STRENGTHENING THE FIRST LEVEL OF CARE IN THE RESPONSE TO THE COVID-19 PANDEMIC

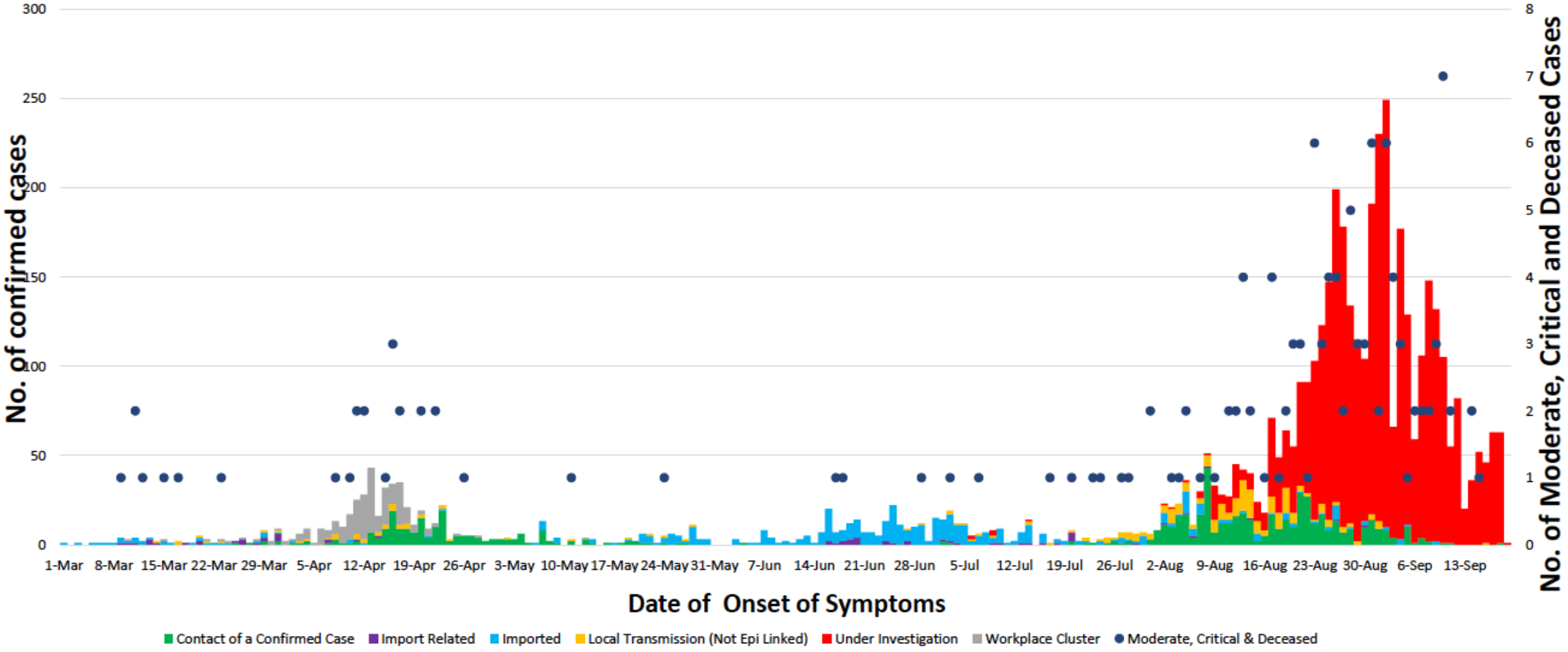
Casimiro Dias,
Advisor, Health Systems and Services
Jamaica, Bermuda and the Cayman Islands

PAHO Pan American Health Organization

World Health Organization Americas
REGIONAL OFFICE FOR THE Americas

Temporal distribution of COVID-19 Cases, 22 September 2020

Classification and clinical status of confirmed COVID-19 Cases by date of onset symptoms, Jamaica (4988 cases)



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Hospitals in Jamaica Bed complement for COVID-19
Updated Daily - 22 September

Hospitals	ICU Beds			HDU Beds		Isolation Beds (380 planned)			Remarks
	Total	Occupied	Available	Total	Available	Total	Occupied	Available	
SERHA	10	5	5 (50%)	As below	As below	152	151 (98%)	1	
SRHA	-	-	-	-	-	86	47 (55%)	39	
NERHA	-	-	-	-	-	57	35 (67%)	22	
WRHA	-	-	-	-	-	45	25 (55%)	20	
Overall Total	10	5	5 (50%)	18	16 (89%)	340	258 (76%)	82 (24%)	

