

# COVID-19

## Recommendations to Adapt and Strengthen Response Capacity at the First Level of Care during the COVID-19 Pandemic

September 2020

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## Table of Contents

|  |           |
|--|-----------|
| <b>Introduction.....</b>   | <b>1</b>  |
| <b>1. Policy action at the highest level to strengthen the first level of care.....</b>        | <b>3</b>  |
| <b>2. Key functions at the first level of care .....</b>                                       | <b>5</b>  |
| <b>3. Actions to strengthen response capacity at the first level of care.....</b>              | <b>15</b> |
| 3.1 Strengthening FLC community health teams .....   | 15        |
| 3.2 Integrate COVID-19 containment measures into essential services.....                       | 16        |
| 3.3 Reorganize, expand, and strengthen the first level of care .....                           | 19        |
| 3.4 Establishment of a management network to lead, coordinate, and integrate the services..... | 21        |
| 3.5 Case management to ensure continuity of care .....   | 24        |
| 3.6 Digital transformation of services at the first level of care .....                        | 25        |
| <b>References.....</b>   | <b>27</b> |
| <b>Annexes.....</b>  | <b>30</b> |

## Introduction

By early July 2020, all 51 countries and territories of the Region of the Americas had reported cases of COVID-19. Measures to control the pandemic have been implemented to different degrees and their effects are still being evaluated. Although not yet quantifiable, the negative social and economic impact of the COVID-19 pandemic in the short, medium, and long term, at local, national, and global levels, is believed to be unprecedented (1).

Most countries have taken steps to quickly increase and expand individual and collective health services in order to respond to the COVID-19 pandemic, while maintaining other essential services (1). In most cases, during the initial phase, countries emphasized the expansion of hospital capacity, especially for critical care, with less investment in the first level of care (FLC). The continuity of essential services provided through FLC has particularly been affected in peri-urban and rural areas and among indigenous populations (1).

Unprecedented pressure on the health services has required a prompt reassignment of physical and human resources to manage COVID-19 cases. Non-emergency clinical services have been suspended, including diagnostic screenings, elective surgeries, and even supplies of medication for chronic conditions. At the same time, physical distancing measures and the disruption of transportation services have hindered patient mobility, leading to the emergence of telemedicine and teleconsultations, and dispensing of drug prescriptions for longer periods.

Increased morbidity and mortality in the general population is expected as a result of this situation.<sup>1</sup> Excess mortality is directly attributable to COVID-19, and is secondarily related to shifts in the supply and demand for health services.<sup>2</sup> Conditions in this category include acute myocardial infarctions that were not detected and treated on time, decompensation from chronic diseases that are not properly monitored and treated by medical professionals, and perinatal complications. We must also take into account that failure to comply with immunization protocols and the potential reemergence of preventable diseases can cause an increase in morbidity and mortality.

The increased demand for health care as a result of the pandemic and an expected increase in morbidity and mortality from other pathologies indicate a need to reorganize first-level-of-care (FLC) services. Response capacity must be boosted to ensure an adequate response to COVID-19 and access to essential health services according to the specific and differentiated needs of countries' different population groups.

<sup>1</sup> Excess morbidity and mortality can be viewed as indicator of unmet basic needs. Excess mortality refers to the number of deaths above what is expected under normal conditions. It is used to measure the impact of a crisis on mortality when all causes of death are not known. Mortality is then attributed to the conditions of the crisis.

<sup>2</sup> In the United States of America, between 1 March and 25 April 2020 excess deaths were estimated at 87,001, of which 65% were attributed to COVID-19. In 14 states, more than 50% of excess deaths were attributed to underlying causes other than COVID-19; these included California (55% of the excess deaths) and Texas (64% of the excess deaths). The five states with the highest number of COVID-19 deaths had large proportional increases in deaths caused by non-fatal underlying conditions, including diabetes (96%), heart diseases (89%), Alzheimer disease (64%), and cerebrovascular diseases (35%). New York City had the highest increases in deaths, particularly from heart diseases (398%) and diabetes (356%). In: Woolf SH, Chapman DA, Sabo RT, et al. Excess deaths From COVID-19 and other causes. JAMA. Doi: 10.1001/jama.2020.11787

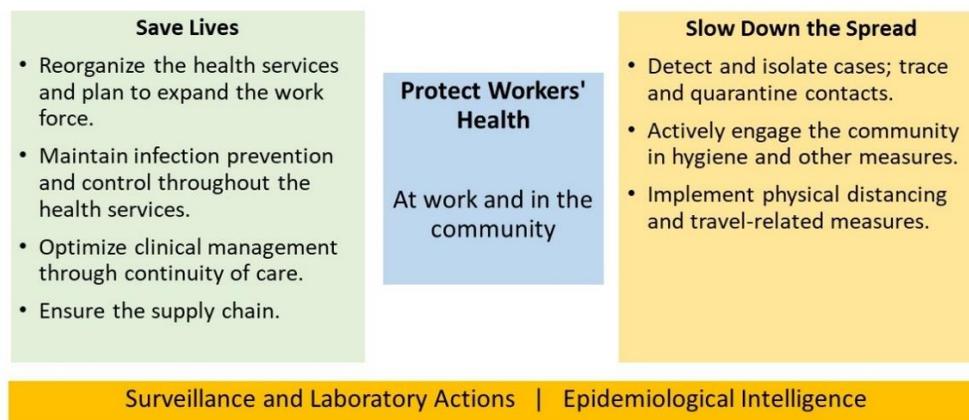
This document presents considerations to support decision-making and actions to help strengthen FLC response capacity based on the values laid out in the *Strategy for Universal Access to Health and Universal Health Coverage* (right to health, equity, and solidarity), (2) the principles and attributes of primary health care, and integrated health services networks. It addresses discrimination based on ethnicity, gender (3), and gender identity, sexuality, socioeconomic level, geographical location, and disability as important factors that can increase the risk of infection for people in these groups, limit their access to services, undermine the broader response to COVID-19, and exacerbate underlying inequities.

This document is aimed at health authorities, managers of health services networks, health program directors and coordinators, and managers of FLC staff, with a view to ensuring their health. Given the dynamic and varied scenarios of COVID-19 among and within countries, the document should be adapted to the context of each country and each stage of the pandemic.

The document looks at PAHO's regional COVID-19 response strategy, critical actions for responding to the COVID-19 pandemic in the Region of the Americas (figure 1), the Frame of reference for integrated health services network's response to the COVID-19 pandemic (4), the *Reorganization and Progressive Expansion of Health Services for the Response to the COVID-19 Pandemic, Technical Working Document* (5), *Adapting the First Level of Care in the Context of the COVID-19 Pandemic: Interventions, Modalities, and Scope* (6), and the *Recommendations for the Reorganization and Expansion of Hospital Services in Response to COVID-19* (7). It also refers to the global strategy against COVID-19 (8, 9), the World Health Organization (WHO) operational guidelines for continuity of essential services in the context of COVID-19, and other related documents (10, 11).

This document suggests that, rather than limiting health care service response to hospitals, it is critical and essential to activate and use all the resources available to FLC to tackle the current pandemic.

Figure 1. Critical Actions for Responding to the COVID-19 Pandemic in the Region of the Americas



Source: Developed by the Regional Incident Management Team of the Pan American Health Organization.

## 1. Policy action at the highest level to strengthen the first level of care

Measures to mitigate the effects of COVID-19 and ensure the continuity of essential health services require political, economic, and social support at the highest level.<sup>3</sup> They must be implemented practically and effectively in the communities, where FLC is the first link in the health systems' COVID-19 response. FLC should foster the sustainable conditions needed for adjustment strategies and gradual return to normalcy until the pandemic ends. It is important to note that policy action should strike a balance between the need to expand the response capacity of hospitals for the critical care of COVID-19 patients and strengthening the entire services network, particularly FLC and subnational actions to respond to the overall health needs of the population. Table 1 outlines the policy actions required by high-level decision-makers for the first level of care.

**TABLE 1. Policy actions required by high-level decision-makers for the first level of care**

| Policy actions   | Description  |
|--|--|
| Formulation of new regulations and easing or reformulation of technical legal frameworks | <ul style="list-style-type: none"> <li>• Deployment of human resources in sufficient number, quality, and distribution.</li> <li>• Ensuring health and safety, psychosocial support, and the social protection of health workers, as well as provide incentives.</li> <li>• Establishing guidelines for the management and care of patients who require early medical discharge with monitoring at the FLC.</li> <li>• Improving the coordination, integration, expansion, and simplification of the process of care by establishing priorities in referral and counter-referral procedures in FLC health services.</li> </ul> |

<sup>3</sup> International human rights law recognizes the possibility of restricting some of these rights during public health emergencies. The restrictive measures should be in accordance with the law, respond to a legitimate objective, be proportional, and be neither arbitrary nor discriminatory.

| Policy actions  | Description  |
|---|--|
|   | <ul style="list-style-type: none"> <li>• Optimize operational capacity of FLC health services to implement health care actions and supervise health processes in long-term care facilities for older adults.</li> <li>• Procurement, purchase, storage, distribution, and regulation of drugs, equipment and supplies for the FLC, with evidence-based quality, safety, and transparency.</li> <li>• Incorporate and integrate available services from the private sector, research centers, and academia, into FLC response or adapt existing contracts or service agreements.</li> <li>• Detect ethnicity and gender-based inequities in the COVID-19 response and in its effects, including those related to masculinity.</li> <li>• Redesign the need for and use of resources based on priorities and strategies that have proven to be effective (especially for the procurement of devices and drugs).</li> </ul> |
| Increase extra-budgetary resources either through budget allocation or the purchase of services in order to ensure the continuity of essential services and the COVID-19 response at community level for the duration of the pandemic | <ul style="list-style-type: none"> <li>• Cover human resources and supply costs (especially, to ensure access to essential sexual and reproductive health drugs, SRH).</li> <li>• Ensure facility upgrades and physical adaptations.</li> <li>• Purchase of medical devices (12), drugs (including modern contraception methods), information and communications technology equipment, and means of transport.</li> </ul>  |
| Keep communities informed and facilitate systematic feedback  | <ul style="list-style-type: none"> <li>• Promote community participation and inclusion.</li> <li>• Promote knowledge, attitudes, and practices surveys.</li> <li>• Encourage direct dialogue and consultation.</li> <li>• Monitor social media.</li> <li>• Use the mass media.</li> </ul>  |

## 2. Key functions at the first level of care

As the pandemic progresses through different stages or scenarios (13), the health authorities should consider including in their strategy the reorganization and expansion of FLC response capacity, with a view to facilitating and activating the necessary functions:

- a. **Care focused on responding to the needs of people with COVID-19:** identify, report, contain, manage, and refer. This includes deploying extramural interventions with community-based teams (physicians, nurses, and community health aides/workers) capable of: 1) monitoring warning signs in confirmed and suspected cases of COVID-19 and other acute respiratory diseases in the community (14); 2) protecting people with risk factors from developing severe COVID-19; and 3) developing risk communication interventions aimed at promoting healthy lifestyles and preventing COVID-19 infection.
  
- b. **Maintain continuity of essential services as COVID-19 progresses through different stages.** For the duration of the pandemic, continued actions to promote health and develop the capacity to prevent health problems throughout the life course; to provide pregnant women with prenatal and delivery care; to prevent and control other disease outbreaks such as measles, dengue, malaria, and tuberculosis; and to monitor and care for people with diseases or conditions that require long-term care, such as human immunodeficiency virus (HIV), diabetes, hypertension, and physical rehabilitation, among others.

These services and interventions adapted to the context of the pandemic and of the country should include measures to protect health workers and all those involved in prevention and control activities by adhering to occupational health and safety measures. (Table 2).

