EXPERIENCES OF PRIMARY HEALTH CARE RESPONSES TO COVID-19 IN SUB-SAHARAN AFRICA

SUNANDA RAY

ASSISTANT EDITOR AFRICAN JOURNAL OF PHCFM

PROFESSOR DEPARTMENT OF MEDICAL EDUCATION
UNIVERSITY OF BOTSWANA FACULTY OF MEDICINE

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Descriptions of best practices in PHC and FM, including the contributions of family physicians, the management of C-19 in district health services and responses of communities to the outbreak

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AOSIS

ABOUT THE JOURNAL

The official journal of WONCA (World Organization of Family Doctors) Africa Region and the PRIMAFAMED (Primary Care and Family Medicine) network. It provides a platform for scholarly exchange between family medicine and primary health care researchers and practitioners across Africa. It provides a contextual and holistic view of family medicine and primary health care as practised across the continent.

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COMMUNITY ORIENTED PRIMARY CARE (COPC)

- continuous process
- by which PHC is provided to a defined community on the basis of assessed health needs
- by planned integration of primary care practice and public health

(ideas + action)

UGANDA

"…response to the epidemic has not had PHC at the forefront …"

- focus was more on providing critical care at central hospitals (ventilators etc) so the opportunity to address stigma and fear as well as to educate the public was lost
- did not use private sector as a resource to educate in primary care

COMMUNITY ORIENTATION?

Cape Town, South Africa:

- A prior commitment to COPC with its links to primary care facilities, delineated geographic areas and network of community health worker (CHW) teams, facilitated an adaptive community-based response to the C-19 outbreak.

Uganda

- decentralized health services, village health teams, CHWs
- Public health mobilization for health promotion at community levels – sensitization, hygiene, enforcement of no gatherings - could also be coercive

SOCIAL MOBILIZATION SHOULD BE TOP OF THE AGENDA

"The essence of a lockdown is to deprive citizens of their freedom and their agency which risks treating them like prisoners or children, fueling sentiments of powerlessness, resentment and fatalism, which do little to change behaviour."

"Lockdowns have disrupted people's daily wages and livelihoods, threatening their survival, and undermining trust and confidence in their governments. Failing to address people's legitimate concerns will promote more resistance".

ROLE OF COMMUNITY HEALTH WORKERS (UGANDA, SA)

In South Africa (SA):

CHWs assisted with screening of communities.

Efforts at community screening was made obsolete by the increasing TOT as cases and contacts could not be followed up in time.

CHWs were then asked to screen households in their area, but only refer for testing people aged over 55 years with symptoms or co-morbidities.

SA:

- CHWs delivered medications, non-pharmaceutical equipment and supplies for people with co-morbidities to their homes, thus protecting them from potential exposure at primary care facilities (184,000 parcels delivered in first month).

Uganda:

- Neglect of the role of CHWs and VH teams in health education. These would have been instrumental in household-level health education, for example, regarding social distancing within the household.
- No community-based screening

WHO DEFINITION OF RESILIENCE

'the in-built capacity of the system to sustain provision of essential health and health-related services even when challenged by outbreaks, disasters or other shocks'

(pp 42, WHO Regional Office for Africa, 2018)

Evidence: most health systems in SSA were not resilient

MAINTAINING ESSENTIAL NON-C19 SERVICES

Problems

MCH, TB, HIV, NCDs and CDs

- Example of malaria - the World Health Organization warned that malaria deaths could double from 2018 if the focus on C-19 disrupted interventions for malaria.
- Stigma and fear associated with C-19 prevented access to care for malaria (Zimbabwe)

Solutions

- integrate services, to utilise senior medical students and other task shifting measures, such as using NGO partners and non-health government workforce.
- extension of review periods for stable NCD patients; medication refills at pharmacies without doctor's consultation

RE-ORGANISING PROVISION OF CARE IN PHC AND DISTRICT HOSPITALS

- decongest services - free up capacity to respond to the expected surge of patients with C-19 and reduce risk of nosocomial infection.
- separate patients into PUIs with respiratory symptoms in a 'hot' stream and those without any symptoms into a 'cold' stream. In both streams patients with minor ailments were treated and discharged as soon as possible.
- infection control methods: hand washing/sanitisation, physical distancing, use of face masks for patients and use of PPE as appropriate.
- rapidly built C-19 testing and treatment centres constructed from prefabricated structures, containers and tents outside the entrance.

SCREENING AND TESTING

DIFFICULTIES

- procurement of test kits
- use of antibody tests with lower sensitivity
- long turnaround times at laboratories
- limited by number of labs with capacity to screen
- self-screening of nurses with symptom checklist – ineffective
- self-testing

APPROPRIATE CRITICAL CARE AT DISTRICT HOSPITALS (KENYA, ZIMBABWE)

- establishing early warning systems for hypoxia in patients with COVID-19
- acquiring oximeters, oxygen concentrators, and training health staff in fundamentals of critical care
- securing oxygen supplies through Assist International, and the Lifebox Scheme for oximeters, promoted through international partnerships such as the World Federation of Societies of Anaesthesiologists
- resources would continue to be useful in supporting emergency care in district hospitals for emergency surgical, obstetric and newborn care

FAMILY PHYSICIANS RUNNING CRITICAL CARE AT THE HOSPITAL OF HOPE CTICC

values included:

- upholding the humanity of their patients despite the industrial nature of their environment
- emphasizing clear leadership and planning
- close multidisciplinary teamwork
- continuity of care
- commitment
- mutual trust
- frequent communication with team and patients
- willingness to adapt and learn

USE OF INFORMATION TECHNOLOGY

- Web-based games and videos were promoted (for those who could afford internet) which assisted people to manage lockdown and social isolation through physical exercise to prevent weight-gain and to maintain good psychological well-being (also for NCDs)
- remote access through use of telemedicine and toll-free phone lines
- Patient education via Whats App audio messaging was also suggested for people with diabetes who were at higher risk of severe C-19 disease to avoid exposure, also to request home delivery of medication

CARE OF THE VULNERABLE (NIGERIA, UGANDA, SA)

- Need for strategies on identifying disadvantage and inequalities, and guidelines on providing targeted services for vulnerable groups
- impact of social isolation due to physical distancing on older persons and those with mental health conditions and those on medication for HIV or chronic illnesses.
- virtual appointments for shielding of elderly family members at home
- reduced waiting times and triage
- Humanitarian aid – food parcels, especially for elderly and pregnant women
- Pensioner associations and NGOs

ADAPTATION OF CLINICAL LEARNING ENVIRONMENT FOR FM REGISTRARS: BOTSWANA AND SOUTH AFRICA

- Adapting in response to a crisis is a key skill to be learnt, recognising that over-centralising control may lose the opportunity to build capacity at district levels and for active experiential learning
- experience of the roles family physicians play in district health systems
- virtual learning platforms
- alternative learning outcomes in epidemic preparedness, emergency planning, surveillance and infection control
- development of patient management algorithms for COVID-19 care
- knowledge synthesis from emerging scientific literature; strategy and policy development and documentation
- Flexibility with case-work requirements and timelines for activities, elective and self-directed learning periods to catch up on care for other conditions, using web-based platforms to do this

CHALLENGES

- Health system strengthening, leadership and advocacy are more important than ever
- Have to be prepared for ongoing outbreaks on varying scales but also for the biggest challenge of the impact of climate change on health systems
- Local investment and manufacture of essential supplies – PPE, oxygen, equipment, vaccines, medications
- Information technology – adaptations critical but the biggest limitation is access to data and equipment
- Global inequities and inequalities are becoming worse