Key Messages: The Role of Primary Health Care in COVID-19 Response & Recovery

OVERVIEW

Decisions being made today on health policy and resource allocation in response to the novel coronavirus (COVID-19) pandemic will shape our world for years to come. In a rapidly and constantly evolving health landscape, urgent action is needed to address the challenges countries are facing, including an increasing number of COVID variants, commodity shortages and limited access to vaccines. Alongside measures taken to meet the needs of communities, support health workers and distribute COVID-19 vaccines in these circumstances, countries must also diagnose and implement fixes for the broader weaknesses in health systems now exposed by the current pandemic.

Primary health care (PHC) must be central to these efforts: it is crucial to both fighting health crises like pandemics and maintaining the effective delivery of essential and routine health services. Strengthening PHC systems can blunt the ongoing impact of COVID-19 on the health and wellbeing of millions, while also preparing countries for future anticipated health challenges to ensure the world can one day fulfill the promise of health for all.

This document provides members of the global health community with messages based on countries' developing experience promoting a PHC-driven approach to COVID response. These messages can help shape communications and advocacy about how and why country leadership, global donors and partner organizations can – and must – actively strengthen PHC as a key component of COVID-19 response and recovery.

TOPLINE KEY MESSAGES

- Strong PHC is the front line of a country's response against infectious outbreaks and crises like COVID-19. It is vital to effectively and equitably stopping disease spread through diagnosis, tracking, and vaccination – all while responding to communities' comprehensive health needs.

- PHC is the foundation of effective health systems capable of delivering quality essential and routine health care services to avoid further preventable illness and death both during and beyond the pandemic.

- PHC workers and infrastructure will play a central role in effective, equitable vaccination against COVID-19 by increasing access to vaccines for vulnerable communities and providing communities with critical, accurate information about the safety and efficacy of vaccines to build patient confidence.

- As we recover from COVID-19 and prepare for future crises, governments and donors must prioritize investments in PHC as the most inclusive, effective and efficient way to protect people's health and wellbeing, achieve universal health coverage and build resilient communities.

DETAILED KEY MESSAGES

Strong PHC is the front line of a country's response against infectious outbreaks and crises like COVID-19. It is vital to effectively and equitably stopping disease spread through diagnosis, tracking, and vaccination – all while responding to communities' comprehensive health needs.

- As a person's most regular and trusted point of contact with the health system, PHC is the foundation of health and wellbeing at every stage and any circumstance in life, capable of meeting the majority of people's health needs.
- During the COVID-19 crisis, many countries have leaned on PHC to provide frontline information, screening and testing for COVID-19. PHC services can also play a critical role in distributing vaccines equitably in people's communities.
  - When COVID-19 first arrived in Colombia, the country's robust PHC was able to effectively diagnose and triage COVID-19 cases, reducing the burden on hospitals by supporting less severe patients through homecare or telecare.
  - In India, PHC workers were not only trained to communicate key COVID 19 prevention strategies, but also to respond to mental health crises and combat stigma and discrimination that prevented vulnerable populations from seeking care.
  - Sri Lanka leveraged digital health technology to support flexible PHC delivery during the pandemic, including to reduce health workers' exposure to COVID-19 and relieve pressure on health systems.
- PHC is critical for effective disease surveillance, helping to slow the spread of outbreaks across and within countries.
  - Countries in the WHO Africa region rely on an Integrated Disease Surveillance and Response framework (IDSR). Using this, PHC facilities are providing important data on population health and health system capacity as an entry point for identifying and responding to community transmission of COVID-19.

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- Even during a crisis, people's need for comprehensive PHC continues – including reproductive, maternal and child health care; HIV/AIDS, TB, and malaria services; mental health care; routine immunizations; treatment for chronic diseases; palliative care and more.
- PHC workers continue to be instrumental in responding to the virus while continuing to provide other essential health services.
  - A study of four countries in sub-Saharan Africa found that community health workers equipped with the right tools and protection were able to maintain speed and coverage of community-delivered maternal and child health care without disruption during the pandemic, underscoring that effective crisis response must be grounded in strong PHC.
- As this pandemic and past outbreaks have shown, when health systems are overwhelmed, disruptions in care can have devastating health impacts. *(See appendix for additional key examples and statistics)*