**TABLE 2. Strategic objectives and approaches to maintain essential services during the COVID-19 pandemic, by programmatic area**

|   | <b>Strategic objectives and approaches</b>  |
|---|---|
| <b>Persons with disabilities</b>  | <p>Disabilities: considerations during the COVID-19 outbreak. Washington DC: PAHO; 26 March 2020. Available from: <a href="https://www.paho.org/en/documents/disability-considerations-during-covid-19-outbreak">https://www.paho.org/en/documents/disability-considerations-during-covid-19-outbreak</a></p> <p>Rehabilitation: considerations during the COVID-19 outbreak. Washington DC: PAHO; 11 May 2020. Available from: <a href="https://iris.paho.org/handle/10665.2/52035">https://iris.paho.org/handle/10665.2/52035</a></p>   |
| <b>People with noncommunicable diseases (hypertension, diabetes, and chronic obstructive pulmonary disease, among others)</b> | <p>Objectives:</p> <p>Managing people with hypertension and cardiovascular diseases during COVID-19. Washington DC: PAHO; 3 June 2020. Available from: <a href="https://iris.paho.org/handle/10665.2/52271">https://iris.paho.org/handle/10665.2/52271</a></p> <p>Managing people with asthma during COVID-19. Washington DC: PAHO; 3 June 2020. Available from: <a href="https://iris.paho.org/handle/10665.2/52258">https://iris.paho.org/handle/10665.2/52258</a></p> <p>Managing people with diabetes during the COVID-19 pandemic. Washington DC: PAHO; 3 June 2020. Available from: <a href="https://iris.paho.org/handle/10665.2/52260">https://iris.paho.org/handle/10665.2/52260</a></p> <p>(See Annex A for more information on noncommunicable diseases, mental health, violence, and rehabilitation).</p> |

|  | <b>Strategic objectives and approaches</b>  |
|--|---|
| <b>People with communicable diseases (tuberculosis, malaria, human immunodeficiency virus, among others)</b> | <p>Objectives:</p> <p>Continued actions to prevent, detect, and treat<sup>4</sup> communicable diseases while avoiding the spread of COVID-19 and protecting health and safety of service providers. The principal measures are:</p> <ul style="list-style-type: none"> <li>• Adapt detection of suspected cases to health network conditions and COVID-19 care flows at the local level to ensure early treatment.</li> <li>• Simplify surveillance and control operations, according to local COVID-19 scenarios to ensure essential actions.</li> <li>• Ensure and optimize the administration of key prevention supplies and optimize case management (including the supply of drugs, diagnostic and vector control supplies, etc.).</li> <li>• Protect the health of workers and all involved in prevention and control activities.</li> </ul> <p><i>Control de Aedes aegypti en el escenario de transmisión simultánea con la COVID-19.</i> (Control of <i>Aedes aegypti</i> in a scenario of simultaneous transmission of COVID-19.) Provisional Guidelines, version 1. Washington DC: PAHO; 21 April 2020. Available from: <a href="https://iris.paho.org/handle/10665.2/52020">https://iris.paho.org/handle/10665.2/52020</a>.</p> <p>Measures to ensure the continuity of the response to malaria in the Americas during the COVID-19 pandemic. Washington DC: PAHO; 24 April 2020. Available from: <a href="https://iris.paho.org/handle/10665.2/52080">https://iris.paho.org/handle/10665.2/52080</a></p> <p>(See Annex B for more information on communicable diseases).</p> |
| <b>Immunization</b>  | <p>Objective:</p> <p>Maintain vaccination as an essential service to preserve achievements in immunization and prevent vaccine-preventable disease outbreaks:</p> <ul style="list-style-type: none"> <li>• Reorganize health services at the FLC by treating vaccination as an essential service, while complying with infection prevention and control measures in order to protect the health of workers and the community.</li> <li>• Keep the community informed and motivated about the importance of staying up-to-date with vaccination schedules</li> </ul> <p><i>La inmunización a través del curso de la vida en el PNA en el contexto de la pandemia de COVID-19. Versión 1.</i> (Immunization over the life course at FLC in the context of the COVID-19 pandemic.) Washington DC: PAHO; 21 May 2020. Available from: <a href="https://iris.paho.org/handle/10665.2/52365">https://iris.paho.org/handle/10665.2/52365</a> (see Annex C for more information on immunization and to see the full text of the publication).</p> <p>The Immunization program in the context of the COVID-19 pandemic. Version 2. Washington DC: PAHO; 24 April 2020. Available from: <a href="https://iris.paho.org/handle/10665.2/52056">https://iris.paho.org/handle/10665.2/52056</a></p> <p>Vaccination of newborns in the context of the COVID-19 pandemic. Washington DC: PAHO; 19 May 2020. Available from: <a href="https://iris.paho.org/handle/10665.2/52226">https://iris.paho.org/handle/10665.2/52226</a></p>   |

<sup>4</sup> Conditions of care should be adapted in order to monitor people with these pathologies during periodic health check-ups (e.g., virtual consultations, prescriptions refilled on a quarterly basis).

|                                       | <b>Strategic objectives and approaches</b>   |
|---------------------------------------|--|
| <b>Sexual and reproductive health</b> | <p>Objective:</p> <p>Maintain and ensure respectful and quality treatment and care, with a [human] rights approach aligned with the specific needs of young and adolescent women in the area of SRH (see Annex D for more information on sexual and reproductive health).</p> <p>Key measures:</p> <ul style="list-style-type: none"> <li>• Maintain access to essential SRH services during and after the COVID-19 pandemic.</li> <li>• Reduce the unmet needs for contraception in vulnerable populations by improving access to modern contraceptive methods.</li> <li>• Measure the use of family planning services, logistics, supply chain, and provision of contraceptive methods.</li> <li>• Establish a tool box of guidelines and evidence-based innovative and effective interventions to ensure better access to SRH services during and after the pandemic.</li> <li>• Facilitate access to rapid and self-administered tests for the screening of vertically transmitted infectious communicable diseases (Framework for the elimination of mother-to-child transmission of HIV, syphilis, hepatitis and Chagas disease, EMTCT Plus), allowing elimination of vertical transmission of syphilis, HIV, Chagas disease, and hepatitis B.</li> </ul>  |
| <b>Maternal health</b>                | <p>Objectives:</p> <p>Maintain actions to prevent, detect, and treat cases of COVID-19 in pregnant women, as well as preventing the spread of the infection to their families, other pregnant women, and to the health team.</p> <p>Avoid the negative impact of disrupting services to COVID-19-positive pregnant women and uninfected pregnant women (see Annex E for more information on maternal health).</p> <p>Key measures:</p> <ul style="list-style-type: none"> <li>• Prevent COVID-19 infection in pregnant women by promoting routine and emergency care, in accordance with the recommended infection prevention and control (IPC) measures and the local epidemiological situation.</li> <li>• Apply the same measures to detect suspected cases used with other adults and in accordance with the status of the health network and local COVID-19 care flows.</li> <li>• Ensure early treatment of patients who need it.</li> <li>• Provide respectful treatment to pregnant women according to WHO/PAHO standards so that prenatal visits and delivery are a positive experience for women and their families.</li> <li>• Conduct specific monitoring of COVID-19-positive pregnant women.</li> <li>• Ensure continuity of health care services for pregnant women.</li> <li>• Protect the health workers and all of involved in prevention and control activities.</li> </ul> |

|                                 | <b>Strategic objectives and approaches</b>   |
|---------------------------------|--|
| <b>Neonatal health</b>          | <p>Objective:</p> <p>Maintain respectful, quality care from a human rights perspective and in accordance with the specific needs of all newborns from the moment they are born and provide evidence-based care and interventions aimed at promoting health and development. Furthermore, prevent conditions that endanger the newborn’s life, health, and development, both during the neonatal period and during the life course. Apply specific interventions to prevent SARS-CoV-2 infection, detect and treat any conditions that arise linked to infections of the newborn, and ensure the safety of service providers (see Annex F for more information on neonatal health).</p> <p>Key measures:</p> <ul style="list-style-type: none"> <li>• Provide evidence-based respectful, quality care to every newborn during birth and postnatal care, by maintaining essential interventions and providing care and prevention of COVID-19 transmission.</li> <li>• Uphold and support the rights of newborns.</li> <li>• Identify conditions of risk or morbidity, whether or not linked to COVID-19, and give the specific care required, based on clinical conditions, risks, and available evidence.</li> <li>• Provide every newborn with care at the level of complexity required by the clinical conditions, with appropriate protective measures both during care and during transfer within the same facility or to a center offering a higher level of complexity.</li> <li>• Provide counseling and psychosocial support to the mother, father, and primary caregivers, both during the stay at the health facility and at the time of hospital discharge. This includes promoting breastfeeding, the administration of vaccines, and preventive treatments or screening, according to current standards and recommendations and SARS-CoV-2 infection prevention measures.</li> <li>• Ensure and optimize the management of key supplies for the prevention and care of healthy and sick newborns (including drugs and supplies for diagnosis and treatment), as well as specialized human resources according to the level of complexity.</li> <li>• Protect the health of workers and all involved in prevention, control, and care activities.</li> </ul> |
| <b>Children and adolescents</b> | <p>Objective:</p> <p>Maintain interventions for health promotion and care for the development of children, adolescents, and young adults within their families and communities, including proper coordination with social services and other community actors.</p>   |

|  | <b>Strategic objectives and approaches</b>   |
|--|--|
|  | <ul style="list-style-type: none"> <li>• Maintain the continuous, integrated management of children and adolescents with chronic diseases and risk factors that have a long-term negative impact on health and development, such as asthma, diabetes, heart disease, overweight, obesity, acute and chronic malnutrition, and victims of negligence or violence, among others). Available from: <a href="https://www.who.int/publications/i/item/clinical-management-of-covid-19">https://www.who.int/publications/i/item/clinical-management-of-covid-19</a><br/><a href="https://www.paho.org/hq/dmdocuments/2017/maltrato-infantil-infografia-2017.pdf?ua=1">https://www.paho.org/hq/dmdocuments/2017/maltrato-infantil-infografia-2017.pdf?ua=1</a><a href="https://www.who.int/publications/i/item/9789241550123">https://www.who.int/publications/i/item/9789241550123</a>.</li> <li>• Implement alternative strategies to inform adolescents about where and how they can access information and health services, including SRH services (locations, hours of operation, contact information, etc.) and establish forms of telemedicine that comply with the principles of confidentiality and non-coercive decision-making for individual counseling for adolescents.</li> <li>• Optimize opportunities for children and adolescents to access mental health services and psychosocial support. Provide psychosocial support to the fathers, mothers, and caregivers of children and adolescents as an integral part of the health services. Available from: <a href="https://www.who.int/images/default-source/health-topics/coronavirus/risk-communications/general-public/stress/children-stress.jpg?sfvrsn=343355fd_2">https://www.who.int/images/default-source/health-topics/coronavirus/risk-communications/general-public/stress/children-stress.jpg?sfvrsn=343355fd_2</a> and <a href="https://www.who.int/teams/risk-communication/all-visual-tools">https://www.who.int/teams/risk-communication/all-visual-tools</a>.</li> <li>• Engage community groups and youth networks to extend information outreach and health services to adolescents. Available from: <a href="https://www.who.int/news-room/q-a-detail/q-a-for-adolescents-and-youth-related-to-covid-19">https://www.who.int/news-room/q-a-detail/q-a-for-adolescents-and-youth-related-to-covid-19</a>.</li> </ul> |

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|-----------------------------|---|
|                             | <p><b>Strategic objectives and approaches</b></p>   |
|                             | <ul style="list-style-type: none"> <li>• Maintain the continuous, integrated management of children and adolescents with chronic diseases and risk factors that have a long-term negative impact on health and development, such as asthma, diabetes, heart disease, overweight, obesity, acute and chronic malnutrition, and victims of negligence or violence, among others). Available from: <a href="https://www.who.int/publications/i/item/clinical-management-of-covid-19">https://www.who.int/publications/i/item/clinical-management-of-covid-19</a> <a href="https://www.paho.org/hq/dmdocuments/2017/maltrato-infantil-infografia-2017.pdf?ua=1">https://www.paho.org/hq/dmdocuments/2017/maltrato-infantil-infografia-2017.pdf?ua=1</a> <a href="https://www.who.int/publications/i/item/9789241550123">https://www.who.int/publications/i/item/9789241550123</a>.</li> <li>• Implement alternative strategies to inform adolescents about where and how they can access information and health services, including SRH services (locations, hours of operation, contact information, etc.) and establish forms of telemedicine that comply with the principles of confidentiality and non-coercive decision-making for individual counseling for adolescents.</li> <li>• Optimize opportunities for children and adolescents to access mental health services and psychosocial support. Provide psychosocial support to the fathers, mothers, and caregivers of children and adolescents as an integral part of the health services. Available from: <a href="https://www.who.int/images/default-source/health-topics/coronavirus/risk-communications/general-public/stress/children-stress.jpg?sfvrsn=343355fd_2">https://www.who.int/images/default-source/health-topics/coronavirus/risk-communications/general-public/stress/children-stress.jpg?sfvrsn=343355fd_2</a> and <a href="https://www.who.int/teams/risk-communication/all-visual-tools">https://www.who.int/teams/risk-communication/all-visual-tools</a>.</li> <li>• Engage community groups and youth networks to extend information outreach and health services to adolescents. Available from: <a href="https://www.who.int/news-room/q-a-detail/q-a-for-adolescents-and-youth-related-to-covid-19">https://www.who.int/news-room/q-a-detail/q-a-for-adolescents-and-youth-related-to-covid-19</a>.</li> </ul> |
| <p><b>Older persons</b></p> | <p>Objective:</p> <p>Maintain actions to promote healthy aging with a life-course approach, prioritizing proper prevention and management of the needs of older persons (see Annex H for more information on the health of older persons).</p>  |
|                             | <p>Key measures:</p> <ul style="list-style-type: none"> <li>• Promote integration and coordination of the health services, social services, and other community actors through the integrated services network. Available from: <a href="https://www.who.int/ageing/publications/icope-framework/en/">https://www.who.int/ageing/publications/icope-framework/en/</a>.</li> <li>• Promote interventions to protect and prevent infectious outbreaks in this age group and guarantee the immunization schedule approved for them.</li> <li>• Optimize functional ability and prevent frailty and dependence on care through interventions to prevent the loss of intrinsic capacity and favor its recovery. Available from: <a href="https://iris.paho.org/bitstream/handle/10665.2/51973/OPSFPLHL200004A_spa.pdf?sequence=5&amp;isAllowed=y">https://iris.paho.org/bitstream/handle/10665.2/51973/OPSFPLHL200004A_spa.pdf?sequence=5&amp;isAllowed=y</a>.</li> <li>• Maintain integrated, continuous management of older persons with chronic health conditions by adjusting therapeutic goals to functional ability and preventing polypharmacy or other complications associated with management of their condition.</li> <li>• Encourage the development of evidence-based community programs focused on helping older persons adopt healthy behaviors and participate in the management of their health. Available from: <a href="http://www.selfmanagementresource.com">www.selfmanagementresource.com</a> and <a href="http://www.vivifrail.com">www.vivifrail.com</a>.</li> <li>• Promote the development of safe and senior-friendly communities that make it possible to age with health and dignity in the</li> </ul>   |

