

THE NETWORK: TOWARDS UNITY
FOR HEALTH & FACULTAD DE MEDICINA,
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THE NETWORK
TOWARDS UNITY FOR HEALTH



Facultad de Medicina



TUFH2020 MEXICO

VIRTUAL CONFERENCE

"PRIMARY HEALTH CARE: A PATH
TOWARDS SOCIAL JUSTICE"

SYSTEMS AND COMMUNITY BASED
RESPONSES TO COVID-19

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TUFH 2020 Abstracts

Title	Have measures taken to divert Primary Care Facility (PCF) resources to managing the COVID-19 pandemic led to unexpected, positive non-communicable disease (NCD) care outcomes?
Type	Oral Presentation <i>Systems and Community Based Responses for COVID 19</i>
Presenting Author	Klaus Von Pressentin
Co-Authors	Neal David , Graham Bresick
Country	South Africa
Abstract N°	TUFH330
Content	<p>Background: Preparing for COVID-19 screening, testing and admissions in Cape Town, South Africa, included actively de-escalating regular clinical activities in public sector Primary Care Facilities (PCFs) to make human and other health resources available. NCD care was suspended and measures implemented to ensure NCD patients received their medication without having to attend PCFs. Measures include delivery of medication to homes, shifting the clinical interface to household level by supervised CHWs in a COPC model with rational referral to PCFs when required. Observation: initial observations in one Cape Town PCF-NCD patient cluster suggest patients are not decompensating despite suspension of regular in-PCF services. Hypothesis: Non-COVID19 NCD patients may be benefiting from measures taken to divert resources to an expected surge in COVID19 cases. Methods Research questions: the hypothesis will be tested in a study designed to answer the following: • Have most stable type2 diabetes mellitus (DM) patients remained stable during the de-escalation period? • Have any baseline indices of DM control improved during this period? • If so, are there identifiable factors that predict which patients benefit? • What are patients' experiences of and preferences for community/household-based care and do they align with patient-centred care (PCC) and community-orientated primary care (COPC)? Conclusion Study potential: Positive outcomes may be associated with reduced NCD care costs; could strengthen implementation of PCC and COPC dimensions of PHC; and advance efforts toward greater community empowerment, socially accountable services and achieving universal health coverage.</p>