Adapting and transforming primary health care during COVID-19 and into the future

PATH

Prior to COVID-19, there was a growing commitment to strengthen primary health care (PHC) systems, which are widely recognized as the best and first line of defense to health threats and the most effective and efficient way to achieve equitable health for all. Even still, about one-third of the world's population did not have access to essential health services (EHS) and half a billion people were being pushed into extreme poverty due to health care expenses. COVID-19 has shocked health systems and societies and put at risk progress toward global and national health goals, including universal health coverage and the Sustainable Development Goals. Amid the COVID-19 crisis, it is critical that governments not only respond to the immediate health emergency by implementing policies that adapt and protect EHS—they must also invest in transformative PHC that best aligns with people's needs to ensure everyone is better protected against future health threats and that we achieve the goal of universal health coverage by 2030.

COVID-19 has laid bare the need to invest adequately in health systems. Coronavirus has infected and killed people in every country of the world. Many have suffered from job losses and other economic impacts as unprecedented mitigation measures have been put in place. Mental health morbidity, like depression and anxiety, and gender-based violence have soared. Disruption of EHS during the pandemic may result in an even larger magnitude of secondary deaths than the disease itself. We are also learning that where those with diseases that cause immunosuppression, such as HIV and cancers, do not receive the care they need, additional COVID-19 variants may emerge.

As the backbone of health systems, primary health care is where smart investments and improvements in accessibility, availability, and quality are direly needed—not only to prevent and manage COVID-19, but also to protect against future outbreaks and accelerate progress toward health for all. PHC is the "expressway" to achieving universal health coverage, but to ensure these services and systems are responsive to people's health care needs and current and future health threats, countries, donors, multilateral agencies, community groups, and commercial partners need to align in support of country investments in PHC to build fit-for-purpose, strong, and resilient health systems.

Challenges PATH is seeing around the world

As PATH works in more than 70 countries, we have been able to closely monitor the impact of COVID-19 on essential PHC services such as maternal and newborn care, routine immunization, sexual and reproductive health services, and mental health care and diagnosis and treatment of HIV, TB, malaria, viral hepatitis, and noncommunicable diseases such as hypertension and diabetes. Even early in the pandemic, routine data collection revealed disruptions in service delivery across many countries: missed immunization visits, declines in TB diagnoses, interrupted medicine supply chains, and more. Initial efforts to control coronavirus exposure by limiting movement inadvertently became a barrier to health system access; for example, in some countries, pregnant women in labor faced hurdles accessing health centers to deliver their babies as did parents in accessing routine immunization for their children. At the same time, PATH has seen some countries taking swift and strong stances to protect these vital services—carrying forward lessons from the 2014–2016 Ebola outbreak in West Africa, which showed the devastating consequences if they are not safeguarded.

Our response

PATH is partnering with governments and communities around the world to help reduce the impact of COVID-19 by building on our strong portfolio of pandemic preparedness

Maintaining, adapting, and transforming essential health services during COVID-19 and beyond
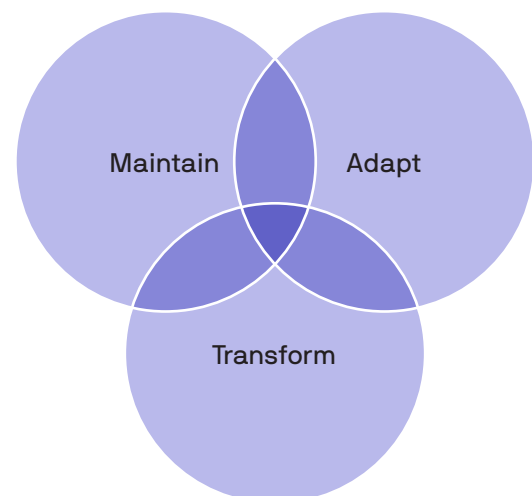
work and our decades of experience advancing access to EHS. We are not only addressing the acute effects of COVID-19 but are also taking steps to mitigate worst-case scenarios of secondary deaths, at the same time laying a foundation for more resilient health systems that are better prepared to withstand future emergencies. PATH brings together end-to-end product development, system innovation, and policy advocacy to help countries and multisector partners reimagine primary health care, during COVID-19 and beyond. To better coordinate and elevate these efforts, we have established an internal task team to share lessons across programs and geographies. We are also compiling and sharing resources and learnings with partners around the world. This brief highlights some of our current work.

Opportunities ahead

As we innovate in partnership with governments and communities to protect essential services, we are learning together. There is a need for rapid analysis and sharing across countries about what is working and what is not. This global moment is also an opportunity to explore how innovative approaches taken during this time can accelerate long-needed shifts toward more person-centered and responsive primary health care and health systems that will last long past when this crisis abates. PATH is committed to ensuring that lessons from COVID-19 lead to more resilient health systems that not only protect against future health threats—but also deliver health for all.

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Our work

Supporting policies for service delivery adaptation

PATH conducts analyses on disruptions to essential PHC services and country efforts to maintain those services through innovation and adaptive approaches and promotes discussion around opportunities to reduce further backsliding resulting from the COVID-19 pandemic. To examine the policy response to maintain and adapt EHS during the COVID-19 pandemic, PATH collected, cataloged, and visualized government policy responses from 119 countries. Leveraging strong in-country partnerships in Burkina Faso, Ethiopia, India, Kenya, and Nigeria, we conducted further analyses of policy guidance on adapting service delivery models to meet the needs of individuals and communities and developed country-specific briefs. This work catalogs the response to maintenance of health services during the pandemic and provides evidence that can help policymakers make decisions regarding planning and delivery of health services to recoup progress lost during the pandemic and expand the reach of PHC past the COVID-19 era.