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- The WHO reported that an estimated 1.4 million fewer people received care for tuberculosis (TB) in 2020 than in 2019 – a reduction of 21% from 2019.
  - Out of 68 Gavi-supported vaccine introductions and campaigns projected to take place in 2020, 39 were delayed – putting the lives and wellbeing of millions of children at risk.
  - In October 2020, a WHO survey revealed that COVID-19 disrupted critical mental health services in 93% of countries worldwide, even as an increasing number of people were in need of mental health care.
- Though COVID-19 is affecting every country across the globe, those with fewer resources are affected most acutely by disruptions to essential care. Focusing on PHC as a foundation of response and recovery will help to reduce health inequity – within and across countries.
- Governments and donors must ensure that essential health services – delivered predominantly through PHC– are maintained throughout the pandemic and beyond.
  - **Donors should support countries' COVID-19 recovery efforts, including by ensuring continuity of essential health services.**
    - For example, organizations like The Global Fund and Global Financing Facility are providing countries with additional short-term financing and flexibility in existing funding to strengthen health systems holistically and deliver comprehensive care across health needs.
  - **Governments should maintain and even increase investment in PHC**, as a cost-effective 'best bet' for avoiding preventable deaths and helping to maintain confidence in the health system's ability to meet people's basic needs. Rapid review of policies and programs during a crisis can also ensure that provision of essential services is not disrupted.
  - **Countries must equip all health providers – including, crucially, community health workers – with up-to-date information and the supplies and resources they need** to do their job effectively.
    - One analysis demonstrated that while national COVID-19 response strategies would recommend adaptations like telehealth or task shifting, policies often failed to address the financing or workforce needs to accommodate those service changes.
  - **Health system managers should continue to explore innovative ways to deliver primary care**. **Approaches** such as telehealth and increased mobilization of community health workers can reduce stress on health systems by managing mild and long haul COVID-19 cases and providing people with critical links to services for long-term needs for chronic conditions, maternal health care and more.

PHC workers and infrastructure will play a central role in effective, equitable vaccination by increasing access to vaccines for vulnerable communities and providing communities with critical, accurate information about the safety and efficacy of vaccines to build patient confidence.
- **Strong PHC can increase confidence and interest in vaccines** by providing accurate information to communities, so they can make informed choices.
  - By leveraging respectful, trusted and long-term relationship with individuals, primary health providers can educate communities on the safety and effectiveness of COVID-19 vaccines;

respond to questions and concerns and build support for broader immunization efforts.

- o Thailand's robust network of village health volunteers has prioritized building respect and trust through community engagement initiatives, contributing to the country's 83% public willingness to be vaccinated – the highest globally.

- **PHC is critical to guiding an equitable COVID-19 vaccination strategy** by helping countries allocate the right number of vaccines to meet the needs of communities – particularly those most impacted by COVID-19.
  - o Countries can lean on PHC's existing sources of data collection – such as surveillance and empanelment – to identify the relevant health needs of vulnerable individuals and populations for more equitable vaccination.
    - ▪ In Estonia, empanelment allows family physicians to access information on the expected number of vaccine doses to be delivered to facilities and groups that are at increased risk for COVID-19 infection. With this information, providers can effectively plan their rollout strategy.
  - o Multiple mechanisms may be explored through PHC to boost equitable access by ensuring COVID vaccines are affordable, including community-based health insurance, removal or reduction of user fees, conditional cash transfers, and/or voucher programs.

- **PHC workers are well-equipped to safely and efficiently distribute vaccines** through existing supply chains and proactive population outreach.
  - o Drug and supply management and information systems used for routine PHC service delivery could serve as an effective foundation for COVID-19 vaccine distribution.
  - o Due to their close physical proximity and relationships with communities, well-equipped PHC workers and facilities can serve as one critical arm for COVID-19 vaccine delivery.
    - ▪ Nigeria's networks of frontline providers delivering polio vaccines across the nation and in conflict-affected areas may now be used to deliver COVID-19 vaccines to the country's most remote communities.

- **Strong PHC has the capacity to collect accurate data on vaccine coverage** and effectively monitor implementation with robust, established information systems.
  - o PHC can provide the timely and accurate data necessary to monitor whether countries' vaccine coverage targets are being met, and to inform prioritization and allocation of resources.
  - o Chile has leveraged its robust, pre-existing electronic national immunization registry to monitor vaccine delivery, giving the country's public health officials access to real-time vaccination data and avoiding the need for complex scheduling systems.

- **Supporting vaccine rollout with a PHC approach will bolster countries' long-term goal** of building integrated, people-centered services to achieve health for all.
  - o Many countries are rapidly establishing mass vaccination sites to vaccinate as many individuals as possible. However, countries can also leverage existing PHC resources to lessen reliance on these short-term parallel systems and sustain and strengthen – rather than distract from – existing health services.