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|----------------------|--|
|                      | <b>Strategic objectives and approaches</b>   |
|                      | <p>community. Available from: <a href="https://www.who.int/ageing/age_friendly_cities_guide/en/">https://www.who.int/ageing/age_friendly_cities_guide/en/</a> and <a href="https://extranet.who.int/agefriendlyworld/">https://extranet.who.int/agefriendlyworld/</a>.</p> <ul style="list-style-type: none"> <li>• Ensure adequate, integrated care for care-dependent persons and their caregivers, whether they live at home or in long-term care facilities. Available from: <a href="https://iris.paho.org/handle/10665.2/51973">https://iris.paho.org/handle/10665.2/51973</a> <a href="https://mooc.campusvirtualsp.org/enrol/index.php?id=53">https://mooc.campusvirtualsp.org/enrol/index.php?id=53</a>.</li> </ul>   |
| <b>Mental health</b> | <p>Objective:<br/>Maintain essential mental health services and psychosocial support at the FLC with the necessary adaptations for COVID-19.</p> <p>Key measures:</p> <ul style="list-style-type: none"> <li>• Risk communication in mental health and psychosocial support.</li> <li>• Psychological first aid adapted to COVID-19 from community actors and health professionals.</li> <li>• Remote or in-person health care from the FLC based on humanitarian intervention strategies to overcome mental health gaps (mhGAP).</li> <li>• Primarily remote psychiatric and psychological care and counseling, including continued treatment of preexisting mental health conditions.</li> <li>• In-person emergency psychiatric care.</li> </ul> <p>COVID-19 Recommended Interventions in Mental Health and Psychosocial Support (MHPSS) during the Pandemic. Washington DC: PAHO; 1 July 2020. Available from: <a href="https://www.paho.org/en/documents/covid-19-recommended-interventions-mental-health-and-psychosocial-support-mhpps-during">https://www.paho.org/en/documents/covid-19-recommended-interventions-mental-health-and-psychosocial-support-mhpps-during</a></p> |

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| <p><b>Migrants, refugees, asylum seekers, and forcibly returned persons</b></p> | <p>The health of migrants reflects conditions before the pandemic and is also determined by it, with a greater impact on women. In order to expedite access to health, a comprehensive approach with quality, equity, and human rights is needed. This spans from care, to information, shelters, call services, and mechanisms to report abuses. This is required during transit and at the destination.</p> <p>Objective:</p> <p>Ensure inclusion of this population in COVID-19 prevention, detection, and control activities. When planning COVID-19 preparation and response activities, barriers to the health system should be taken into account along with the specific conditions that this population faces.</p> <p>Key measures:</p> <ol style="list-style-type: none"> <li>1) Surveillance, investigation, case management, and Infection Prevention and Control (IPC) <ul style="list-style-type: none"> <li>• Include the migrant and refugee population in COVID-19 surveillance and in existing information systems, and promote community surveillance and cross-border collaboration.</li> <li>• Strengthen community-based water, sanitation, and hygiene measures, particularly in informal urban settlements, shelters, and integration centers where the most vulnerable migrant and refugee population lives.</li> </ul> </li> <li>2) Coordination and planning <ul style="list-style-type: none"> <li>• Identify centers and available isolation guidelines for the migrant and refugee population.</li> <li>• Strengthen multisectoral and inter-agency cooperation related to the health of migrant and refugee population as part of the COVID-19 response by promoting bilateral cooperation among countries to address the health situation of this population in border areas.</li> </ul> </li> <li>3) Social protection and occupational health protection mechanisms <ul style="list-style-type: none"> <li>• Strengthen social protection and health protection mechanisms for the migrant and refugee population.</li> <li>• Ensure that migrant and refugee workers have access to mental health services and psychosocial support in the workplace, as well as access to personal protective equipment (PPE), and ensure that COVID-19 workplace technical guidelines are applied to all workers, including refugee and migrant workers</li> </ul> </li> <li>4) Risk communication and community participation <ul style="list-style-type: none"> <li>• Develop culturally and linguistically appropriate material with a gender perspective in various accessible formats for the migrant and refugee population with information on COVID-19, including prevention measures and points of access to the health services.</li> <li>• Apply measures to combat discrimination and xenophobia, promote timely and accurate information on the effects of COVID-19 on the migrant and refugee population, and dispel negative perceptions among the receiving population.</li> </ul> </li> </ol> <p>References:</p> <p>Preparedness, Prevention, and Control of Coronavirus Disease (COVID-19) for Refugees and Migrants in Non-camp Settings. Geneva: WHO, 17 April 2020. Available from: <a href="https://www.who.int/publications/i/item/preparedness-prevention-and-control-of-coronavirus-disease-(covid-19)-for-refugees-and-migrants-in-non-camp-settings">https://www.who.int/publications/i/item/preparedness-prevention-and-control-of-coronavirus-disease-(covid-19)-for-refugees-and-migrants-in-non-camp-settings</a>.</p> <p>Scaling up Covid-19 Outbreak Readiness and Response Operations in Humanitarian Situations, including Camps and Camp-like Settlements. Inter-Agency Standing Committee (IASC). Geneva: IASC; 17 March 2020. Available from: <a href="https://interagencystandingcommittee.org/other/interim-guidance-scaling-covid-19-outbreak-readiness-and-response-perations-camps-and-camp">https://interagencystandingcommittee.org/other/interim-guidance-scaling-covid-19-outbreak-readiness-and-response-perations-camps-and-camp</a></p> |
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|   | <b>Strategic objectives and approaches</b>   |
| <b>Environmental public health measures</b> | <p>Key recommendations on water, sanitation, and hygiene: COVID-19. Washington DC: PAHO; 3 April 2020. Available from: <a href="https://www.paho.org/en/documents/key-recommendations-water-sanitation-and-hygiene-covid-19">https://www.paho.org/en/documents/key-recommendations-water-sanitation-and-hygiene-covid-19</a></p> <p>Water, sanitation, and hygiene standards in health facilities. Washington DC: PAHO; 11 May 2020. Available from: <a href="https://iris.paho.org/handle/10665.2/52163">https://iris.paho.org/handle/10665.2/52163</a>.</p> <p>COVID 19: Recommendations for Environmental Public Health Measures during Drought and Water Conservation, 11 May 2020. Available from: <a href="https://www.paho.org/en/documents/covid-19-recommendations-environmental-public-health-measures-during-drought-and-water">https://www.paho.org/en/documents/covid-19-recommendations-environmental-public-health-measures-during-drought-and-water</a></p> <p>Recommendations on Public Environmental Health in Health Care Facilities. Washington DC: PAHO; 11 May 2020. Available from: <a href="https://iris.paho.org/handle/10665.2/52208">https://iris.paho.org/handle/10665.2/52208</a></p> |

- c. **Adapt hospital care to increase the capacity of hospital services to respond to COVID-19.** As the pandemic progresses, hospital-based services will need to increase the number of available beds and intensive care resources, as well as physical spaces and equipment to care for all cases that require hospitalization. In these circumstances, FLC should be strengthened with specialized human resources and medical devices to serve patients discharged from the hospital who need to continue treatment and management on an outpatient basis, either at home or in alternative sites, while maintaining comprehensive health care. This should include services to recover functional capacity or personal autonomy and community-based palliative care.

### 3. Actions to strengthen response capacity at the first level of care

#### 3.1 Strengthening FLC community health teams

The following will be required, according to population density, spread of the virus, and the care needed by COVID-19 patients and those with other health problems:

- d. Boost the number of community workers, nurses, and physicians, and support them with sufficient PPE and training on its proper use, as well as means of transportation and virtual or telephone communication.
- e. Organize health teams geographically to include community workers, nurses and physicians responsible for case-detection, identification (15), surveillance, monitoring (16), education, and information within specific population groups and communities in order to meet the needs related to COVID-19 and other essential services.
- f. As the pandemic progresses, it will be necessary to activate response, case-finding, and contact tracing teams within FLC to support surveillance and containment at the household and community level. These actions are necessary in long-term care facilities for older adults, according to their operational capacities.
- g. Strengthen the performance of resilient, inter-professional work teams (participatory leadership, communication, motivation and analysis, and planning, among others) with skills in developing intercultural components. Define the roles and tasks of physicians, nurses, community workers, caregivers,<sup>5</sup> and support staff, considering that many of them will require modalities or strategies different from what they routinely do. To this end, inter-professional practice and the exchange of tasks (17) within the health team should be encouraged, to satisfy the need to expand health services capacity.
- h. Establish continuous, permanent training that can be updated as the pandemic progresses and new evidence becomes available on the clinical case management of COVID-19, etc.
- i. Stepping up the recruitment, onboarding, and training of new personnel will be an additional challenge, which means that more workers will be needed for these functions, requiring the support of regional and national authorities, as well as colleges and schools of health sciences.
- j. From an occupational health standpoint (18), all members of the FLC health teams should be fully immunized and have PPE, and supplies for hand hygiene, COVID-19 screening, systematic monitoring of the physical and mental health of individuals and teams, and access to health services in order to address any detected problems and risks (19). This support should include not only knowledge of personal protection systems, but also basic knowledge of health and occupational safety. The determination of roles and responsibilities should allow for proper care for health protection and compliance with basic health and occupational safety recommendations. Onboarding and training

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<sup>5</sup> There is a need address the burden of unpaid care, exacerbated by COVID-19 containment measures, as an opportunity to reevaluate health care functions and distribute family responsibilities in a more gender-equitable way.

should include a course or basic training on health and occupational safety. All members of the FLC team should be able to properly care for themselves and for patients.

- k. Ensure that all health workers are aware of the minimum standards of environmental public health that should be applied at health facilities, as a key component for the safety of patients, health workers, companions, and visitors.

### 3.2 Integrate COVID-19 containment measures into essential services

People-, family-, and community-focused care requires a holistic approach to health interventions in order to respond to people's needs. The ability of FLC to implement this approach and perform central functions during the pandemic is determined in large measure by how FLC services and actions are reorganized and integrated; their ability to network with specialized services; available human resources; availability of clinical guidelines, drugs, medical devices, supplies, facilities, information and communications technology (ICT) and logistics; and basic water, sanitation, and hygiene facilities, etc. The foregoing will determine the effective and timely continuity of certain FLC services, which must adapt their modalities and settings as the pandemic progresses. Table 3 describes the reorganization and integration of services and activities at the FLC.