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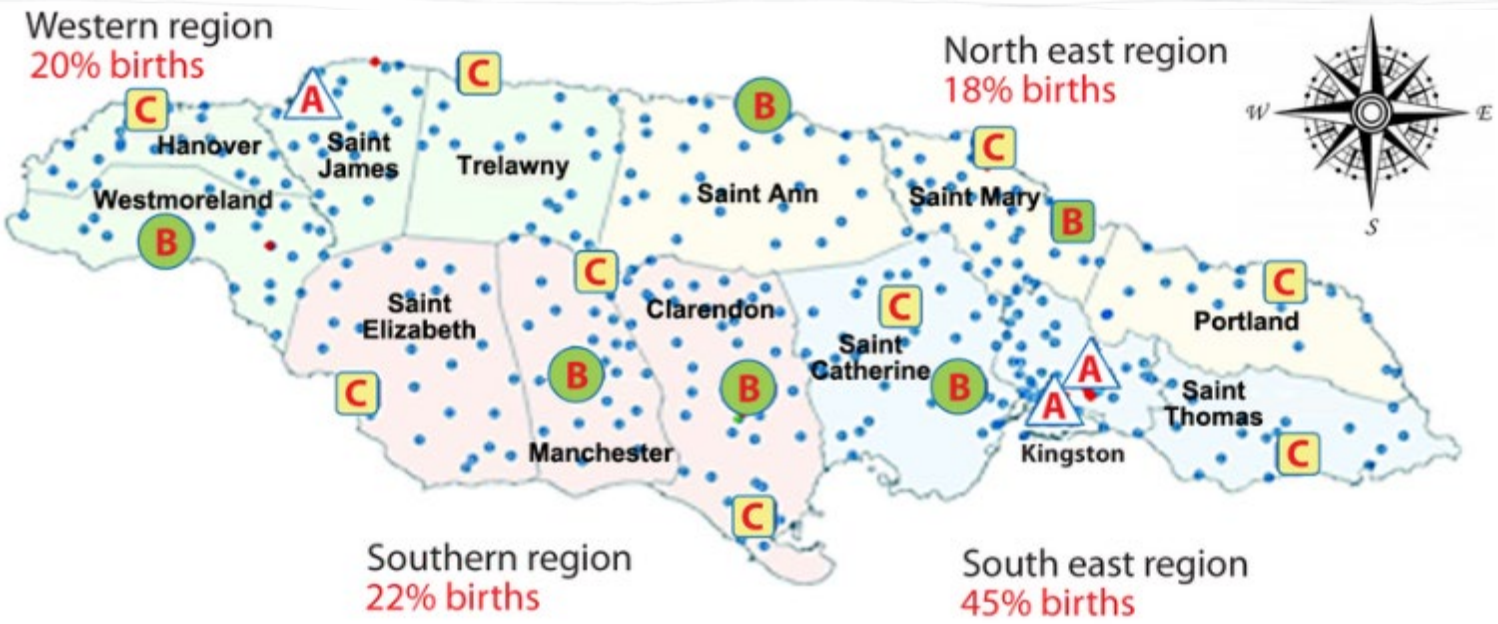
Hospital Readiness



A – tertiary hospitals
B – Referral Hospitals
C – Community Hospitals
Dots – Primary care centres

Hospital Readiness checklist for COVID-19

Interim document - Version 5. February 10, 2020

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Description of hospital	
	Evaluation date:
	Name of the hospital:
	City: / Country:
	Administrative status: state ☐ private ☐ university ☐ other ☐
	Beds: / Annual discharges:
	Annual occupied bed days:
	Beds Intensive Care Unit (ICU): / Microbiology laboratory: Y ○ N ○
	ICU beds for adults: / Number of isolations / year:
	ICU beds for pediatrics: / Number of antibiograms / year
	ICU beds for neonatology:
	Names and positions of the people interviewed:
	Name of evaluators:

