

Key Messages: COVID-19 and Primary Health Care

OVERVIEW

Decisions made today on health policy and resource allocation in response to the novel coronavirus outbreak (COVID-19) will shape our world for years to come. As countries enact emergency measures to meet the immediate needs of communities and health workers, it is critical to diagnose and fix broader weaknesses in health systems as well.

Primary health care (PHC), which can meet more than 80 percent of people's health needs at every age and every stage of life, must be central to these efforts. Strengthening primary health care now will not only reduce the impact of COVID-19 on the health and wellbeing of millions, but also limit susceptibility to the next pandemic while ensuring the world can one day fulfill the promise of health for all.

This document provides members of the PHC community with foundational messages to use in communications and advocacy efforts about how and why countries, global decision-makers and donors can – and must – center PHC as a key component of the COVID-19 response in the weeks and months to come.

TOPLINE KEY MESSAGES

- As countries grapple with COVID-19, strong primary health care can provide a critical first line of defense and response to keep people safe and healthy. PHC systems can help diagnose, track and stop the spread of local outbreaks while providing essential health services to communities.
- In the midst of the emergency response, the world cannot afford to ignore people's broader health needs – including vaccinations; reproductive, maternal and child health care; HIV/AIDS, TB, and malaria services; mental health, and treatment for chronic diseases. Doing so will cause a deadly ripple effect, leaving millions more vulnerable to preventable illness and death.
- We must emerge from this pandemic stronger. Countries and donors must prioritize investments in primary health care as the cornerstone of the global response and recovery and the most inclusive, effective and efficient way to protect the health of people and communities.

KEY MESSAGES

As countries grapple with COVID-19, strong primary health care can provide a critical first line of defense and response to keep people safe and healthy. PHC systems can help diagnose, track and stop the spread of local outbreaks while providing essential health services to communities.

- Primary health care is the foundation of health and wellbeing at every stage of life, capable of meeting more than 80 percent of people's health needs. It should be the first place people go for information, screening and testing for COVID-19, only turning to hospitals when necessary.
 - After the 2003 SARS outbreak, [Taiwan](#) invested heavily in its primary healthcare workforce, which relies on community care networks as first responders. It has emerged

as a key model of how to help reduce the burden on overwhelmed hospitals and keep COVID-19 cases low.

- As a person's first and most regular point of contact with the health system, primary health care is key to effectively diagnosing, tracing and reporting cases, helping to slow the spread of the outbreak across and within countries.
 - During the 2014 Ebola outbreak, [Liberia](#) trained and mobilized networks of community health workers to track and treat the disease in remote and rural areas – a skillset now helping to curb the spread of COVID-19.
- Primary health care plays a particularly crucial role in low- and middle-income countries where people may have [limited access to hospitals and specialized care](#).
 - A recent [study](#) found that across sub-Saharan Africa close to 30% of people cannot access emergency hospital care within two hours of travel time.
- To fully unlock the potential of primary health care to respond to the virus, countries must equip health workers with up-to-date information, personal protective equipment to keep them safe, and supplies to screen and test patients early.

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- When health systems are overwhelmed during outbreaks, deaths caused by lapses in routine care can increase dramatically.
 - Researchers estimate that disruptions in health services during the 2014-2016 Ebola outbreak in West Africa resulted in as many as [10,000 additional preventable deaths](#) due to malaria, HIV/AIDS, and tuberculosis.
 - Due to COVID-19, vaccination campaigns for polio, measles, cholera, HPV, yellow fever and meningitis have already been [postponed](#). UNICEF estimates that 117 million children across 37 countries are at risk of [missing out on the life-saving measles vaccine](#).
- Though COVID-19 is affecting rich and poor countries alike, [those with fewer resources and people with greater burden of ongoing health issues](#) will be hit hardest by the virus's collateral damage. Focusing on primary health care as a foundation of response and recovery will help to reduce health inequity during this time.
- Governments and donors must ensure that essential health services – which are delivered predominantly through the primary health care system -- are maintained throughout the pandemic.
 - Donors should **resist the urge to earmark all response funds** for coronavirus-specific care. For example, organizations like [Gavi](#), [The Global Fund](#) and [Global Financing Facility](#) are providing countries with short-term financing or flexibility in existing funding to strengthen health systems and routine service delivery throughout the crisis.

- Governments **should maintain and even increase investment in** primary health care, as a cost-effective ‘best bet’ in avoiding preventable deaths and helping to [maintain confidence](#) in the health system’s ability to meet basic needs.
- Health system managers **should explore innovative ways to deliver primary care**, such as telehealth, which can reduce stress on health systems by managing mild COVID-19 cases while continuing to provide people with critical links to services for chronic conditions, maternal health care and more.

We must emerge from this pandemic stronger. Countries and donors must prioritize investments in primary health care as the cornerstone of the global recovery, and the most inclusive, effective and efficient way to protect people’s health and wellbeing – in crisis and in calm.

- As the world moves from emergency response to the control phase of COVID-19, it will be essential to utilize primary health care to ensure [everyone has access](#) to testing and treatments, as well as a future vaccine.
- Strong primary health systems are paramount to our future global health security, protecting people from impending waves of COVID-19 and other disease threats.
- Prioritizing primary health care now and in the long-term will also ensure people trust that their health is secure as social and economic activity resumes.
- There are key steps countries and donors must take to keep their Astana commitments, ensuring strong primary health care that can both help protect people in every country from the next global health threat, and set the world on track to achieve [health for all](#):
 - **Investing more in primary health care**, especially in low- and middle-income countries, will make sure health workers and facilities have the resources they need to provide people with affordable, accessible and high-quality care no matter where they live.
 - **Generating and using more and better data** will help leaders target weaknesses in primary health systems long before the next emergency hits and strengthen ongoing provision of routine care.
- By committing to prioritizing primary health care globally, countries and global stakeholders can shape a future where every person has access to the care they need, in any circumstance.

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

The COVID-19 pandemic is creating a deadly ripple effect on the health of people around the world, threatening the significant gains in health and human progress made since the turn of 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; we'll update this reference document as additional evidence becomes available.

Family Planning

- An [estimated](#) 10% proportional decline in use of reversible contraceptive methods in LMICs due to reduced access during COVID-19 could result in an additional 49 million women with an unmet need for contraceptives, an additional 15 million unintended pregnancies, 3.3 million unsafe abortions and additional 1,000 maternal deaths over the course of a year.

HIV/AIDS

- 10% of orders for HIV/AIDS, TB and malaria medicines face [delays](#) of more than 30 days. People are stockpiling medications from pharmacies, leading patients and physicians to be [fearful of shortages](#) of HIV medications.

Immunizations and Child Health

- While WHO, GAVI, and other health organizations stress that routine immunization of individual children at clinics must continue as much as possible during the pandemic, WHO's Strategic Advisory Group of Experts on Immunization [recommended that countries stop mass vaccination campaigns](#) against all vaccine-preventable diseases. More than [117 million children](#) are at risk of [missing measles vaccines](#) during the pandemic.

Malaria

- Health care workers are [unable to deliver](#) antimalarial commodities and services due to lockdowns and social distancing enforcement.

Neglected Tropical Diseases (NTDs)

- Mass drug administrations – which reach an estimated 1 billion people each year – are being [delayed](#) around the world.

Polio

- The GPEI has [recommended](#) that countries suspend preventive polio vaccination campaigns and postpone outbreak response campaigns. 40 million children in Pakistan [missed polio vaccinations](#) in April.

Tuberculosis

- TB patients are being [told to stay home](#) to make room for COVID-19 patients. New MDR-TB patients have been [turned away](#) in South Korea.