**Table 3. FLC reorganization and integration of services and activities**

| Services and Activities   | Description  |
|---|--|
| <b>Identification of essential activities</b>                                 | <ul style="list-style-type: none"> <li>• Care for pregnant and postpartum women, newborns, infants, and children under 5.</li> <li>• Family planning (1).</li> <li>• Periodic health checkups for older adults.</li> <li>• Immunization.</li> <li>• Prevention of communicable diseases and control of other epidemic outbreaks.</li> <li>• Noncommunicable disease prevention.</li> <li>• Continuous care, monitoring, control, and treatment of people with diseases such as tuberculosis, HIV, diabetes, hypertension, cancer, renal insufficiency, physical disability, and mental illness.</li> <li>• Hygiene promotion.</li> <li>• Support for pharmacovigilance and promotion of the rational use of drugs.</li> <li>• Ensure coordinated action in natural or man-made emergencies.</li> </ul>   |
| <b>Integration of activities</b>  | <p>Once the essential activities are identified, they should be integrated with activities related to case-detection, identification, monitoring, and care for people with COVID-19, and include community-based risk communication through integrated planning and monitoring of population groups. Modalities of care such as surveillance and communication with the community, community health days, family visits, domiciliary monitoring and phone check-ins, among others, are opportunities to integrate these actions.</p>   |
| <b>Continuity of activities and care for older adults</b>                     | <p>The highest mortality from COVID-19 is disproportionately among older people. For the duration of the pandemic, the FLC should pay special attention to them and aim to optimize functional capacity and personal autonomy. Priority should be given to people who live alone, have multiple morbidities, have diminished intrinsic capacity while not dependent on care, and also older persons who are care-dependent, whether they live at home or in a long-term care facility. Mortality from COVID-19 has been very high in these facilities, making it essential to optimize surveillance and timely health interventions against COVID-19. In this regard, it is vitally important to have a census of households with older persons (especially those who live alone) and long-term care facilities in the community. It is important to establish a mechanism for community-level intersectoral action to meet the expectations and basic care needs of the older adult population (20) and their caregivers.</p> |
| <b>Strengthen mental health assistance (21) and community-based self-care</b> | <p>Prolonged quarantine measures, isolation of cases, and social distancing make it necessary to strengthen mental health services at the FLC through telephone and virtual therapy, education, communication, and psychosocial support for the general population—especially for older persons, the caregivers of older persons, people who suffer from addictions, people experiencing domestic violence against children, women and the elderly, activities people with preexisting and acute mental health conditions, health workers and first responders, persons with disabilities, and the migrant population. (22)</p> <p>Evidence-based self-care health strategies should be applied and promoted, particularly those that contribute to the engagement of people, families, and communities in actions that promote physical and mental health, prevent the loss of capacity, and help control chronic diseases.</p>   |

| Services and Activities   | Description  |
|---|--|
| <p><b>Implement strategies for equity, (23) access, and coverage for vulnerable groups (24)</b></p> | <p>The COVID-19 pandemic affects different groups of men and women in different ways. The risks and consequences fall disproportionately on certain population groups, particularly those in a situation of economic and social vulnerability and discrimination. It is essential that countries adopt a perspective of equity, gender, ethnicity, and human rights in their COVID-19 responses. This will help avoid an increase in inequality and enhance the success of the measures.</p> <p>With support from the health system at the central or subnational level, the FLC can implement an intervention strategy to contain COVID-19 and provide continuity of care to vulnerable populations, indigenous people (25), populations in remote areas, at-risk groups or those requiring special care due to their health needs and gender (26), ethnic, cultural, and social diversity.</p> |

### 3.3 Reorganize, expand, and strengthen the first level of care

The elements needed to ensure an organized and sustainable response at the FLC include:

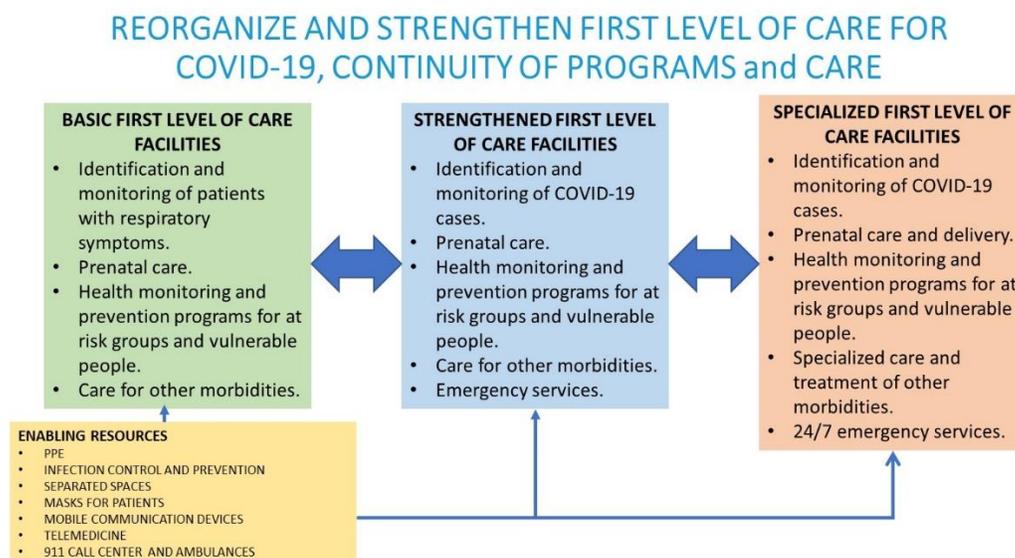
- The organization and coordination of service delivery with at least three levels of response complexity at the FLC (Figure 2):
  1. Community health teams at the FLC located in basic, strengthened, or specialized facilities are responsible for health promotion activities; case-detection and contact tracing (27); outbreak surveillance and environmental public health; monitoring and care of mild and moderate cases of COVID-19; family health and home care; health checkups for pregnant and postpartum women and chronic disease patients; nursing; immunization; general medicine; pre-triage of patients with respiratory symptoms; sampling; and drug dispensing, among others.
  2. Intermediate health care facilities have nursing staff and a general practitioner or specialists in family medicine, social workers, psychologist, nutritionist, and technical/administrative support personnel, pharmacy services and pharmaceutical logistics, a clinical laboratory, radiology, oxygen, and triage of suspected cases and emergencies.
  3. Specialized health care facilities have additional services, at least including gynecology, pediatrics, internal or family medicine, mental health, dental care, ambulatory surgery, recovery room, delivery room,<sup>6</sup> imaging services, rehabilitation, oncology (28), dialysis (29), and 12-hour or 24-hour on-call emergency services.
  
- During the pandemic, in order to expand their capacity, public FLC services could incorporate other services into their networks, such as outpatient clinics, private university-based rehabilitation services, and nongovernmental organizations, with regulations, clinical guidelines, infection prevention and control protocols, and clear mechanisms for communication, coordination, and logistics. Similarly, the incorporation of community resources and the spontaneous support of local leaders in risk communication and other actions are factors that facilitate FLC performance. FLC assets should be deployed throughout the territory as much as possible<sup>7</sup> to help a specified number of people, families, and communities access education, detection, surveillance, prevention, monitoring, and continuity of care.

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<sup>6</sup> WHO and PAHO have promoted universal access to childbirth in a quality institution, since birth should be a positive experience for every woman, regardless of her social, economic, or cultural background. To this end, health facilities should have the necessary human and material resources, which tend to be found at the second and the third levels of care. However, in the context of the pandemic, in order to maintain continuity of care and reduce the risk of nosocomial infection, safe alternatives are being sought to prevent infection while ensuring the necessary conditions to protect maternal, fetal, and neonatal health. In this regard, one alternative may be to allow low-risk deliveries to take place at FLC facilities. This can be done as long as there are human resources in sufficient number and skill level to prevent and handle any complications that may arise, even in low-risk pregnancies, that the necessary supplies are available (particularly quick access to safe blood and essential drugs for management of the principal complications) and a functional network for the timely referral of complicated cases.

<sup>7</sup> The simplest way to assign such responsibility is to determine the population to be served according to territorial criteria; this is the classical approach in rural areas. Some countries believe that geographic proximity is the most appropriate criteria for defining the population to be served, while others use active registry systems or patient rosters. The method does not matter so much as having a clearly defined population and knowing if there are mechanisms to ensure that no one is excluded. (World Health Organization. Primary care: putting people first. In: Primary Health Care (Now More Than Ever). World Health Report. Geneva: WHO; 2008).

Figure 2. Organization and coordination of service delivery at three levels of response complexity



Source: The authors.

These three levels of FLC response complexity during the pandemic serve as community assets for case-detection, identification, detection, reporting, surveillance, monitoring, and care for cases and contacts. They include community education on infection control and household quarantine. And they afford intersectoral local coordination and social engagement to apply and adjust containment, mobility, and social distancing measures in the communities. They require logistical, financial, organizational, and communications support for the deployment of community outreach teams at the FLC.

All FLC facilities must identify suspected cases or contacts, institute infection control measures, and conduct cleaning and disinfection. They require instructions and visible demarcation of the areas where the public is allowed and those reserved for health workers, with enhanced and improved physical structures such as waiting rooms, immunization, treatment, triage, and sampling areas, so that patients without COVID-19 are separated from suspected or confirmed COVID-19 cases (30). Similarly, all FLC health personnel should have PPE and use it properly, in accordance with the protocols of use indicated for different activities.

During the pandemic and periods of quarantine and isolation, having information and communication technologies (31) can be useful for monitoring and communication with patients and caregivers, and for online access to the health records of patients and family members, integrated with georeferenced statistics.

### 3.4 Establishment of a management network to lead, coordinate, and integrate the services

It is recommended that, based on population density, number, territorial scope, and geographical accessibility of the services, network management or coordination mechanism be established with a technical, administrative, and logistical support structure to carry out the corresponding tasks (Table 4).

**Table 4. Technical, administrative, and logistical support for management and coordination of the health services**

| Functions   | Description   |
|---|---|
| <b>Response and continuity of essential services during the pandemic</b>                | <ul style="list-style-type: none"> <li>• Lead, coordinate, and arrange health surveillance and the reporting and monitoring of cases and contacts; recovery of functional capacity to pre-COVID-19 infection levels should be considered.</li> <li>• Identify and map at-risk population groups: older persons, especially those dependent on care, people with chronic diseases, populations living temporarily or permanently in institutions (prisons, long-term care facilities for older adults, and children’s homes, among others), workers in the informal sector, people in conditions of vulnerability (overcrowding, extreme poverty, homelessness, etc.), migration seasons, social welfare centers, and shelters.</li> <li>• Identify and map out long-term care facilities for older adults and establish mechanisms for continuity of health care; the operating capacity of each facility should be considered (availability of oxygen, patient isolation rooms, supplies and human resources trained to administer intravenous treatment, and the availability of adequate staff, etc.).</li> <li>• Establish mechanisms to determine level of risk and prioritize according to response capacity.</li> <li>• Active monitoring to prevent discrimination based on age, sex, ethnicity, or sexual orientation hindering access to treatments, hospital-based services, intensive care, or mechanical ventilation.</li> <li>• Map out the expected extent of cases and contacts, have a plan for expansion and prepare the network’s outpatient and inpatient services to respond to the pandemic as it progresses.</li> <li>• Map the health units throughout the network and identify units with COVID-19 response capacity (FLC and hospitals).</li> <li>• Identify private health services that could be incorporated and integrated into the COVID-19 pandemic response.</li> <li>• Facilitate and coordinate the transfer of patients within the network to other specialized facilities or hospitals, and facilitate intersectoral coordination.</li> <li>• Facilitate and support those in charge of managing and coordinating patients that have been designated for referral at every facility, and those responsible for checking the patient’s completed referral or cross-referral form and coordinating with the counterpart to schedule the appointment, transfer and reception. During the pandemic, this coordination is vital for the proper transfer and reception of suspected cases, for conducting triage in a FLC facility, and so that cases confirmed at the FLC are referred to a hospital in timely fashion.</li> <li>• Establish a support structure to ensure timely problem-solving capacity (diagnostic support, mobilization of community health care teams, and medical transport).</li> <li>• Identify and devise mechanisms to access consultations with skilled personnel.</li> <li>• Ensure the skills required of all human resources participating in the COVID-19 pandemic response, including orderlies, cleaning staff, drivers, and others.</li> </ul> |
| <b>Coordinate intersectoral collaboration and social engagement during the COVID-19</b> | <ul style="list-style-type: none"> <li>• Mapping of social actors involved and activated for the COVID-19 response.</li> <li>• Evaluate the social and cultural context of the country, the area, or community in order to identify key community members who are ready to disseminate and communicate information to the different community groups.</li> <li>• Promote the role of social actors in pandemic response actions (information, communication, and community monitoring of cases, among others).</li> </ul>   |

| Functions                                  | Description  |
|--|--|
| <b>pandemic</b>                            | <ul style="list-style-type: none"> <li>• Map the intersectoral stakeholders (education, local and regional governments, social development, police, military, communal governments, community and faith-based grassroots organizations, among others) activated for the COVID-19 response.</li> <li>• Identify the role of intersectoral actors and coordinate multimodal activities in response to the preparation and implementation of COVID-19 response measures; the principles of participation and consultation in decision-making should be respected.</li> <li>• Develop means of social engagement that foster better acceptance and ownership of FLC actions; particularly community outreach teams and risk communication activities adapted to the economic, social and cultural situation in communities.</li> </ul>   |
| <b>Administrative support</b>              | <ul style="list-style-type: none"> <li>• Manage the use of network resources and supplies in FLC facilities and local hospitals.</li> <li>• Identify the distribution and profile of human resources in the health services and ensure the composition and availability of human resources required at the FLC (health teams) or increase them according to the progression of the COVID-19 pandemic.</li> <li>• Quantify needs, plan procurements, and ensure the storage, distribution and supply, availability and orderly provision, quality, safety, and timeliness of personal protective equipment, drugs, and other health technologies for the clinical management of patients, as well as supplies for infection control, hand hygiene, and cleaning and disinfection of enclosed community spaces, including health facilities.</li> <li>• Conduct an inventory of available equipment and transportation to handle COVID-19 cases.</li> <li>• Program, budget, and distribute financial resources for care during the pandemic.</li> </ul> |
| <b>Manage information systems and ICTs</b> | <ul style="list-style-type: none"> <li>• Having a real-time standardized information system is a fundamental tool for management of the FLC and coordination with the rest of the service network.</li> <li>• Strengthen the use and application of management tools: human resources management, contingency planning, case reporting, tools for the management and stocking of drugs and supplies, among others.</li> <li>• Use information and communications technologies to conduct online consultations, schedule appointments, manage files electronically, and do online ordering and reporting of test results, medical prescriptions, and medical statistics; this would facilitate more timely care for the population and allow major savings of time and resources.</li> <li>• Conduct specific surveillance by gender and ethnicity, and conduct data analysis and other research based on test results, transmission rates, morbidity and mortality, hospitalization rates, access to health services, and risk factors.</li> </ul>     |