Assessing the impacts of COVID-19 vaccines rollout

PATH examined perceptions and early learnings of the potential positive and negative impacts of COVID-19 vaccines rollout on essential health services, including routine immunization, antenatal/maternity care, family planning, nutrition, sick child care, and acute care. Through this work, which was conducted six weeks into the COVID-19 vaccines rollout, we discovered that high-intensity vaccine campaigns like seen with COVID-19 vaccines can increase health workers' workload but not change their compensation, leading to decreased motivation and less time to deliver routine services. In facilities, there is a new data management burden and need for equipment to support vaccine delivery, such as refrigerators, personal protective equipment, and syringes. These additional demands on the health system risk diverting resources from routine care and diminishing the quality of EHS and client satisfaction. Our analysis also showed that countries with lower rates of routine vaccination coverage were expected to experience greater disruptions to routine care.

Now that the vaccines rollout is further along and vaccine supply has increased, PATH is engaged in a second phase of work that aims to understand if and how these stakeholder perceptions have changed and whether the vaccines rollout has had additional impacts on EHS.

Accelerating access to COVID-19 testing, vaccination and care through PHC approaches

By leveraging existing health investment platforms—such as the US President's Emergency Plan for AIDS Relief (PEPFAR), the US Agency for International Development's Global Accelerator to End TB, the US President's Malaria Initiative, and the Unitaid-funded HIV Self-Testing AfRica (STAR) project—our partners increased access to COVID-19 testing, vaccination, and care among populations at the greatest risk of poor health outcomes. This includes efforts to extend access to COVID-19 self-testing in Brazil, Uganda, India, and Vietnam and access to earlier and better care as part of PHC in these countries and in Ukraine and South Africa.

In Vietnam, community-led PHC clinics have vaccinated more than 41,000 people, including those living with HIV and TB, and in Ukraine, over 45,000 people were vaccinated, including prisoners and penal setting staff. In Kenya, through PEPFAR, more than 80 percent of facility- and community-based providers have been vaccinated.

With increasing need for integrated mental health care services, our early childhood development efforts in Mozambique and HIV services Kenya, Ukraine, and Vietnam supported routine screening during pregnancy and the postpartum period and among orphans and other vulnerable children and people living with or at elevated risk of acquiring HIV.

Advising on and implementing guidelines

PATH advises multilateral organizations and governments as they develop guidelines and operational plans to maintain essential health services during the pandemic. Using the latest evidence, we work to prevent COVID-19 control policies from inadvertently harming EHS, identify communities most at risk from non-COVID-19 causes, and evaluate alternative delivery models. PATH is advising governments, disseminating guidelines, and training health care workers in at least 15 countries. In partnership with the World Health Organization, we are working to set up an online dashboard that will improve visibility into guidelines governing EHS across low- and middle-income countries. Through our sexual and reproductive health programs, we supported rapid transition for family planning health workers to virtual training, coaching and supportive supervision.

Fostering trust in health care services and equipping communities with critical information

PATH partners with governments and local organizations to ensure clear messages reach all communities—including the most remote and vulnerable—to provide information on COVID-19, how to continue to access EHS safely, and the benefits of COVID-19 testing and vaccination. To meet the needs of diverse communities, we use human-centered design approaches and deploy a mix of new and traditional methods, including social media and messaging apps (such as WhatsApp, Facebook, and TikTok) as well as radio, television, and print material such as posters and billboards.

Adapting service delivery to meet community needs

PATH partners with health system leaders to support locally led approaches to adapting health service delivery to better protect communities and patients during COVID-19. This includes integrating health services to minimize visits to facilities, piloting telemedicine, advancing self-care options such as HIV, hepatitis C virus, and COVID-19 self-tests and self-injectable contraceptives, and facilitating home delivery of multimonth supply of medicines for TB, HIV, and noncommunicable diseases.

PATH engages communities and health workers to define needs and deploys human-centered design approaches to cocreate solutions. For example, we have worked in partnership with communities affected by HIV, TB, and viral hepatitis in Vietnam, Kenya, Ukraine, and India to develop services that keep patients safe in the ways they want and need. In Eastern Kenya, after immunization workers shared that World Health Organization handwashing guidance added significant time between patients, PATH—through virtual consultations—helped staff find a way to produce hand sanitizer at the facility, which improves immunization worker efficiency while avoiding the high cost of buying commercial sanitizer.

Promoting inclusion and equity, including among those of all genders, races, abilities, and sexualities

In many contexts, PHC service delivery is inadequately gender responsive. There are glaring gender inequities in the health workforce, non-inclusive decision-making processes, data systems that do not incorporate sufficient sex-disaggregated data analysis, and services that do not accommodate differences among men, women and non-binary individuals in how they perceive and wish to access health care or that do not consider gender across the diagnosis, treatment, and care cascade.

Leveraging data to innovate service

PATH uses routine data and surveillance to identify communities and individuals at risk due to disruptions in EHS in order to target catch-up sessions, reminders, and deployment of mobile clinics. For example, in Tanzania and Zambia, we use electronic immunization registries to schedule immunization visits that comply with social distancing measures. In Kenya, PATH developed a tool to identify geographic areas with high numbers of people living with noncommunicable diseases, which has helped the National Cancer Control Program pinpoint areas with insufficient support. In Senegal and the DRC, we integrate data visualization dashboards used by national emergency operations centers and malaria control programs to track trends in near-real time.

Advocating for continued investments

PATH advocates with governments to continue making smart investments in primary health care during the COVID-19 crisis. In Uganda, our ongoing advocacy contributed to a 7 percent increase in the PHC budget. In the Democratic Republic of the Congo (DRC), PATH's influence helped the government fulfill its cofinancing for Gavi, the Vaccine Alliance, which ensures immunizations can continue amid concurrent outbreaks of COVID-19 and Ebola.