidemics COVID-19

Organización Panamericana de la Salud
Organización Mundial de la Salud
Américas
OPS

Health Services Network

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

Territory/Population



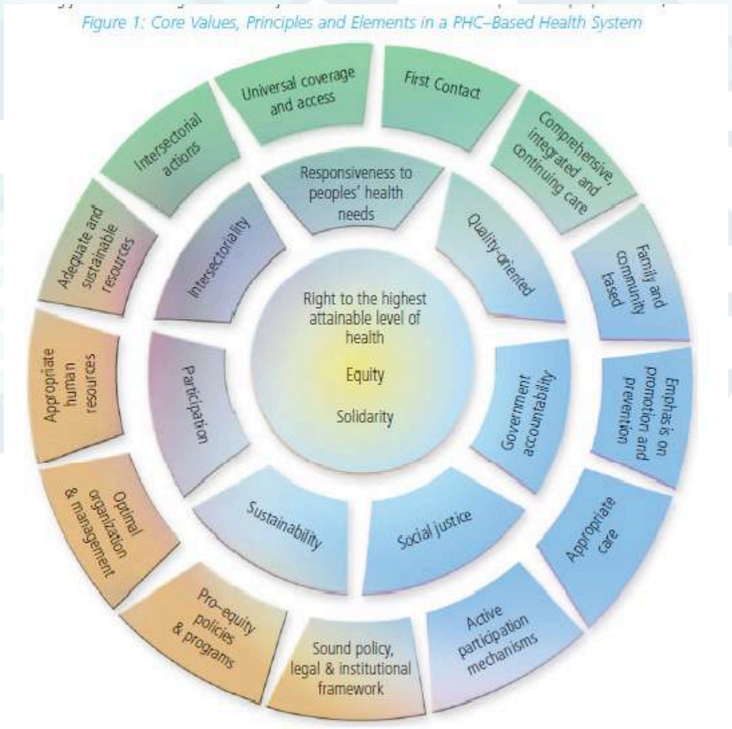
Recommendations for Health Service Networks in response to outbreaks and epidemics COVID-19