- While mass vaccination sites may be generally effective as a temporary solution to initiate a rapid rollout, they may be unable to effectively serve vulnerable individuals that experience barriers – such as lack of transportation or trouble scheduling an appointment – to accessing them.
- A PHC-based COVID-19 vaccine rollout can connect individuals with other care they might need, building relationships with communities and ensuring continuity of care for COVID- and non COVID-related illnesses.
  - One rural PHC clinic in Kenya has screened patients with cough or fever for both COVID-19 and TB, supporting pandemic response while connecting individuals with otherwise undetected TB cases to necessary care and treatment.
  - PHC can provide comprehensive, long-term care for those experiencing chronic symptoms of "long COVID," and support efforts to distribute anticipated COVID-19 booster shots.
- Vaccination efforts are also an opportunity to strengthen PHC programs by building better links between people and providers or facilities, and collecting demographic and health data that could be linked to future long-term disease surveillance systems.

As we recover from COVID-19 and prepare for future crises, governments and donors must prioritize investments in PHC as the most inclusive, effective and efficient way to protect people's health and wellbeing, achieve universal health coverage and build resilient communities.

- PHC is critical to both strengthening global health security and accelerating progress toward universal health coverage.
  - Strengthening PHC now will protect communities from future variants of COVID-19 and other disease threats, support the resumption of social and economic activity by ensuring people trust that their health is secure, and help achieve long-standing global health goals.
- The PHC commitments all countries made at Astana form the roadmap for the world's path forward. To ensure strong PHC can help protect communities from the next global health threat, and set the world on track to achieve health for all, global stakeholders and donors must:
  - **Invest more in PHC**, especially in low- and middle-income countries, so people can access affordable, accessible and high-quality care no matter where they live – no matter the circumstance.
  - **Generate and use more and better data** to help leaders understand target weaknesses in health systems long before the next emergency hits.
  - **Protect and support PHC workers** as the backbone of strong health systems, ensuring they have the tools they need to effectively fight COVID-19, prevent future disease outbreaks and provide access to essential services.
- As the world channels its resources toward ending the health and social crisis created by COVID-19, it is critical that countries maximize these investments by prioritizing PHC as the foundation of a healthier, more equitable future for all.

APPENDIX: COVID-19's IMPACT ON MAJOR GLOBAL HEALTH PRIORITIES

Nearly half of countries around the world are experiencing disruptions to critical primary care services due to the COVID-19 pandemic, threatening the significant gains in health and human progress made since the turn of the millennium. Addressing ongoing global health challenges and providing people with essential services – while responding to and recovering from the pandemic – will require strong and resilient health systems, especially at the primary health care level, that can address people's diverse health needs at every stage of life.

We've assembled recent reports of the ripple effect of COVID-19 on those health needs typically met through primary health care systems.

Family Planning
- In the year 2020, an estimated 12 million women were unable to access family planning services as a result of the COVID-19 pandemic, potentially leading to as many as 1.4 million unintended pregnancies before women were able to resume use of family planning services.

HIV/AIDS
- HIV testing fell by an estimated 41% in 2020, preventing people from knowing their HIV status and getting connected to the care they need.

Maternal and Child Health
- Since March 2020, access to life-saving health interventions for women, children and adolescents in 36 of the world's poorest countries has dropped by as much as 25 percent, amounting to 4 million women losing access to care during childbirth and 17 million children missing out on vaccinations.

Malaria
- In surveyed facilities in seven countries across Asia, malaria diagnoses fell 56%, and malaria treatment services plummeted by 59% in 2020 relative to 2019. Interruptions in malaria diagnosis and treatment can have significant consequences for children in particular, as the vast majority of malaria deaths occur in children under 5.

Non-Communicable Diseases (NCDs)
- Approximately half of countries reported one or more disruptions to essential NCD services in early 2021, with significant disruptions to mental health care – even as mental health needs increased during the pandemic.

Neglected Tropical Diseases (NTDs)
- On average, 44% of countries were experiencing disruptions to NTD care, treatment and education in early 2021, disproportionately affecting vulnerable populations in high-burden countries.

Polio
- Although vaccination campaigns for polio have now largely resumed after pausing in 2020, the pandemic's impact is still being felt as outbreaks of circulating vaccine-derived polio (cVDPVs) are still increasing, especially in African countries.

Tuberculosis
- An estimated 1.4 million fewer people received care for tuberculosis (TB) in 2020 than in 2019 – a reduction of 21%. Testing declined dramatically as well. This drop brings the number of people diagnosed and treated in those countries down to levels last seen in 2008.

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