

MAINTAINING ACCESS TO ROUTINE AND ESSENTIAL SERVICES: COMMUNITY-BASED SERVICES

COVID-19 IMPROVEMENT STRATEGIES

WHAT IS MAINTAINING ACCESS TO ROUTINE AND ESSENTIAL SERVICES?

During the COVID-19 pandemic, maintaining continuity of service delivery for routine and essential care is necessary for minimizing excess morbidity and mortality and maintaining population trust in the health system. As a patient's **first point of contact** for care and cornerstone of a sustainable health system, PHC has a critical role to play in this effort. (2,4) Drawing from **PHCPI's Improvement Strategies** we identified three core strategies for optimizing service delivery settings and platforms, as shown to the right. This document focuses specifically on the role of community-based care in maintaining access to routine and essential services.

CORE STRATEGIES



TELEHEALTH SERVICES



SAFETY & FACILITY OPERATIONS



COMMUNITY-BASED SERVICES

WHAT IS COMMUNITY-BASED SERVICES ?

In many LMICs, community-based care, or care delivered directly in homes and communities, is the entry point to the health system, making it an essential part of achieving universal health coverage for all. Shifting to or expanding community-based services, including **proactive population outreach**, can help provide people with **continuous** and **comprehensive** care where it is most accessible to them. By extending care directly into homes and communities, community-based services can help reach vulnerable communities who routinely face difficulties accessing quality care, (1-5) and integrated service delivery models that offer a more comprehensive set of services at the community level are particularly useful for maintaining access to routine and essential services for patients with complex conditions. (6-8)

During the COVID-19 pandemic, a community-based approach is an essential foundation for emergency preparedness and risk management, and can also support strengthening health system resilience long after the crisis. (1,9-11) As countries balance the rising demand for care with limited resources, misinformation, and restricted movement of communities, a proactive, community-based approach can play a critical role in maintaining access to needed services to help prevent excess morbidity and mortality, as well as in risk communication and community-engagement strategies for COVID-19. (1,9-11)

COMMUNITY-BASED SERVICES COVID-19 PROMISING PRACTICE: LIBERIA



Liberia is a low-income country that has focused in recent years on strengthening PHC through the establishment of routine and essential services in the community. Guided by lessons from the Ebola outbreak, at the outset of the COVID-19 pandemic Liberia immediately activated its Incident Management System. To ensure continuous access to both COVID-19 and non-COVID-19 health services, community health workers were trained on preparedness, surveillance and management. Community-based services shifted to a “no-touch” policy to guarantee the safety of patients and providers. This adapted approach to community-based services requires adequate government buy-in, well-trained health workers, and clear messaging for dealing with patients in the community.

Learn more about Liberia's experience [here](#).

CHALLENGES & OPPORTUNITIES

Making a rapid shift to community-based service provision during the COVID-19 pandemic will be challenging no matter the context, however **making this pivot may offer several opportunities for health systems strengthening beyond the COVID-19 time period.** These challenges and opportunities may include:



COMMUNITY-BASED
SERVICES

KEY OPPORTUNITIES:

SAFETY, PROVIDER COMPETENCE, AND MOTIVATION

The **PHC workforce** will be at the center of the pivot to community-based care, putting them at increased risk to various hazards, including pathogen exposure, long work hours, psychological distress, occupational and burnout, and/or stigma. (1,14) To protect the safety and rights of health workers and patients, health systems will need to take special care to ensure health workers are adequately supplied, trained, and motivated to deliver quality care in communities. This may entail addressing issues such as logistics planning, retraining, budgeting, and supply-chain and waste management for personal protective equipment (PPE) and hand hygiene (1,14) as well as training on COVID-specific response competencies including infection prevention and control, case investigation and management, surveillance and reporting, and risk communication. (12)

EQUITABLE ACCESS

Community-based care can help strengthen the capacity of PHC to serve as the first point of contact with the health system. However, community-based care also has the potential to widen pre-existing disparities in **access** and health outcomes among vulnerable or often overlooked communities, such as near-poor communities in **cities and urban settings.** To ensure no communities or groups get left behind, community-based services should include outreach services grounded in local data and sensitive to the determinants of health, such as tracking the health of vulnerable households via data registries, coordinating with social workers and other sectors to address financial or socioeconomic barriers to health, and conducting targeted health promotion and education activities for at-risk segments of the population. (1,10,12,13)