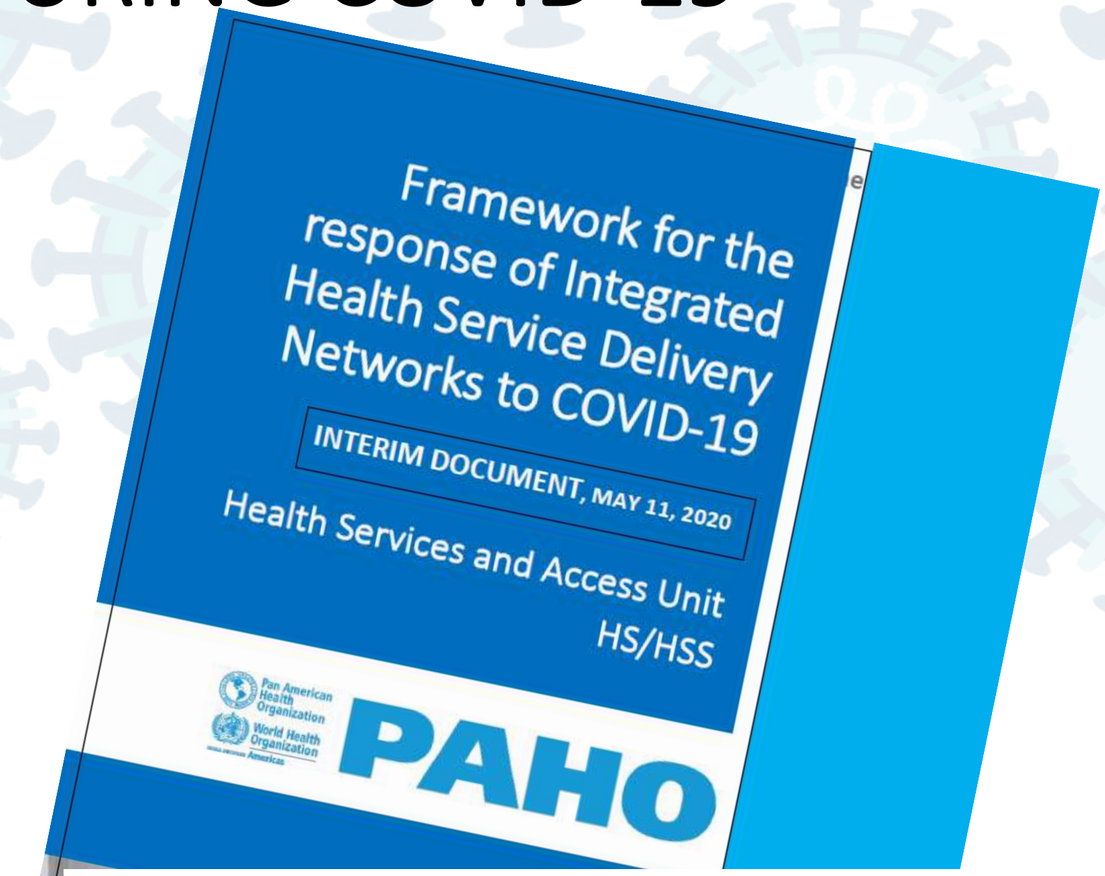
Health Services Network

Role of local governments in health emergencies

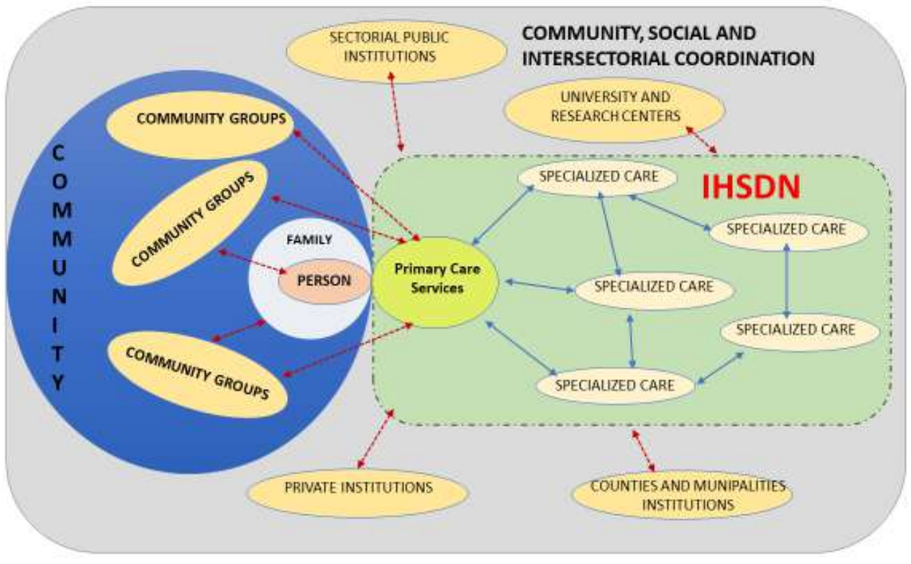
1. **Coordination** with health authorities - network approach
2. **Information**-driven decision making
3. **Support** for the continuity of operations of the Health Services Network