### 3.5 Case management to ensure continuity of care

Management or coordination of care should align with the territorial organization of the FLC. This function is vital for monitoring discharged COVID-19 cases, patients with chronic diseases, and emergency cases such as obstetric emergencies, among others. Such management and coordination involve:

- Keeping patient referral and return mechanisms operational (algorithm for the care and transfer of COVID-19 patients).
- Applying criteria for a safe patient and a safe environment when managing isolation at home.
- Patient monitoring and continuity of care.
- Completing referral forms and managing patient scheduling and transfers.
- Coordinating with managers at higher complexity facilities as necessary.
- Receiving patients and orienting them regarding their appointments and communicating with the attending physician or the service.
- Cross-referrals and communication with the manager or service that requested the referral.
- Identifying mechanisms and materials to inform and educate the community about preventing transmission of SARS-CoV-2.
- Determining steps to train caregivers of people in home isolation.
- Arranging for resources or social benefits and community support services for the comprehensive care of older persons.<sup>8</sup>
- Strengthening the use of tools for micromanagement of services.<sup>9</sup>
- Strengthening the use of tools for clinical management of patients, such as protocols or clinical management guidelines.<sup>10</sup>

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<sup>8</sup> This can also be done by the coordinator or case manager. At this time, it is important to remember that the job of the case manager does not end when the patient tests negative for COVID-19. The objective should be to help optimize the return of functional capacity. To this end, the patient's intrinsic capacity should be leveraged and the environment should be adapted to allow healthy aging. The case manager contributes to the implementation of comprehensive and integrated care plans by finding allies in all sectors, at different levels and in the general community (city halls, social welfare offices, foundations, Boards of Trustees, and churches, among others).

<sup>9</sup> Some examples of these tools are the production and analysis of a data set and basic monitoring indicators at the community level; family files, functional capacity of older persons, overload of caregivers and health workers; stratification, classification, and care of people according to risks; planning or integrated programming of COVID-19 containment measures and continuity of essential services; planning and centralized programming of specialized consultations, outpatient surgeries, chemotherapy and dialysis; incorporation and leveraging of eHealth and telemedicine into clinical management, among others.

<sup>10</sup> PAHO has prepared a considerable number of guidelines, recommendations, information sheets, technical notes, infographics and specific material on COVID-19 that can be of great support and utility for education, social engagement, communication, surveillance, detection, reporting, clinical case management, laboratory testing, infection control, use of PPE, cleaning and disinfection, etc.

### 3.6 Digital transformation of services at the first level of care

1. **COVID-19-centered care:** identify, report, contain, manage, and refer. Health information systems include timely access to properly disaggregated data, adequate integration with national and local systems, digital health, and commonly used ICTs. They facilitate the effective identification, reporting, and analysis of cases and contacts; case-finding and early detection; and the identification and monitoring of at-risk populations, cases, and their contacts. Containment is strengthened by platforms that allow follow-up and monitoring of cases, contacts, quarantine, and social isolation. These systems, in turn, offer mass communication on preventive measures.

Teleconsultation platforms, remote monitoring of patients, and remote communication allow the FLC to manage medical care and facilitate at-home monitoring of people with COVID-19. These same mechanisms, integrated with electronic health records (32) and local and national information systems, permit and facilitate hospital referrals if patients have severe signs and symptoms or risk factors.

By facilitating access to health services, ICTs allow greater equity in access to timely medical care. This facilitates safe and effective evaluation, diagnosis, and treatment of suspected and confirmed cases, while minimizing the risk of transmission.

The working conditions of health workers must be appropriate for the kinds of jobs assigned to them, including their work days, organization of shifts, facilities, and all essential requirements to protect their health and safety. It is necessary to avoid the side effects of using ICTs (fatigue, musculoskeletal injuries, stress, and other health effects).

2. **Maintain continuity of essential services during community transmission of SARS-CoV-2:** Teleconsultation, electronic records, and electronic prescriptions enable remote delivery of health services to persons with disabilities, patients with chronic diseases, older persons, newborns, and children under 1 year of age. They also facilitate care for prenatal and perinatal health, sexual and reproductive health, and mental health, as well as the monitoring and prevention of other health risks in the areas of mental health, food safety, infections, and vector-borne diseases.
3. **Relieve the burden of hospital care not associated with COVID-19:** This includes monitoring, control, and remote accompaniment during community rehabilitation through teleconsultation services and widely used technologies to maintain communication with patients about strategies. Drugs can be prescribed and dispensed to stable, chronically ill patients for more than one month (25), such as those in antiretroviral therapy, diabetics, and hypertensives, among others. Table 5 shows the steps for prioritizing areas.

Table 5. Prioritizing areas for digital transformation of services during the COVID-19 pandemic

| Area  | Description  |
|---|--|
| <b>Governance of information systems</b>                            | Establish or strengthen mechanisms and processes related to the effective use of ICTs; the production, management, and processing of data needed for pandemic response; internet infrastructure; standards for the development or adoption of computer applications and databases; capacity building; and review and updating of legislation. It is important to have a <b>person, entity, or group exclusively responsible for managing the information systems</b> , including all processes entailed in data capture, analysis and dissemination; and to liaise between the facility and the IT infrastructure provider, among others.    |
| <b>Multisectoral management mechanism</b>                           | Establish a formal multisectoral structure or mechanism of transparent and strategic governance in order <b>to devise a framework for action, a strategic plan, and a national road map</b> that includes aspects of prioritization, allocation of financial resources, and adoption of standards for technology applications.   |
| <b>Technology infrastructure</b>                                    | Have <b>technology infrastructure suited to current needs and with the necessary security</b> to allow, at the very least, data capture and analysis, real-time dissemination of information, electronic health registries, and a patient portal (if one exists), as well as the <b>establishment of appropriate communications channels for teleconsultations</b> (workstations and internet access with sufficient band width for multimedia services). If the conditions require it, image compression algorithms could be used where there are connectivity problems.  |
| <b>Automation and interoperability of electronic health records</b> | Automate or improve the capacity of existing systems to communicate with each other; exchange data accurately, effectively, and systematically; and make use of that information at the right time and in the proper format.   |
| <b>Privacy, confidentiality, and data security</b>                  | Strengthen the technology infrastructure and rules related to confidentiality, security, and privacy, including unauthorized access and improper use of patient data, data integrity, and noncompliance with rules and regulations on data protection. It is important to address this together with health experts, judicial authorities, and IT specialists. There are standards that can be used as references, such as ISO standards 27001, 27002 and 27799.   |
| <b>Data processing and information</b>                              | Implement or strengthen the national health information exchange platform for effective and rapid collection, prioritization, and mapping of data through an automated and systematic process that can be adapted to different needs for information for action. Priority should be given to case investigation, contact monitoring, and visualization of transmission chains, including the secure exchange of data on the system and available resources (beds, human resources, supplies, and equipment). Confidentiality issues should be taken into account.  |
| <b>Knowledge management and sharing</b>                             | Use specific mechanisms adapted to the pandemic to actively encourage the involvement of the scientific and academic community, as well as civil society, in the data production process and real-time data analysis, by accessing the right information at the right time and in the right format. Establish mechanisms (forums, knowledge-sharing web sites and distribution lists, among others) to share the new knowledge, document best practices and lessons learned, and fight disinformation and the <i>infodemic</i> (33). It is also useful to share reliable information with the public and help people understand the disease. |
| <b>Innovation</b>   | Incorporate as many tools and applications as possible to improve data access, availability, analysis, and presentation in real-time, using different approaches to analyze and develop predictive models to improve planning, response, and decision-making in the health systems and services.   |

## References

1. Pan American Health Organization. COVID-19 Pandemic in the Region of the Americas. Washington D.C.: PAHO; 2020. Available from: <https://iris.paho.org/handle/10665.2/52345>
2. Pan American Health Organization. Strategy for Universal Access to Health and Universal Health Coverage. Washington D.C.: PAHO; 2014. Available from : <https://www.paho.org/hq/dmdocuments/2014/CD53-5-e.pdf>
3. Pan American Health Organization. Key considerations for integrating gender equality into health emergency and disaster response: Covid-19. Washington D.C.: PAHO; Available from : <https://iris.paho.org/handle/10665.2/52247>.
4. Pan American Health Organization. Marco de referencia de la red integrada de servicios de salud para la respuesta a la pandemia de COVID-19. Washington D.C.: PAHO; 2020. Available from : <https://iris.paho.org/handle/10665.2/52262>.
5. Pan American Health Organization. Reorganization and Progressive Expansion of Health Services for the Response to the COVID-19 Pandemic. Technical Working Document. Washington D.C.: PAHO; 2020. Available from: <https://iris.paho.org/handle/10665.2/52215>
6. Pan American Health Organization. Technical Note. Adapting the First Level of Care in the Context of the COVID-19 Pandemic: Interventions, Modalities, and Scope. Washington D.C.: PAHO; 2020. Available from : <https://iris.paho.org/handle/10665.2/52225>
7. Pan American Health Organization. Recommendations for the Reorganization and Expansion of Hospital Services in Response to COVID-19. Technical Working Document. Washington D.C.: PAHO; 2020. Available from : <https://iris.paho.org/handle/10665.2/52244>
8. World Health Organization. Strategic preparedness and response plan. Geneva: WHO; 2020. Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/strategies-and-plans>.
9. World Health Organization. COVID-19 Strategy Update. Geneva: WHO; 2020. Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/strategies-and-plans>
10. World Health Organization. Maintaining essential health services: operational guidance for the COVID-19 context. Geneva: WHO; 2020. Available from: <https://www.who.int/publications/i/item/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>.
11. United Nations Children’s Fund and the World Health Organization. Community- based health care, including outreach and campaigns, in the context of the COVID-19 pandemic. Geneva: WHO and UNICEF; 2020. Available from: [https://apps.who.int/iris/bitstream/handle/10665/331975/WHO-2019-nCoV-Comm\\_health\\_care-2020.1-eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/331975/WHO-2019-nCoV-Comm_health_care-2020.1-eng.pdf?sequence=1&isAllowed=y).
12. Pan American Health Organization. List of Priority Medical Devices in the Context of COVID-19. Provisional recommendations. Washington D.C.: PAHO; 2020. Available from: <https://iris.paho.org/handle/10665.2/52366>
13. World Health Organization. Global surveillance for COVID-19 caused by human infection with COVID-19 virus: interim guidance. Geneva: WHO; 2020. Available from: <https://www.who.int/publications/i/item/global-surveillance-for-covid-19-caused-by-human-infection-with-covid-19-virus-interim-guidance>.