Readiness checklist

Response functions	Objective		Response-readiness activities	Verification: Meets	Does not meet	In Process
Leadership	Ensure comprehensive management of the hospital response to the emergency	1	Activate the emergency response mechanism: Hospital Committee for Emergencies and Disasters and/or Hospital Incident Management System.	○	○	○
		2	Designate a response operations manager.	○	○	○
		3	Establish a secure and well-equipped physical area that is protected and easily accessible, with immediate operational capacity to coordinate the response (Emergency Operations Center), paying attention to internal and external communications.	○	○	○
		4	Assign roles and responsibilities for the different response functions, with enough trained staff available to ensure operational continuity; include up-to-date directory of telephone numbers and email addresses.	○	○	○
		5	Designate official spokespersons.	○	○	○
		6	Use occupational health mechanisms that ensure the well-being and safety of personnel during the response, including monitoring of exposed personnel.	○	○	○
		7	Distribute information to all staff about the emergency and the roles and responsibilities of personnel and the hospital, as well as current and future actions.	○	○	○

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Strategic Vision for Health 2030

1. Safeguarding **access** to equitable, comprehensive and quality health care
2. **Stewardship** capacity of the MoHW is strengthened to improve leadership and governance to achieve **universal access to health and universal health coverage**
3. Increased and improved health **financing** with equity and efficiency
4. Social participation and intersectoral collaborations to address the **social determinants of health**
5. Ensuring **human resources for health** in sufficient number and competencies, committed t the mission
6. Making reliable and modern **infrastructure** available for Health Services Delivery

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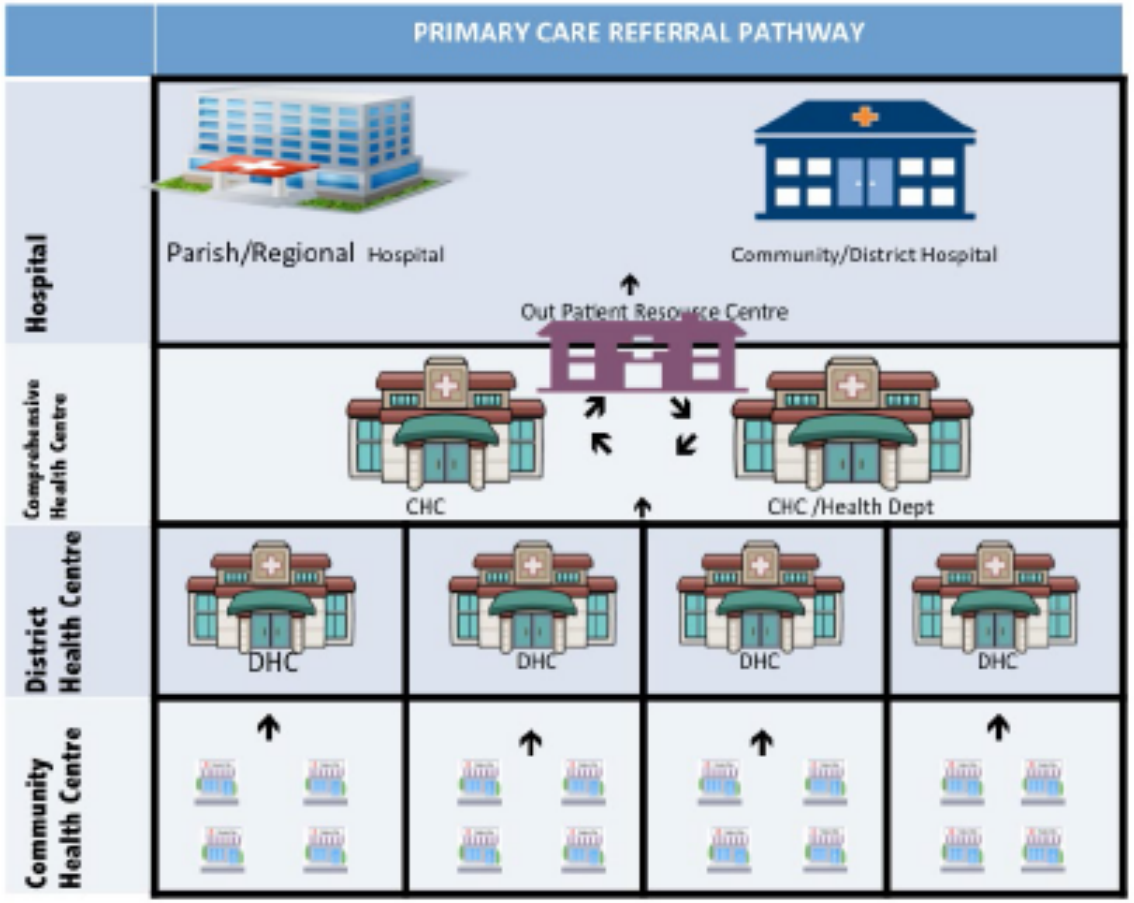
Primary Health Care Renewal