THE IHSDN FRAMEWORK DURING COVID-19



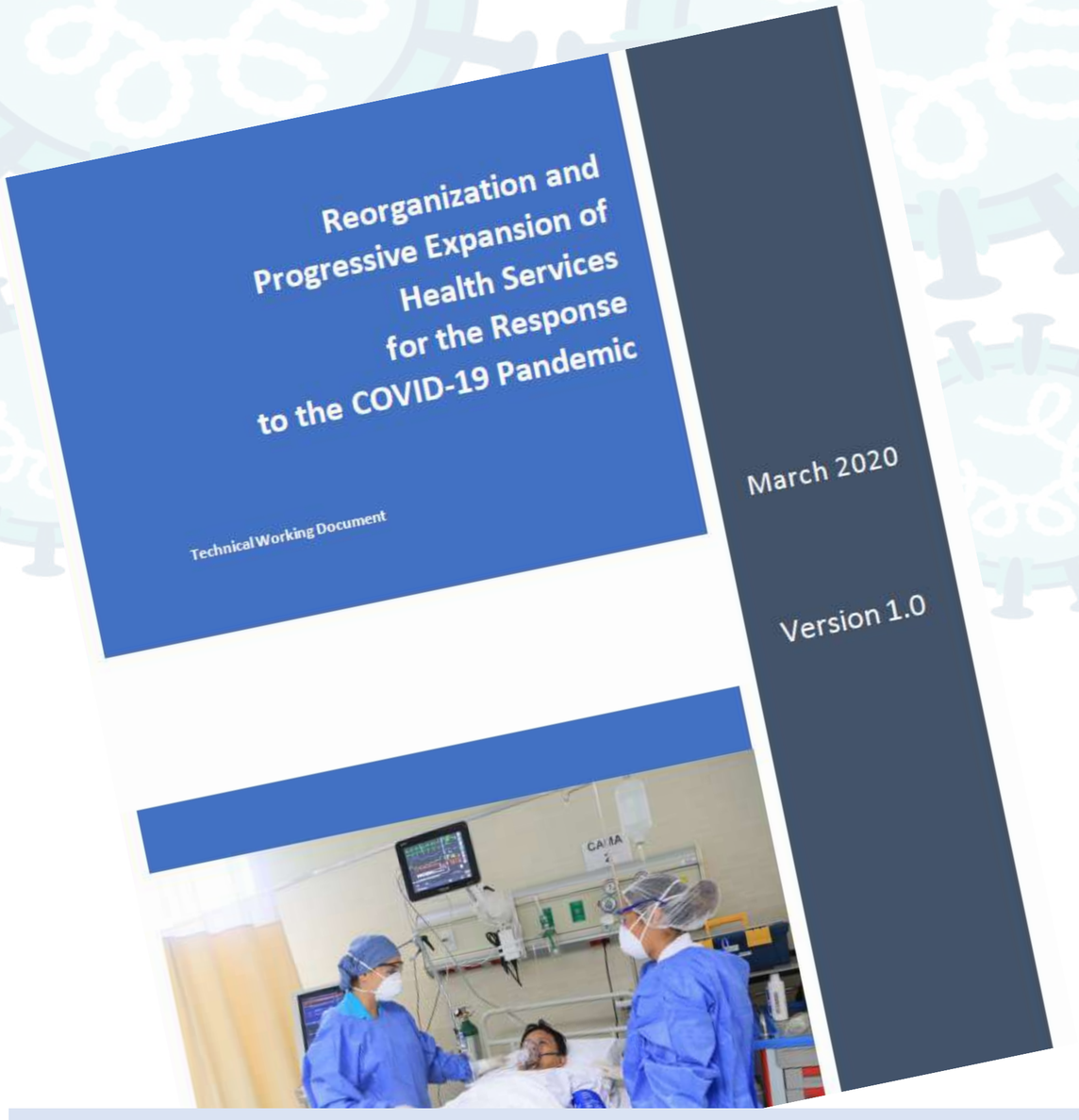


IHSDN AND COMMUNITY, SOCIAL AND INTERSECTORIAL COORDINATION



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	**Definition of the population and territory:** Identification of population groups most at risk based on epidemiological criteria of the COVID-19 outbreak.	Identification of population groups most at risk: • 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)	• 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.	• Operational considrations https://www.who.int/publicatins-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
			Define risk stratification and prioritization mechanisms based on responsiveness		
			Population mapping using epidemiological risk criteria and according to projected cases.		
	2		Mapping of health facilities in the network defining those units with response capacity	• Verify the response capacity of the	• IHCN COVID-19 tool