14. World Health Organization. Clinical management of COVID-19: interim guidance. Geneva: WHO; 2020. Available from: <https://www.who.int/publications/i/item/clinical-management-of-covid-19>.
15. Pan American Health Organization. Revised case report form for Confirmed Novel Coronavirus COVID-19. Washington D.C.: PAHO; 2020. Available from: <https://apps.who.int/iris/bitstream/handle/10665/331234/WHO-2019-nCoV-SurveillanceCRF-2020.2-eng.pdf>
16. Pan American Health Organization. Planilla para el listado de casos. Washington D.C.: PAHO; 2020. Available from : <https://www.paho.org/es/documentos/planilla-para-listado-casos>.
17. Pan American Health Organization. Combination of tasks of nurses and other professionals in primary health care: a systematic review Washington D.C.: PAHO; Available from : <https://iris.paho.org/handle/10665.2/52469?locale-attribute=es>
18. Pan American Health Organization. Care for health workers exposed to the new Coronavirus (COVID-19) in health facilities. Washington D.C.: PAHO; 2020. Available from: <https://iris.paho.org/handle/10665.2/52032>
19. Pan American Health Organization. Handout: Managing the mental health of workers during the COVID-19 pandemic. Washington D.C.: PAHO; 2020. Available from: <https://www.paho.org/en/documents/managing-mental-health-health-workers-during-covid-19-pandemic>
20. World Health Organization. World report on ageing and health 2015. Geneva: WHO; 2015. Available from: <https://www.who.int/ageing/events/world-report-2015-launch/en/>
21. Pan American Health Organization. COVID-19 Recommended Interventions in Mental Health and Psychosocial Support (MHPSS) during the Pandemic. Washington D.C.: PAHO; 2020. Available from: <https://www.paho.org/en/documents/covid-19-recommended-interventions-mental-health-and-psychosocial-support-mhpss-during>
22. Pan American Health Organization. Mental health and psychosocial considerations during the COVID-19 outbreak. Washington D.C.: PAHO; 2020. Available from : <https://www.paho.org/en/documentos/consideraciones-psicosociales-salud-mental-durante-brote-covid-19>
23. Pan American Health Organization. Promoting health equity, gender and ethnic equality, and human rights in COVID-19 responses: Key considerations. Washington D.C.: PAHO; 2020. Available from : <https://iris.paho.org/handle/10665.2/52058>
24. Interagency Standing Committee. Covid-19: how to include marginalized and vulnerable people in risk communication and community engagement. Available from: <https://interagencystandingcommittee.org/system/files/2020-03/COVID-19%20->
25. Pan American Health Organization, World Health Organization, United Nations Development Program, United Nations Childrens Fund, United Nations Population Fund, the Joint United Nations Program on HIV/AIDS. Coronavirus disease (COVID-19) and HIV: Key issues and actions. Washington D.C.: PAHO; 2020. Available from: <https://www.paho.org/en/news/24-3-2020-coronavirus-disease-2019-covid-19-and-hiv-key-issues-and-actions>

26. Pan American Health Organization. Key Considerations for Integrating Gender Equality into Health Emergency and Disaster Response: COVID-19. Washington D.C.: PAHO; 2020. Available from : <https://iris.paho.org/handle/10665.2/52247>
27. Pan American Health Organization. Considerations for the implementation and management of contact tracing for coronavirus disease 2019 (COVID-19) in the Region of the Americas. Washington D.C.: PAHO; 2020. Available from : <https://iris.paho.org/handle/10665.2/52384>.
28. Pan American Health Organization. Considerations for the Reorganization of Cancer Services during the COVID-19 Pandemic, Washington D.C.: PAHO. 26 May 2020 Available from: <https://iris.paho.org/handle/10665.2/52263>
29. Pan American Health Organization. Managing People with Chronic Kidney Disease during COVID-19: Considerations for Health Providers. Washington D.C.: PAHO; 2020. Available from : <https://iris.paho.org/handle/10665.2/52272>
30. Pan American Health Organization. Initial care of persons with acute respiratory illness (ARI) in the context of coronavirus disease (COVID-19) in healthcare facilities: assess the risk, isolate, refer. Interim recommendations, version 1. Washington D.C.: PAHO; 2020. Available from: <https://iris.paho.org/handle/10665.2/52031>
31. Pan American Health Organization. Webinar series: Share-Listen-Act, COVID-19: The Potential of Digital Health and Information Systems for Health (IS4H) in the Fight against the Pandemic. Washington D.C.: PAHO; 2020. Available from : <https://iris.paho.org/handle/10665.2/52502>
32. Pan American Health Organization. Electronic Health Records (EHF) and Interoperability: Understanding two key concepts for a better public health response. Washington D.C.: PAHO; 2020. Available from : <https://iris.paho.org/handle/10665.2/52003>
33. Pan American Health Organization. Understanding the Infodemic and Misinformation in the Fight against COVID-19. Washington D.C.: PAHO; 2020. Available from : <https://iris.paho.org/handle/10665.2/52052>

## Annexes

### A. Noncommunicable diseases, mental health, violence, and rehabilitation

**Table A1. Support for people with noncommunicable diseases and issues related to mental health, violence, and rehabilitation during the COVID-19 pandemic**

| Component   | Scenario 1<br>No cases  | Scenario 2<br>Sporadic cases  | Scenario 3<br>Clusters of cases   | Scenario 4<br>Community transmission  |
|---|---|---|---|---|
| <b>Services for people with diabetes, hypertension, and other noncommunicable diseases (NCDs)</b> | <ul style="list-style-type: none"> <li>• Continue NCD services, strengthen infection prevention measures, and meet the requirements of social distancing, hand hygiene, and cleaning of surfaces.</li> <li>• Raise awareness about heightened susceptibility to COVID-19 for people with NCDs and specific risk factors and a greater likelihood of developing severe illness after infection with SARS-CoV-2, as well as ways to reduce the risk of transmission and increase knowledge of COVID-19 symptoms, among others.</li> </ul> | <ul style="list-style-type: none"> <li>• Continue NCD services and further strengthen infection prevention, in particular through distancing, hand hygiene, use of PPE, and cleaning and disinfection of surfaces.</li> <li>• Temporarily suspend cancer screening activities.</li> <li>• Prioritize services for the most vulnerable patients: older persons, people with multiple comorbidities, and marginalized populations.</li> <li>• Space out regularly scheduled checkups to limit visits and manage patient volume and flows to avoid crowding in waiting areas and create a unidirectional flow of patients and health workers.</li> </ul> | <ul style="list-style-type: none"> <li>• Provide NCD services through phone and telehealth systems.</li> <li>• For in-person NCD visits, triage patients outside the clinic to reduce the risk of COVID-19 transmission. Establish separate spaces and areas for seeing patients that do not have COVID-19.</li> <li>• Continue heightened precautions for all patients at all times, particularly with regard to distancing, hand hygiene, use of PPE, and cleaning and disinfection of surfaces.</li> </ul> | <ul style="list-style-type: none"> <li>• Continue to offer NCD services through phone and telehealth systems, and temporarily suspend in-person visits for routine and non-urgent care.</li> <li>• Step up self-care strategies for people with NCDs, including for health and emotional and psychological well-being.</li> <li>• For urgent in-person visits, ensure that patients are triaged outside the clinic to rule out any risk of COVID-19; ensure separate areas for seeing people without COVID-19.</li> </ul> |

| Component | Scenario 1<br>No cases   | Scenario 2<br>Sporadic cases   | Scenario 3<br>Clusters of cases  | Scenario 4<br>Community transmission  |
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|           | <ul style="list-style-type: none"> <li>• Provide advice on self-management strategies and strengthen them.</li> <li>• Prescribe essential drugs for 90 days.</li> <li>• Be prepared for service delivery by phone and telehealth, and inform people with NCDs about any change in service delivery.</li> <li>• Provide information on how to communicate with the health providers if in-person visits are not possible.</li> <li>• Update and maintain the records of patients with NCDs, including the results of diagnostic tests, the stage of the disease, any change in treatment, etc.</li> <li>• Strengthen and maintain NCD surveillance systems to ensure continuous monitoring of NCDs and their risk factors.</li> </ul> | <ul style="list-style-type: none"> <li>• Evaluate the supply and need for essential NCD medications, and plan for any restrictions in the supply chain.</li> </ul> | <ul style="list-style-type: none"> <li>• If possible, consider home delivery of essential NCD drugs in order to reduce visits to pharmacies for prescribed drugs.</li> </ul> | <ul style="list-style-type: none"> <li>• Make sure suppliers and service personnel have adequate PPE and do not have COVID-19.</li> <li>• If possible, consider home delivery of essential NCD drugs to avoid interruptions in the availability of prescribed drugs.</li> <li>• Address any erroneous information about NCD drugs and their impact on susceptibility to COVID-19 or the risk of a more serious case.</li> <li>• Adapt the referral path for specialized or emergency health care services in order to help people (with or without COVID-19); and keep emergency care systems and protocols separate in order to handle emergencies that may arise for people with NCDs.</li> </ul> |

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| <p><b>Mental health services</b></p> | <ul style="list-style-type: none"> <li>• Communicate effectively about COVID-19 to promote mental health and psychosocial well-being. Strengthen community-based interventions and social support.</li> <li>• Give access to information on positive coping methods.</li> <li>• Provide psychological first aid (PFA) to people at risk.</li> <li>• Handle all the common priority mental, neurological, and substance use disorders through the Mental Health Gap Action Program (mhGAP).</li> <li>• Identify and refer people in crisis with serious mental disorders.</li> <li>• Adapt programming in order to reduce transmission through physical distancing and COVID-19 prevention measures, as well as consultation, training, and supervision.</li> <li>• Provide medication for two to three months if possible, with a clear plan for safe storage and medication compliance.</li> <li>• Initiate telephone consultations for future visits.</li> <li>• Prepare emergency plans for medication problems when there is a longer interval between prescriptions (when</li> </ul> | <ul style="list-style-type: none"> <li>• Communicate effectively about COVID-19 to promote mental health and psychosocial well-being.</li> <li>• Strengthen community interventions and social support.</li> <li>• Give access to information on positive coping mechanisms.</li> <li>• Support activities to help isolated older persons stay connected with others.</li> <li>• Provide psychological first aid to people at risk and in quarantine.</li> <li>• Limit, modify, or end in-person or group activities.</li> <li>• Train staff to work remotely.</li> <li>• Establish remote systems for supervision, technical support, and risk management.</li> <li>• Make individual safety plans for service users at higher risk for COVID-19 health complications who have incomplete protection.</li> <li>• Provide medication for two to three months if possible, with a clear plan for safe storage and use of medication.</li> <li>• Initiate telephone consultations for future visits.</li> <li>• Prepare and begin to implement emergency plans for medication problems when there is a longer interval between prescriptions (when clinically possible) and on-line or remote prescriptions in accordance with regulations in the country.</li> </ul> | <ul style="list-style-type: none"> <li>• Adapt the services, giving priority to people with moderate to severe mental health problems.</li> <li>• Use recommended remote interventions in mental health and psychosocial support services (MHPSS) whenever possible.</li> <li>• Allow community-based personnel to adapt to the new forms of work.</li> <li>• Arrange systems for on-line or telephone supervision to support personnel.</li> <li>• Prepare all staff to work in situations of severely restricted movement.</li> <li>• Train staff to remain in direct contact with service users about specific personal protection measures that will be implemented if community transmission occurs.</li> <li>• Minimize visits to health facilities.</li> <li>• Give priority to monitoring people with severe or acute mental, neurological, and substance abuse disorders and related emergencies.</li> <li>• Whenever possible, substitute in-person consultation with remote consultation.</li> <li>• Home visits will be considered on an exceptional basis for emergencies only if they are</li> </ul> | <ul style="list-style-type: none"> <li>• Offer direct clinical services in adapted modalities (with proper protection from COVID-19 infection) only when essential for survival or to reduce severe symptoms and suffering.</li> <li>• Develop contingency plans with the hospitals to offer psychiatric services and to determine decision-making processes and alternative continuity of care for people with severe mental disorders.</li> <li>• Provide community-based care through available virtual modalities such as telephone or telemedicine, and provide direct support only in response to mental health crises.</li> <li>• Implement personal protection plans for staff who are in direct contact with users of the service.</li> <li>• Use remote methods for management, training, and supervision.</li> <li>• If the circumstances persist, emergency measures should be replaced with long-term adaptations in the service.</li> <li>• Give priority to in-person care only for the initial treatment of mental, neurological, and substance use (MNS) disorders that involve a severe decline in</li> </ul> |
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| Component | Scenario 1<br>No cases   | Scenario 2<br>Sporadic cases | Scenario 3<br>Clusters of cases   | Scenario 4<br>Community transmission  |
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|           | <p>clinically possible) and on-line or remote prescriptions in accordance with regulations in the country.</p> |                              | <p>viable and safe and include protection measures.</p> <ul style="list-style-type: none"> <li>• Implement proper safety measures if consultations are performed at the facilities.</li> <li>• Consider the distribution of drugs through remote or community-based delivery points.</li> <li>• Conduct face-to-face consultations when necessary (for the management of side effects or uncontrolled symptoms) with the use of PPE or, in its absence, conduct remote consultation.</li> </ul> | <p>function or situations in which life is endangered, and organize proper referrals.</p> <ul style="list-style-type: none"> <li>• For persons with substance use disorders, maintain critical harm reduction interventions and psychosocial services, including uninterrupted treatment with opioid agonists and the management of severe withdrawal syndromes, with referrals when necessary.</li> <li>• Prolong prescription periods to include expanded at-home practices (e.g., for methadone or buprenorphine treatment, extended release anticonvulsive drugs, or depot neuroleptic drugs with informed consent) or periodic home delivery of medicines. Involve the caregivers to make sure they store medicines safely to reduce the risk of suicide.</li> </ul> |