Comprehensive Health Centre

- Enhance resolutive capacity of the first level of care
- Provide additional specialist and diagnostic services
- Social work, rehabilitation and palliative

Out Patient Resource Centre

- Integrate in the primary care network to facilitate the integration and increase access to services
- Hub for technology driven continued medical education through tele-consulting and tele-conferencing.



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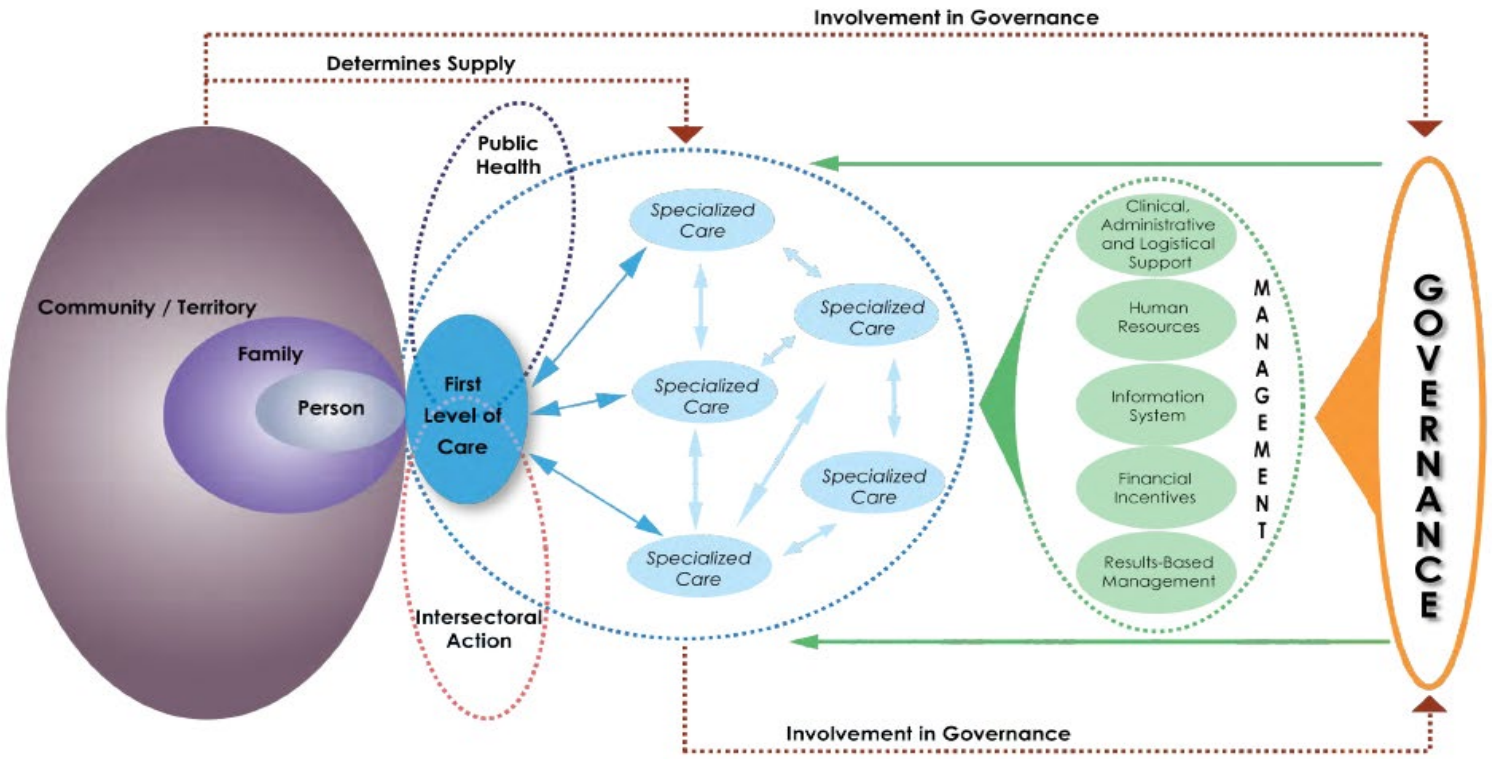
Integrated Health Services Delivery Networks

Figure 3. Graphic representation of the essential attributes of IHSDNs



Context: type of health system, funding level, legal and regulatory framework, health authority's steering capacity, availability of human, physical and technological resources, etc.