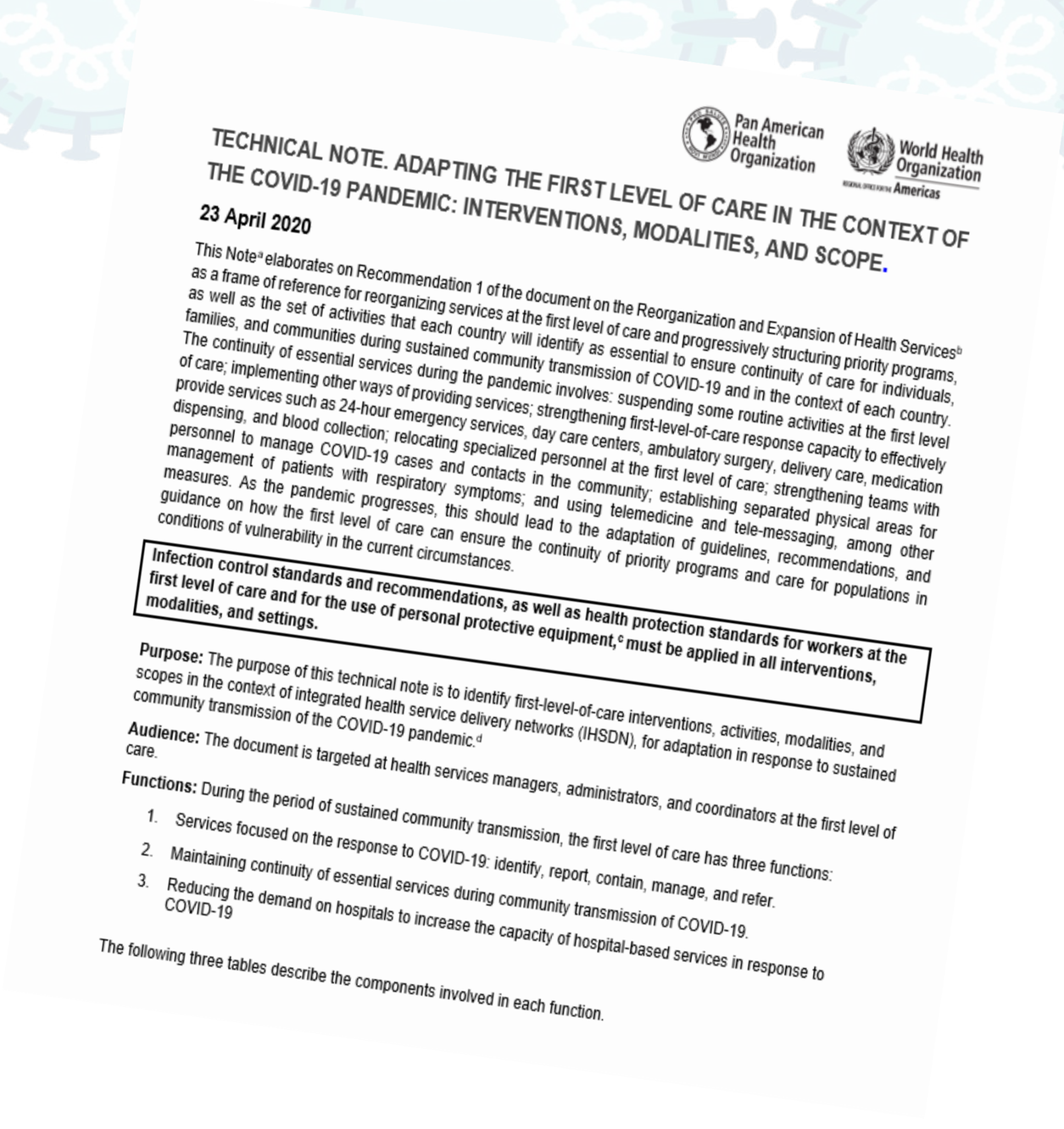
PROPOSE

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

RECOMENDATIONS

1. Reorganization and strengthening of 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 ROLE OF THE FIRST LEVEL OF CARE DURING COVID-19