HIGH-QUALITY PRIMARY HEALTH CARE

Community-based care can offer an effective means to ensure **continuity** of needed services both during the COVID-19 pandemic and beyond. Additionally, in the long term, effective community-based services help to ensure the comprehensiveness and person-centeredness of care and provides a platform to engage communities and build their trust in PHC as the first point of contact. To achieve this potential, community-based care must be coordinated with other levels of the health system-- via team-based care, robust information systems, or other means--to avoid fragmentation. (1,11,12)

Resilience of health systems: Community-based care helps to build resilience of communities during a crisis and ensure prompt, sustained access to both curative and preventive services in line with local needs. Community-based platforms that actively solicit community input and respond to local health needs provide a strong foundation for rebuilding the health system during the COVID-19 recovery phase, supporting future emergency preparedness and risk management and long-term resilience. (1,11,12)

HOW CAN PHC BE LEVERAGED?



Countries around the world are rapidly shifting to new and/or expanded roles for community-based services during the COVID-19 pandemic. (1) Transitioning to community-based services while maintaining quality and safety of service delivery requires commitment and change at all levels of the health system. Various elements of PHC systems are well positioned to help ease this transition and ensure sustainability in the long term. (5,12) Potential pathways for leveraging PHC [will depend on local context](#), (15) but may include:



POTENTIAL PATHWAYS:

GOVERNANCE AND FINANCING FOR COMMUNITY-BASED PHC:

The initiation or expansion of community-based health initiatives and programs should be aligned and integrated into broader [PHC policies](#) to ensure successful implementation. When planning for community-based service delivery, policymakers and planners should adopt a whole-of system approach, taking into consideration population health needs and health system capacities and grounding policies in local evidence. In addition, policies should take care to [protect the safety and rights of community-based health workers](#) and, where needed, promote sustainability by moving towards the formal integration of these workers in the health system. (14,16,17)

To maintain quality and safety, community-based care must be embedded within a strong [quality management infrastructure](#)--including regulatory statutes, multisectoral quality policy strategies, accreditation, community engagement, and ongoing performance evaluation. (11,17,18) In particular, key decisions will need to be made about which services can be safely provided in communities, by which types of healthcare providers, and how processes and guidelines--such as referral management or personal protective equipment policies--need to change to support provider and patient safety. (1)

The transition to community-based services in the context of COVID-19 will likely require changes to [payment systems and financing](#) for community-based services. Supportive payment systems in particular enable care teams to allocate time and resources based on community needs and ensure providers are appropriately remunerated. (1,16,17,19-21) Health financing initiatives should also focus on removing [financial barriers](#), particularly for vulnerable populations to ensure everyone can benefit from community-based care. Learn more about priorities for health financing response to COVID-19 [here](#).

COMMUNITY-CENTERED PRIORITIES AND SERVICE-DELIVERY:

To be effective, community-based service delivery must be designed with the needs and preferences of the communities to be served in mind, as well as aligned with [national or system-level priorities](#). [Local priority setting](#) and [community engagement](#) practices can be leveraged to solicit community input and ensure that decisions are grounded in the local evidence and take into consideration local disease burden, the COVID-19 transmission pattern, the baseline capacity for service delivery at the community and facility levels, and communities' distinct care seeking patterns. This process can be facilitated by [empanelment](#), which enables community-based care teams to understand and enumerate the needs of the communities they serve and identify patients/community members in need of home or community-based care. By ensuring that the panel of any care team is appropriately sized, empanelment also helps to ensure care teams can manage the health of all their patients without becoming overburdened. This is particularly important as health systems are overburdened during the COVID crisis and may need to prioritize community-based care for specific segments of the population. (22)

To improve emergency preparedness and response and resource mobilization, priorities should be regularly re-evaluated with input from a diverse range of community stakeholders -- supported by robust community engagement platforms, measurement and evaluation systems, and information systems. (1,6,17)