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|  |  |  |  | <ul style="list-style-type: none"><li>• Digital medical care or telemedicine can be introduced for:<ul style="list-style-type: none"><li>○ follow-up visits.</li><li>○ psychological treatment, if the patient's functioning is not seen to be critically affected.</li><li>○ caregivers of people with MNS disorders.</li><li>○ group psychosocial care (e.g., support groups).</li></ul></li><li>• Offer digital or written self-help materials for initial treatment of mild symptoms of depression and anxiety.</li><li>• Improve care coverage for isolated people who have serious MNS disorders, if necessary. Be sure to continue home visits in specific situations (e.g., care of older adults with MNS disorders).</li><li>• For service users with mild symptoms, maintain contact remotely.</li><li>• Continue maintenance treatment for mental, neurological, and substance use through remote modalities.</li></ul> |
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| <p><b>Tobacco and nicotine cessation programs and services</b></p> | <ul style="list-style-type: none"> <li>• Maintain usual services while facilities remain open, according to regulations established for the prevention of COVID-19.</li> <li>• Strengthen remote cessation services.</li> <li>• Ensure the availability of up-to-date evidence-based information in digital media.</li> <li>• Update the information available from the country on WHO's Florence platform (digital service).<sup>a</sup></li> <li>• Provide self-help materials (e.g., <i>A guide for tobacco users to quit</i>).<sup>b</sup></li> <li>• Strengthen the capacity of primary care personnel for virtual cessation services training (e.g., the WHO online course Training for tobacco quit line counselling<sup>c</sup>).</li> </ul> | <ul style="list-style-type: none"> <li>• Use text messaging service.<sup>d</sup></li> <li>• Implement and strengthen free quit lines or incorporate them into COVID-19<sup>e</sup> lines.</li> <li>• Brief counselling through other virtual modalities (Florence platform).<sup>a</sup></li> <li>• Provide self-help materials.<sup>b</sup></li> <li>• Use the document <i>Tobacco control in complex emergency situations</i><sup>f</sup> as a reference document.</li> <li>• Facilitate special cessation services for first level of care providers, emphasizing nicotine replacement therapy as well as the country's protocols.</li> </ul> | <p>Incorporate cessation drugs into the system for distribution of other drugs to treat NCDs.</p> |
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| <p><b>Services for people affected by domestic violence (women, children, and older persons)</b></p> | <ul style="list-style-type: none"> <li>• Include the problem of domestic violence when designing, implementing, and monitoring health emergency preparedness and response plans at the facility and health system level.</li> <li>• Ensure continued financing of essential prevention and response services during every phase of the pandemic.</li> <li>• Review health system protocols and related clinical guidelines to ensure they are applied and operational during every phase of the pandemic and that IPC measures are included where appropriate.</li> <li>• Set up a system in collaboration with other sectors (social welfare, protection, justice, policies) for the continuous mapping and adjustment of referral channels for all essential services for victims.</li> </ul> | <ul style="list-style-type: none"> <li>• Maintain services for victims of violence and continue to strengthen infection prevention and control measures, particularly with regard to distancing, hygiene, use of PPE, and cleaning and disinfection of surfaces. This may include the development and implementation of new guidelines with modified service delivery modalities for shelters and other health services and protection for victims of violence.</li> <li>• Set up a system in collaboration with other sectors (social welfare, protection, justice, policies) for the continuous mapping and adjustment of referral channels for all essential services for the victims.</li> <li>• Work with other service providers to incorporate messages for victims and establish new points of access to essential services for victims (e.g., COVID-19 testing sites).</li> <li>• Suspend or reduce on-site group activities for victims and perpetrators and begin to deliver these services online.</li> </ul> | <ul style="list-style-type: none"> <li>• Map and periodically adjust referral channels to ensure access to essential services for victims, in collaboration with the priority sectors.</li> <li>• Offer most violence prevention and response measures online (particularly identification and first line support, support for the parents, self-help and peer support, alcohol and drug addiction treatment, psychosocial support, follow-up visits whenever possible, among others) and continue building capacity.</li> <li>• Implement measures to give victims of rape access to care 24 hours a day, seven days a week, including contraception if restrictions on movement increase.</li> </ul> | <ul style="list-style-type: none"> <li>• Map and periodically adjust referral channels to ensure continuous access to essential services for victims, in collaboration with priority sectors.</li> <li>• Give victims of rape access to care 24 hours a day, seven days a week, including negotiating with local police for exceptions to restrictions on movement.</li> <li>• Renew prescriptions and, whenever possible, facilitate home delivery of SRH products and other essential drugs for victims.</li> <li>• Continue to improve access to remote and telephone services for victims, including, at the very least, front-line support.</li> </ul> |
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|  | <ul style="list-style-type: none"> <li>• Continue health services for victims of violence and strengthen the capacity of service providers and health administrators to respond to them.</li> <li>• Advise and strengthen self-care strategies for victims, including on-line means of social support and self-help.</li> <li>• Prescribe essential drugs for a 90-day period (e.g., contraceptives).</li> <li>• Raise awareness about increased risk of violence in the context of the COVID-19 pandemic, including community advocacy of zero tolerance of violence in any circumstance.</li> <li>• Plan for telephone and telehealth service delivery in stages and inform victims of violence and at-risk groups of any change in service delivery.</li> <li>• Strengthen and maintain surveillance systems of violence and injuries and link them to police data.</li> </ul> | <ul style="list-style-type: none"> <li>• Establish and strengthen the capacity of help lines (including on COVID-19, mental health, and violence) to identify victims of violence and provide first-line support.</li> <li>• Continue awareness-raising activities among health workers about the relationship between violence and COVID-19 and continue to strengthen their skills in identifying and providing first-line support, particularly at the first level of care and in emergency services.</li> <li>• Design individual safety plans for users of the service at greatest risk of violence in the context of COVID-19 and devise systems to support and manage cases remotely.</li> <li>• Set up systems to monitor and prevent abuse in the health workplace and other institutions, such as violence against health workers, in children’s homes, homes for older adults, among others.</li> <li>• Design a plan for the prevention of other harm and abuse of children, for example, in case of family separation or alternative care arrangements if a caregiver dies or becomes ill.</li> </ul> | <ul style="list-style-type: none"> <li>• If feasible, consider home delivery of sexual and reproductive health (SRH) products (e.g., family planning and emergency contraception, prophylaxis after exposure to HIV and STI, hepatitis B vaccine, among others, as needed), and other drugs, in order to reduce visits to pharmacies to obtain prescription drugs or refill prescriptions.</li> <li>• Prioritize face-to-face services for the most vulnerable patients, such as those who live in violent situations and those with urgent needs, such as care after rape, and for marginalized populations, while applying appropriate IPC measures (e.g., physical distancing, hand hygiene, use of PPE, and cleaning and disinfection of surfaces).</li> <li>• Use multiple channels and formats to keep the public informed about the availability of services to prevent and respond to violence.</li> </ul> | <ul style="list-style-type: none"> <li>• Continue awareness-raising activities among health workers regarding their key role in identifying and providing first-line support, particularly at the first level of care.</li> <li>• Establish other mechanisms to identify victims and provide them with assistance in the context of the COVID-19 pandemic, without compromising their safety (e.g., key words and signs in pharmacies, supermarkets, etc.).</li> <li>• Maintain support for victims in planning their safety, even through partnerships with other sectors and civil society, to increase access to identification, provide first-line support, and provide shelter.</li> <li>• Prevent additional harm to children, for example, in case of family separation or alternative care arrangements if a caregiver dies or becomes ill.</li> <li>• Be sure to continue home visits for specific situations, including the most vulnerable population groups (e.g., children in violent situations).</li> </ul> |
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|  | <ul style="list-style-type: none"> <li>• Set up systems to prevent workplace abuse in health settings and other institutions, including violence against health workers, in children’s homes, against older persons, among others.</li> </ul>   |   | <ul style="list-style-type: none"> <li>• Continue to raise awareness among health workers about the relationship between violence and COVID-19, and continue to strengthen their ability to identify and provide first-line support, especially at the first level of care and in emergency services.</li> <li>• Continue to support victims in planning for their safety, including through partnerships with other sectors or civil society to strengthen the ability to identify violence, provide first-line support, and shelters.</li> <li>• Set up systems to monitor and prevent workplace abuse in the health sector and other institutions, such as violence against health workers, in children’s homes, and against older persons, among others.</li> <li>• Prevent additional harm to children, for example, in case of family separation or alternative care arrangements if a caregiver dies or becomes ill.</li> </ul> | <ul style="list-style-type: none"> <li>• Set up systems to monitor and prevent workplace abuse in the health sector and other institutions, such as violence against health workers, in children’s homes, and against older persons, among others.</li> <li>• Keep the public informed on the availability of services through multiple channels and formats:             <ul style="list-style-type: none"> <li>○ Reiterate that violence in the community is never acceptable.</li> <li>○ Strengthen self-care and support for victims, including options of informal social support and positive coping methods.</li> <li>○ Address any disinformation or stigma that could trigger violence or control by the perpetrators.</li> </ul> </li> </ul> |
| <p><b>Rehabilitation services and assistive technology</b></p> | <ul style="list-style-type: none"> <li>• Make sure that rehabilitation services are included in the primary health services package. Establish the patient path and intervention protocols for rehabilitation service delivery in primary health care based on the context and availability of the work force.</li> </ul> | <ul style="list-style-type: none"> <li>• Continue to provide rehabilitation services at primary care posts and facilities, with established PPE and IPC measures, including cleaning of equipment between each user.</li> </ul> | <ul style="list-style-type: none"> <li>• Provide rehabilitation services at primary care posts and facilities only for the most urgent cases (where deterioration may occur), with established PPE and IPC measures, including cleaning of equipment between each user.</li> </ul>   | <ul style="list-style-type: none"> <li>• Provide rehabilitation services through phone and telehealth for urgent cases (where deterioration may occur).</li> </ul>   |

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|  | <ul style="list-style-type: none"> <li>• Continue to provide rehabilitation services at primary care posts and facilities, with established PPE and IPC measures, including cleaning of the equipment between each user.</li> <li>• Consider conducting home visits for priority cases with complete personal protection and IPC measures.</li> <li>• Consider offering group rehabilitation with physical distancing measures and established IPC protocols.</li> <li>• Train rehabilitation personnel in the protocols and procedures of working remotely in stages.</li> <li>• Develop triage protocols for COVID-19 patients needing rehabilitation and set up a general system of rehabilitation exercises and strategies for home management.</li> </ul> | <ul style="list-style-type: none"> <li>• Offer rehabilitation services by phone and telehealth as alternatives for high risk population groups.</li> <li>• Temporarily suspend group classes and, insofar as possible, provide virtual group rehabilitation services instead of in-person groups, such as cardiac rehabilitation and fall prevention classes, among others.</li> <li>• Establish mechanisms to receive discharged COVID-19 patients and others discharged from the hospital requiring continuous rehabilitation in the community.</li> <li>• Provide rehabilitation services with established PPE and IPC measures.</li> <li>• Consider home visits only for urgent cases for which there is no alternative.</li> <li>• Develop triage protocols for COVID-19 patients needing rehabilitation and set up a general exercise and rehabilitation system and strategies for home management.</li> <li>• Set up an appointment system to ensure the necessary physical distancing among people in rehabilitation throughout the day.</li> </ul> | <ul style="list-style-type: none"> <li>• Provide rehabilitation services through phone and telehealth for routine, non-urgent cases.</li> <li>• Temporarily discontinue in-home rehabilitation services.</li> <li>• Continue with tele-rehabilitation services without in-person or home visits.</li> <li>• Hold periodic virtual coordination meetings with other community services and key stakeholders, such as organizations of persons with disabilities.</li> <li>• Develop triage protocols for COVID-19 patients needing rehabilitation and set up a general exercise and rehabilitation system and strategies for home management.</li> <li>• Set up an appointment system to ensure the necessary physical distancing among the people in rehabilitation throughout the day.</li> </ul> | <ul style="list-style-type: none"> <li>• Coordinate early telehealth appointments for all people discharged from hospital requiring continuous rehabilitation.</li> <li>• Provide a package of management strategies and home exercises for COVID-19 patients and others discharged from the hospital who require ongoing rehabilitation.</li> <li>• Hold periodic virtual coordination meetings with other community services and key stakeholders, such as organizations of persons with disabilities.</li> <li>• Develop triage protocols for COVID-19 patients needing rehabilitation and set up a general exercise and rehabilitation system and strategies for home management.</li> <li>• Set up an appointment system to ensure the necessary physical distancing among the people in rehabilitation throughout the day.</li> </ul> |
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|  | <ul style="list-style-type: none"> <li>• Set up an appointment system to ensure the necessary physical distancing among the people in rehabilitation throughout the day.</li> <li>• Establish COVID-19 detection and triage protocols for service users.</li> <li>• Establish referral mechanisms for COVID-19 patients and others discharged from the hospital requiring continuous community-based rehabilitation.</li> <li>• Establish comprehensive record-keeping and data management procedures.</li> <li>• Ensure that rehabilitation staff has access to full PPE and diagnostic tests in accordance with the country's rules.</li> </ul> | <ul style="list-style-type: none"> <li>• Establish COVID-19 detection and triage protocols for service users.</li> <li>• Establish referral mechanisms for COVID-19 patients and others discharged from the hospital requiring continuous community-based rehabilitation.</li> <li>• Establish comprehensive record keeping and data management procedures.</li> <li>• Ensure that rehabilitation staff has access to full PPE and diagnostic tests in accordance with the country's rules.</li> </ul> | <ul style="list-style-type: none"> <li>• Establish COVID-19 detection and triage protocols for service users.</li> <li>• Establish referral mechanisms for COVID-19 patients and others discharged from the hospital requiring continuous community-based rehabilitation.</li> <li>• Establish comprehensive record keeping and data management procedures.</li> <li>• Ensure that rehabilitation staff has access to full PPE and diagnostic tests in accordance with the country's rules.</li> </ul> | <ul style="list-style-type: none"> <li>• Establish COVID-19 detection and triage protocols for service users.</li> <li>• Establish referral mechanisms for COVID-19 patients and others discharged from the hospital requiring continuous community-based rehabilitation.</li> <li>• Establish comprehensive record keeping and data management procedures.</li> <li>• Ensure that rehabilitation staff has access to full PPE and diagnostic tests in accordance with the country's rules.</li> </ul> |
|  | <ul style="list-style-type: none"> <li>• Establish accessibility and inclusion standards for persons with disabilities in coordination with disability agencies, experts, and organizations. Accessibility standards should include physical accessibility and adaptations to meet communication needs (e.g., sign language interpretation) and standards of care.</li> </ul>   | <ul style="list-style-type: none"> <li>• Establish accessibility and inclusion standards for persons with disabilities in coordination with disability agencies, experts, and organizations. Accessibility standards should include physical accessibility and adaptations to meet communication needs (e.g., sign language interpretation) and standards of care.</li> </ul>  | <ul style="list-style-type: none"> <li>• Establish accessibility and inclusion standards for persons with disabilities in coordination with disability agencies, experts, and organizations. Accessibility standards should include physical accessibility and adaptations to meet communication needs (e.g., sign language interpretation) and standards of care.</li> </ul>  | <ul style="list-style-type: none"> <li>• Establish accessibility and inclusion standards for persons with disabilities in coordination with disability agencies, experts, and organizations. Accessibility standards should include physical accessibility and adaptations to meet communication needs (e.g., sign language interpretation) and standards of care.</li> </ul>  |