Pan American Health Organization

World Health Organization
Americas

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:

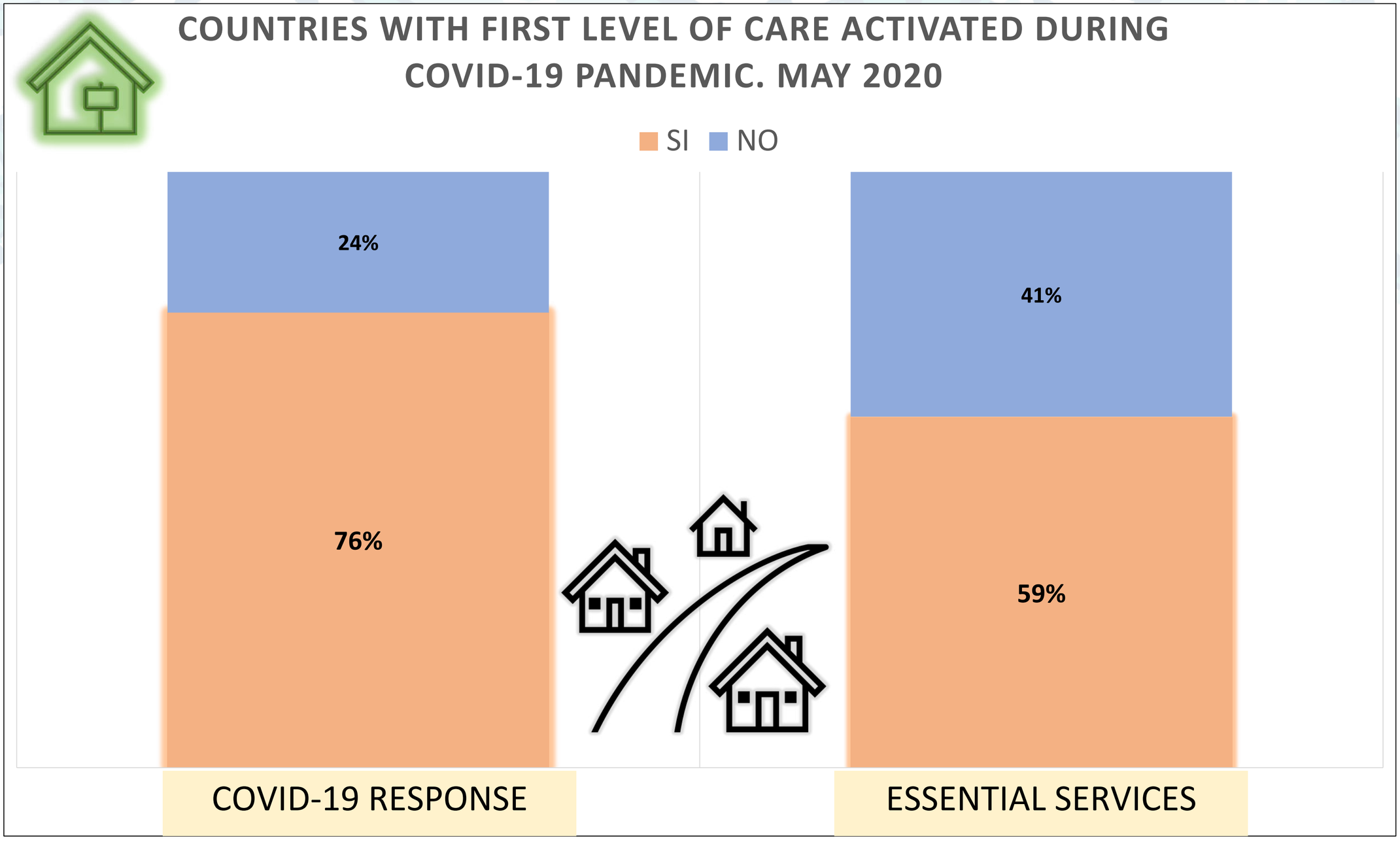
1. Services focused on the response to COVID-19: identify, report, contain, manage, and refer.
2. Maintaining continuity of essential services during community transmission of COVID-19.
3. Reducing the demand on hospitals to increase the capacity of hospital-based services in response to COVID-19