Source: PAHO, IHSDN, 2011

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Redesigning First Level of Care

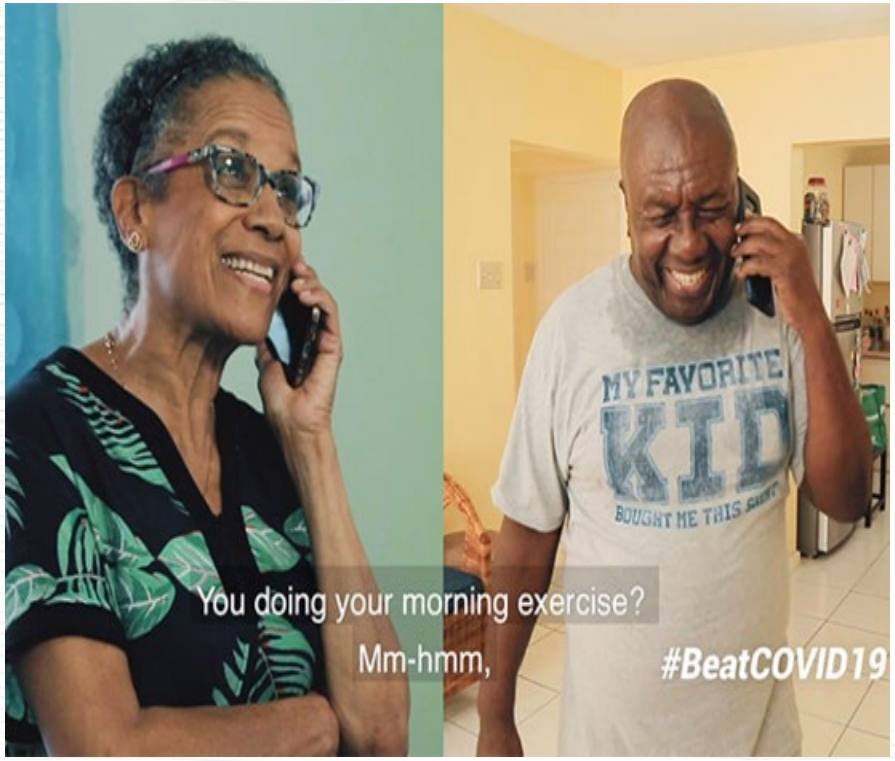
- Epidemiological surveillance, investigation and monitoring of cases and contacts in the community
- Redesign health services and guidance through centralized hotline and online platform, with counseling and protocolized guidance
- Consultation with other levels and patient referral
- Individual and community education on self-care, prevention measures, isolation, and quarantine
- Identification and monitoring of the health of at-risk persons and groups
- Promotion and coordination of the participation and involvement of community organizations and leaders

Maintaining Essential Health Services

- Establish roadmap for phased reallocation of capacity for essential services (vaccination; reproductive health, care of vulnerable populations, critical inpatient therapies; emergency health conditions)
- Improve patient self-care and the training of community caregivers
- Protocolized outpatient care of patients with chronic conditions or patients receiving home-based hospital care as part of the first-level care network
- Protocolized assistance for telehealth and telemedicine to manage patients remotely.
- Establish outreach mechanisms, including mobile units, to ensure delivery of essential services

Challenges

- Strengthening governance mechanisms for a whole-society and whole-government approach for Universal Health
- Establish mechanisms for effective coordination, communication and linkages throughout the integrated health services network to address population health needs in the COVID-19 Pandemic
- Ensure the protection of health workers at the first level of care and safe conditions to provide health services to the communities and vulnerable populations.
- Provide the technological resources to the first level of care for implementation of new modalities of health services



Thank you very much

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