



**BRIEF REPORT**  
**Second Webinar IHN: PHC AND COVID-19**  
**17 June 2020, 14h-15h (WDC)**

We would like to thank the participation and attendance of the 120 participants from 28 countries to this seminar.

**Orientations for strengthening the first level of care during the COVID-19 pandemic**

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- The impact of the pandemic transcends health systems, consumes resources and affects the performance of the entire system, generating an increase in mortality and overloads health services and their professionals.
- PHC proposes an integrative strategy that promotes links between social protection, health promotion, health in all policies, universal coverage and the determinants of health. The implementation of this theoretical framework envisions an integrative and systemic approach to the pandemic by COVID-19. Health systems based on PHC recognize the determinants of health and its interactions with people, communities and the environment as points to influence in order to promote health at all levels and achieve more well-being, quality of life and health.
- In order to meet the goal of saving lives, a response must be put in place that effectively articulates the activation of the first level of care.
- The focus of the response includes a comprehensive and participatory approach between health services, community organizations, and inter-sectorial actors that implement public health actions including health promotion, prevention, and appropriate care. The integrative approach involves public and private services at

all levels during the same time, with a rational, efficient and integrated use of all the resources of national health systems.

- The role of governments in the context of a health emergency such as the pandemic includes coordination with the authorities (network approach), informed decision-making and support for the continuity of the operation of the network of services.
- The implementation and strengthening of a network of integrated services is required at all levels, with particular emphasis on PHC.
- PAHO has launched the Reference Framework of the Integrated Network of Health Services to the response of COVID-19 with 10 measures that include: the reorganization and reinforcement of the resolving capacity of the first level of care, protocol for diagnosis and taking samples of patients with suspected COVID-19, the strengthening of home care with or without telehealth, the reorganization, recruitment and training of health personnel with an emphasis on personal safety and protection, and the strengthening of the supply chain, among others.
- During the pandemic, particularly during the period of sustained community transmission, the first level of care has three main objectives: 1) Care focused on the response to COVID-19 identifying, reporting, containing, handling and referring cases; 2) Maintain the continuity of essential services; 3) Promote the discharge of hospital care to expand the capacity of hospital services in response to COVID-19.
- In May 2020, a survey was carried out in 17 Latin American countries, of which 76% have activated the first level of care in response to COVID-19, while 59% maintained their essential services. The surveyed countries reported greater resource allocation to education (24%) and case follow-up (20%). Case search, triage, and case referral to other services received 15%. Regarding the essential services maintained, 26% of the countries have kept track of the control of chronic diseases, 21% immunizations and 19% care for pregnant women. It is expected to expand the survey to more countries in the region, including the English Caribbean, in the future.
- Funds of around USD 522 million have been received to tackle the pandemic in the region, mainly from the World Bank, the Inter-American Development Bank, and the Global Fund. The funds are mainly allocated to hospital care.
- The pandemic highlighted the persistent weaknesses before the crisis in terms of human resources within the Region that have worsened since the beginning of the crisis. The countries have responded in various ways to tackle issues related to human resources. Some have hired staff during the period of the pandemic, others have enacted laws to hire foreign personnel, while others have activated rapid

training courses to train personnel from other specialties and students, and by promoting the early graduation of medical and nursing students.

- A deficit in personal protection material (PPE) has been reported across the region causing an increase in the number of contagion in health professionals and deaths in this population. Some of the countries of the region have enabled new support measures for health personnel through psychological support programs, regulated shift and, in some occasions, the provision of travel and accommodation aids. Several countries have declared COVID-19 as an occupational disease, generating new insurance schemes for health personnel in some countries with coverage that seeks to protect their families in the event of death or disability.
- The following challenges are generated by the pandemic: 1) Implement new modalities for care, providing the technological resources to the first level of care; 2) Ensure mechanisms for effective coordination, communication and linkages in the services network to ensure response to the health care needs of the population; 3) Ensure that the workforce at the first level of care have safe conditions, the necessary protection, care for their needs and incentives to provide services to vulnerable communities and populations; 4) Strengthen the resolute capacity of the first level of care to respond to COVID-19 and guarantee the continuity of essential services; 5) Maintain a balance between the resources allocated to the first level of care and to hospital services and mobile hospitals, and 6) Expand and maintain services to provide care to poor, rural and indigenous peri-urban areas.

### **Challenges of PHC in addressing COVID-19: health systems and governments**

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- In the COVID-19 crisis, the PHC approach could help achieve a reduction in the incidence and general prevalence of the pandemic, address inequities in the incidence and prevalence of disease and death, and could help mitigate the impact of the pandemic that generates vulnerability particularly those linked to the social isolation measures (i.e. consequences on the informal sector).
- To achieve these objectives, PHC plays a crucial role in applying the surveillance, prevention and treatment measures for COVID-19 disease, incorporating measures to stimulate social protection by the State and fostering community solidarity as a social response to the pandemic related challenges, especially those related with the informal sector. Additionally, PHC must maintain the vitality of current PHC programs.

- PHC can act through the following channels: facilitating health surveillance and access to prevention and treatment services; empowering people to deal with the pandemic; promoting community participation and self-management; facilitating inter-sectorial cooperation in the territories and facilitating inter-culturality and strengthening the knowledge and practices of ethnic peoples.
- Some lessons to learn from the rest of the world:
  - The pandemic has highlighted the greater vulnerability of social minorities that ends up generating greater mortality rates in the poor, indigenous groups, and Afro-descendants.
  - Countries such as the People's Republic of China, Cuba and Costa Rica have made effective use of PHC in the prevention and control of the pandemic. Strategies implemented by these countries include home teams, reinforcing the role and tasks of community health centers, surveillance and triage, provision of primary medical services, monitoring and isolation of cases of COVID-19 disease, and the provision of health care services for chronic diseases and for vulnerable populations. The implementation of health technologies (i.e. Tracking apps) for the monitoring of respiratory disease has played an innovative role in the response to the pandemic.
  - Other countries such as Brazil, Colombia, Chile and Greece, despite having infrastructure, have not incorporated PHC in the most effective way. These countries have transferred the responsibility to the population regarding the risk of infection and self-care, moving hospital care to the last line. Difficulties are more evident in those health systems that over the years have been subject to fragmentation, have dismantled and those that have been run under austerity and privatization policies.
  - Countries that have not strengthened their systems to generate a strong PHC set their population at risk, hindering the response to the pandemic. Lack of PHC funding results in a dire weakening of the sector.
- The pandemic has revealed the need for a comprehensive, universal and permanent approach to PHC. There seems to be a relationship between health systems based on strong PHC and better results in the prevention and control of the pandemic.
- The family and community approach to PHC, with a territorial and inter-sectorial perspective, may be contributing to the better prevention and control of the pandemic.
- The underfunding of PHC has been negative for the prevention and control of the pandemic.