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

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

COUNTRIES WITH FIRST LEVEL OF CARE ACTIVATED DURING COVID-19 PANDEMIC. MAY 2020



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

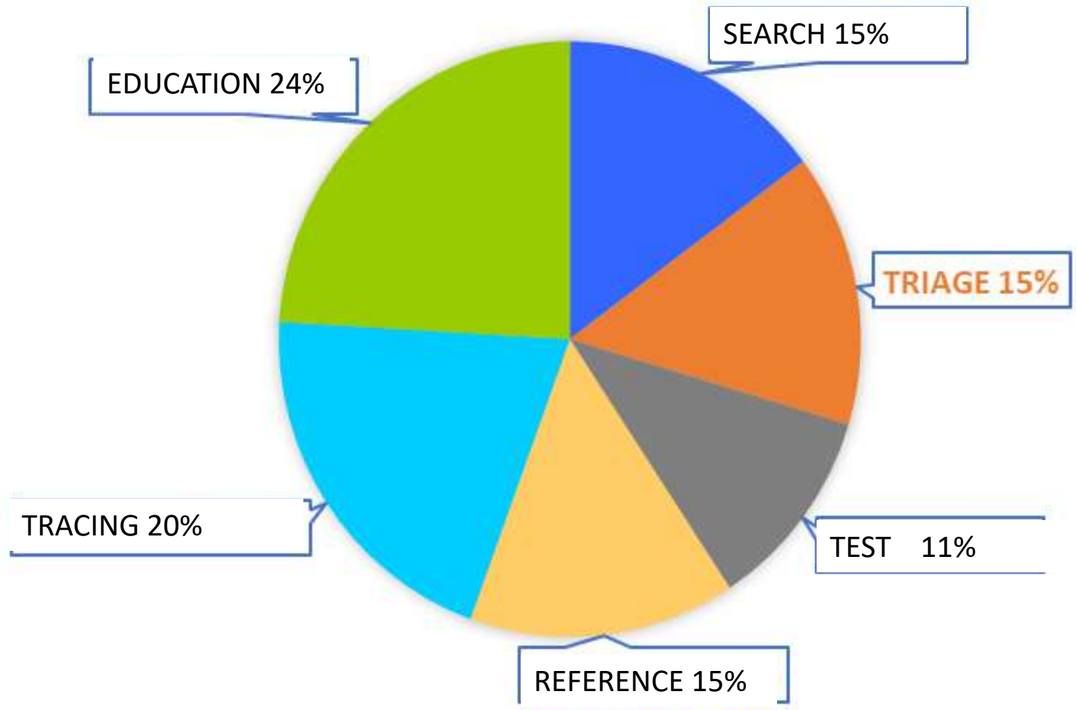
Summary of COVID-19 related loans from IFIs and donors to LAC Region 1/
(in US$ million)

Institution	COVID-19 specific health & public health	Restructured/ reallocated other existing projects	TOTAL
World Bank	154.95	187.91	342.86
Interamerican Development Bank	60.34	116.90	177.24
Global Fund	2.87	-	2.87
Total	**218.16**	**304.81**	**522.97**