WORKFORCE ORGANIZATION AND CRITICAL INFRASTRUCTURE

Shifting to or expanding community-based services is likely to entail changes in the roles and responsibilities of the PHC workforce. This may require re-assignment, task shifting, and/or in-service training to both redistribute and capacitate the workforce to deliver services in communities. Community-based service delivery is strengthened by [team-based care organization](#) that incorporates explicit processes for bi-directional communication and data sharing across sectors and levels of the health system, and the transition to community-based service delivery is likely to be easier in health systems in which the workforce already has competencies in team-based, comprehensive PHC. During COVID-19, health systems and facilities can help to facilitate [this transition to team-based care](#) by defining team structures, roles and responsibilities grounded in team members' competencies, and communication structures. Although team cultures take time to build and develop they are essential for strong team functioning; during the rapid transitions COVID-19 is driving, taking time to align on a common vision and purpose for teams; addressing fears, stigma, and misconceptions; and demonstrating organizational support and leadership commitment can go a long way. (21, 23–28)

Additionally, optimizing the value and impact of community-based care requires that the [workforce](#) be adequately resourced and supplied. (1,14,17,19,29) To support the transition, health systems should ensure community-based care teams have access to needed drugs and supplies through [strengthening supply chains](#), anticipating interruptions, and preparing mitigation strategies. (1,17,19) This could require changes to/extension of supply chains to get essential, [time-sensitive supplies](#) such as personal protective equipment to the community level perhaps while bypassing facilities or other links in the chain that might be shut down/inoperational.

Finally, during the COVID-19 pandemic, all essential workers are faced with greater burden and stress, and therefore maintaining [workforce motivation](#) must be a top priority. Doing so will above all require ensuring that health workers feel safe and respected.(30–32) Additional means of ensuring motivation may focus on maintaining intrinsic motivation—for example, recognizing the achievements of staff and providing positive feedback—and/or on extrinsic motivation, for example via the provision of monetary or other incentives.(33,34)

PROACTIVE INFORMATION MANAGEMENT:

Community-based services offer a critical source of information and data for surveillance and response efforts, including through the collection and use of local data that enables community-based providers to detect, diagnose, and manage conditions at the community level and subsequent notification of emergency response systems.(1,12,35) Such efforts can strengthen the immediate response to COVID-19 as well as improve surveillance and preparedness in the future.

Continuous feedback loops and ideally, [interoperable, information systems](#) are necessary to ensure that information collected at the community level informs action and improves routine service delivery activities. The information generated from surveillance and response efforts at the community level, including lessons learned from response to COVID-19, should be integrated into the broader surveillance system for continuous strengthening of the health system. (12,35) In the absence of such systems, reconfiguring existing community disease [surveillance systems](#) for COVID-19 metrics (for example, adding respiratory symptoms to malaria screening activities) and implementing protocols and procedures for provider communication and coordination will be critical to ensure closed feedback loops for effective surveillance and referrals. (36-38)



RELEVANT RESOURCES

RELEVANT IMPROVEMENT STRATEGIES

- PHCPI Resources
- Primary Sources
 - [Investing in Community Health, Fighting COVID-19, and Achieving UHC](#)
 - [Early Focus on PHC Improves COVID-19 Response in San Luis, Argentina](#)
- Improvement Strategies Modules

GLOBAL LEARNING PLATFORMS

- JLN COVID Response Platform (coming soon)
- [OpenWHO](#)
- [PHCPI Community of Practice - online forum for resilient PHC](#)
- [Exemplars in Global Health](#)

GLOBAL TOOLS & RESOURCES

- WHO - [Maintaining essential health services: operational guidance for the COVID-19 context](#)
- Path, 2020 - [Resources to support COVID-19 response in LMICs](#)
- Path, 2020 [Three urgent actions to protect essential health services during COVID-19](#)
- WHO, 2020 [Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic](#)
- WHO, 2020 - [Operational considerations for case management of COVID-19 in health facility and community](#)
- WHO, 2020 - [Strengthening Preparedness for COVID-19 in Cities and Urban Settings](#)
- WHO, 2020 - [Considerations in adjusting public health and social measures in the context of COVID-19](#)
- [WHO, 2020 Addressing Human Rights as Key to the COVID-19 Response](#)
- WHO, 2020 - [COVID-19 Technical Guidance Hub -- Workers](#)
- WHO, 2016 - [Increasing access to health workers in remote and rural areas through improved retention](#)
- WHO - [Webpage on Community Health Workers](#)
- STRATIS - [Community-based EHR Care Coordination – A Comprehensive Development Toolkit](#)

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PHCPI is a partnership dedicated to transforming the global state of primary health care, beginning with better measurement. While the content on this website represents the position of the partnership as a whole, it does not necessarily reflect the official policy or position of any partner organization.