1/ As of June 3, 2020

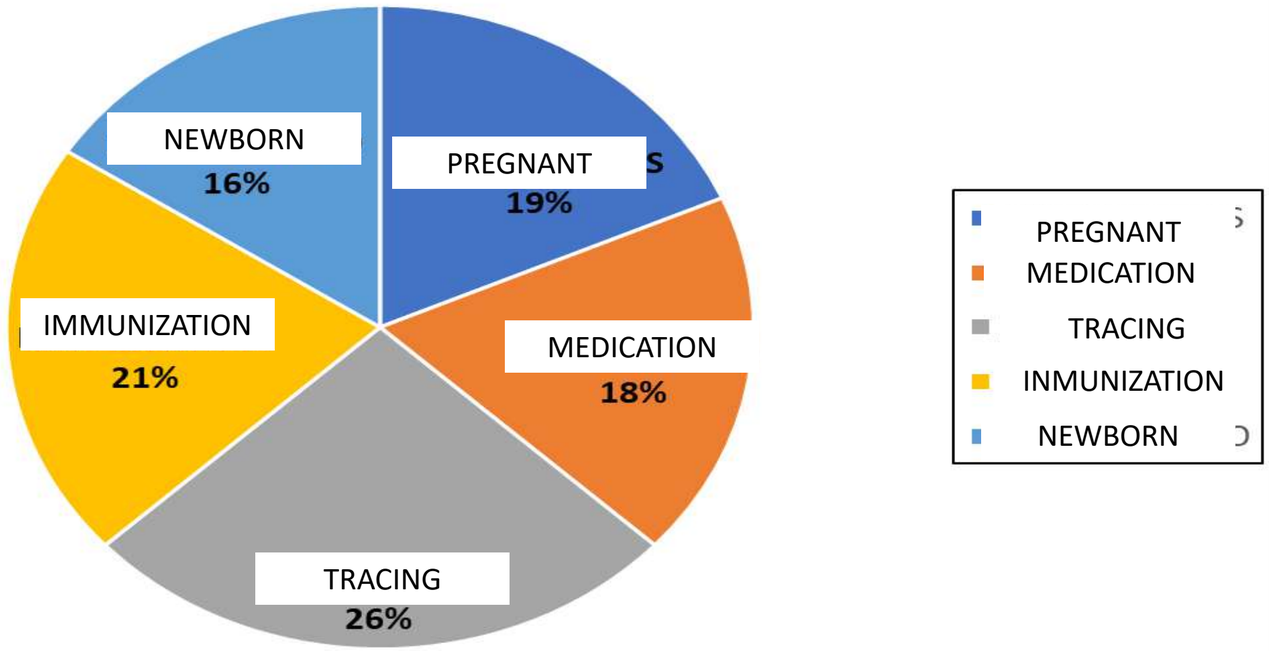
Source: Institutional web pages

ACTIVITIES OF FIRST LEVEL OF CARE DURING COVID-19 MAY 2020



Survey to PAHO's HSS focal point in 17 countries of Latin America. May 2020.

ESSENTIALS ACTIVITIES OF FIRST LEVEL OF CARE DURING COVID-19



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.

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.

- 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 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

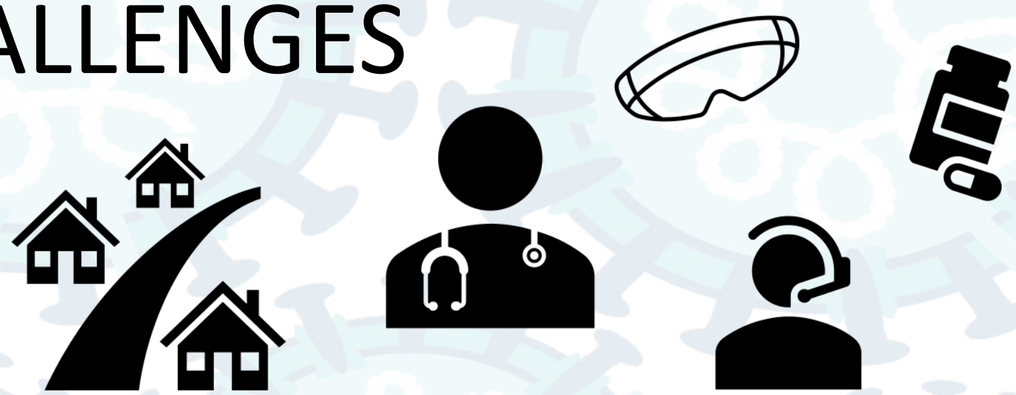
SPECIALIZED FACILITIES AT THE FIRST LEVEL OF CARE

- 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!