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|  | <ul style="list-style-type: none"> <li>• Establish or maintain protocols to disaggregate disability data.</li> <li>• Ensure that all primary care staff is trained in non-discriminatory practices and ensure that the persons with disabilities receive the same level of care as people who do not have a disability.</li> <li>• Establish local coordination mechanisms with local disability actors and agencies to collaborate in the identification and support of persons with disabilities during outbreaks and emergencies.</li> <li>• Support local community spaces, such as nursing homes, to establish IPC procedures and protocols to prevent and contain outbreaks and reduce the risk for residents.</li> </ul> | <ul style="list-style-type: none"> <li>• Establish or maintain protocols to disaggregate disability data.</li> <li>• Be sure to include persons with disabilities and their representative groups in the planning and application of all population-wide interventions (e.g., immunization campaigns).</li> <li>• Ensure that local service providers and caregivers for persons with disabilities have access to testing and full PPE as a priority work force.</li> <li>• Consider setting aside certain times for persons with disabilities to access primary care services.</li> <li>• Offer telehealth visits for persons with disabilities who request them or are at greater risk due to underlying conditions.</li> <li>• Clean and disinfect assistive devices (e.g., walkers, wheelchairs) that persons with disabilities bring to their appointments.</li> </ul> | <ul style="list-style-type: none"> <li>• Establish or maintain protocols to disaggregate disability data.</li> <li>• Be sure to include persons with disabilities and their representative groups in the planning and application of all population-wide interventions (e.g., immunization campaigns).</li> <li>• Ensure that local service providers and caregivers for persons with disabilities have access to testing and full PPE as a priority work force.</li> <li>• Provide telehealth visits for persons with disabilities who request them or are at greater risk due to underlying conditions.</li> <li>• Ensure that telehealth services are accessible for people with sensory or communication needs (e.g., subtitles, virtual sign language, among others).</li> </ul> | <ul style="list-style-type: none"> <li>• Establish or maintain protocols to disaggregate disability data.</li> <li>• Be sure to include persons with disabilities and their representative groups in the planning and application of all population-wide interventions (e.g., immunization campaigns).</li> <li>• Ensure that local service providers and caregivers for persons with disabilities have access to testing and full PPE as a priority work force.</li> <li>• Prioritize testing and the provision of PPE to persons with disabilities who may be at higher risk of contracting COVID-19.</li> </ul> |
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|  | <ul style="list-style-type: none"> <li>• Clean and disinfect assistive devices (e.g., walkers, wheelchairs) that persons with disabilities bring to their appointments.</li> <li>• Be sure to include persons with disabilities and their representative groups in the planning and application of all population-wide interventions (e.g., immunization campaigns).</li> <li>• Ensure that local service providers and caregivers for persons with disabilities have access to testing and full PPE as a priority work force.</li> </ul> | <ul style="list-style-type: none"> <li>• Provide support for local community spaces to prevent and manage any outbreaks.</li> </ul> | <ul style="list-style-type: none"> <li>• Provide support for local community spaces to prevent and manage any outbreaks.</li> </ul> | <ul style="list-style-type: none"> <li>• Activate coordination mechanisms with local health care providers serving persons with disabilities to ensure they are included in the response and that they have access to the services they need.</li> <li>• Provide support for local community spaces to prevent and manage any outbreaks.</li> </ul> |
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<sup>a</sup> World Health Organization. *Florence Platform*. Available from: <https://who-en.digitalhero.cloud/>

<sup>b</sup> Pan American Health Organization, *A guide for tobacco users to quit*. Washington D.C.: PAHO, 2020. Available from: <https://www.paho.org/en/documents/guide-tobacco-users-quit>

<sup>c</sup> World Health Organization. *Training for primary care providers: brief tobacco interventions*. Geneva: WHO; 2013. Available from: <https://www.who.int/tobacco/quitting/training-for-primary-care-providers/en/>

<sup>d</sup> World Health Organization and International Telecommunications Union. *Be healthy, be mobile: a handbook on how to implement Tobacco Cessation*. Geneva. WHO and ITU; 2015. Available from: <https://apps.who.int/iris/bitstream/handle/10665/251719/9789241549813-eng.pdf;jsessionid=9B45D526EFCB608727BACDBF52DBD6B7?sequence=1>

<sup>e</sup> World Health Organization. *Training for tobacco quit line counsellors: telephone counselling*. Geneva: WHO; 2014. Available from: [https://www.who.int/tobacco/publications/smoking\\_cessation/9789241507264/en/](https://www.who.int/tobacco/publications/smoking_cessation/9789241507264/en/).

<sup>f</sup> World Health Organization. *WHO Framework Convention for Tobacco Control. Conference of the Parties to the WHO Framework Convention for Tobacco Control. Eighth Meeting*. Geneva (Switzerland), 2018 October 1-6. Available from: [https://www.who.int/fctc/cop/sessions/cop8/FCTC\\_COP8\(20\).pdf?ua=1](https://www.who.int/fctc/cop/sessions/cop8/FCTC_COP8(20).pdf?ua=1)

Each program identifies essential interventions and their actions. The *Technical Note on Adapting the first level of care in the context of the COVID-19 pandemic*<sup>11</sup> gives a general idea of the actions to be carried out and their modalities; in this case they only refer to a scenario of sustained community transmission. However, on the recommendation and request of several countries, we propose that the four progression scenarios of the pandemic be considered.

<sup>11</sup> Pan American Health Organization. *Technical Note. Adapting the first level of care in the context of the COVID-19 pandemic: interventions, modalities and scope*. Washington D.C.: PAHO; 2020. Available from : <https://iris.paho.org/handle/10665.2/52225>

## B. Communicable<sup>12</sup> diseases

### General objective

Maintain activities to prevent, detect, treat, and monitor cases of communicable diseases while preventing the spread of COVID-19 and ensuring the safety of service providers.

The principal measures are:

- Adapt case detection efforts to the situation of the health care network flows for COVID-19 at the local level to ensure early treatment.
- Simplify surveillance and control operations in accordance with local COVID-19 scenarios in order to ensure essential activities.
- Ensure and optimize the management of key supplies for the prevention and management of cases (including drugs, diagnostic supplies, and vector control supplies, among others).
- Protect health workers and everyone involved in prevention and control actions.

### 1. Neglected, tropical, and vector-borne diseases

The following actions in areas endemic for malaria and other neglected, tropical, and vector-borne diseases (CDE/VT) should be adapted according to COVID-19 risk scenarios:

- **Scenario 1.** Area endemic for malaria and other vector-borne diseases (VBD) with no COVID-19 cases: Actions against malaria and other VBDs will continue without major changes at the local level; emphasis will be placed on protecting the health of workers. Care for cases of malaria and other VBDs will be adapted to changes in the local network and to the surveillance route of COVID-19; diagnostic points for malaria and other VBDs available to the population reporting fever will be secured. Communication strategies are devised to encourage people with fever to come in for early treatment. Adjustments will be made to policies for fighting malaria and other VBDs at the national level. Planned vector control actions will continue.
- **Scenarios 2 and 3.** Area endemic for malaria and other VBDs with imported cases of COVID-19, local transmission in clusters of cases, or both: The same measures as scenario 1, plus: optimization of microscopy and rapid diagnostic tests (RDT), and other actions to detect and diagnose VBDs if diagnostic capacity is affected. Case management by community agents should conform to national COVID-19 guidelines (suspension or adjustment of activities with personal protective equipment [PPE] and training). Treatment supervision and control processes should be simplified. Cases will be investigated only to prevent the reestablishment of transmission of malaria and other VBDs. Planned vector control measures will continue in accordance with the capacity of personnel. The processes of reporting and supervision of the health units will be simplified.

<sup>12</sup> This Annex was prepared from the following document: Pan American Health Organization. Measures to ensure the continuity of the response to malaria in the Americas during the COVID-19 pandemic, 24 April 2020. Washington D.C.: PAHO; 2020. Available from : <https://iris.paho.org/handle/10665.2/52080>

- **Scenario 4.** Area endemic for malaria and other VBDs with community transmission of COVID-19: The same measures as scenarios 2 and 3, plus: only essential actions against malaria and other VBDs are performed, to provide early diagnosis and treatment at fixed institutional or mobile points; health workers should have PPE. Surveillance is maintained to detect and respond to outbreaks. Measures are considered for exceptional situations (presumptive treatment, mass drug administration—MDA) in select areas with high malaria and other VBD burden when services capacity is exceeded, according to national policy and whether sufficient drugs and supplies are available. (For more information on specific malaria, dengue, *Aedes aegypti*, and neglected tropical disease control programs in the context of COVID-19, see the reference materials included at the end of this section).

**Table B1. Components and actions against neglected, tropical, and vector-borne diseases at each phase of COVID-19.**

| Components                     | Scenario 1<br>No cases  | Scenario 2<br>Sporadic cases   | Scenario 3<br>Clusters of cases | Scenario 4<br>Community transmission   |
|--------------------------------|---|--|---------------------------------|--|
| <b>Detection and diagnosis</b> | <ul style="list-style-type: none"> <li>• Routine actions against malaria and other VBDs with the necessary protective actions for health workers and the community.</li> <li>• Fixed points of detection for malaria and other VBDs at the same places febrile patients go for COVID-19 detection, according to adjustments in the algorithms and case definitions.<sup>a</sup> Use of PPE and measures to reduce the risk of transmission of COVID-19.<sup>b</sup></li> <li>• Optimization of microscopy<sup>c</sup> if there is reduced diagnostic capacity because of RDT stock-outs.</li> </ul> | <ul style="list-style-type: none"> <li>• Encourage people with fever to promptly seek care and ensure that national and local recommendations for COVID-19 include measures so that patients that may have malaria or other VBDs receive early diagnosis and treatment.</li> <li>• Adjust and align the diagnosis of malaria and other VBDs to the COVID-19 triage and diagnostic algorithms in the services and at fixed points (including quarantine centers). In malaria-endemic areas, all people with fever should be studied as potential malaria [cases].<sup>a</sup></li> <li>• Fixed points of detection for malaria and other VBDs can be positioned at the same sites where febrile patients go for COVID-19 testing, according to adjustments in the algorithms and case definitions.<sup>a</sup> Use of PPE and measures to reduce the risk of COVID-19 transmission.<sup>b</sup></li> <li>• Communication to guide those seeking care to the fixed points.</li> <li>• Optimization of microscopy<sup>c</sup>.</li> <li>• Optimization of RDT.<sup>d</sup></li> </ul> |                                 | <ul style="list-style-type: none"> <li>• Fixed detection points for malaria and other VBDs at the same sites where febrile patients go for COVID-19 detection, according to adjustments in the algorithms and case definitions.<sup>a</sup></li> <li>• Use of PPE and measures to reduce the risk of COVID-19 transmission.<sup>b</sup></li> <li>• Communication to guide those seeking care to the fixed points.</li> <li>• Optimization of microscopy.<sup>c</sup></li> <li>• Optimization of RDTs.<sup>d</sup></li> <li>• Active case-detection teams using PPE can coordinate with actions against COVID-19, according to the risk analysis, and the level of passive detection in rural areas.</li> </ul> |

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| <p><b>Treatment</b></p> | <ul style="list-style-type: none"> <li>• Administer treatment in accordance with national policy.</li> </ul> | <ul style="list-style-type: none"> <li>• Continue the corresponding treatment in accordance with national policy.</li> <li>• Introduction of artemisinin and primaquine (ACT+pq) for the treatment of <i>P. vivax</i> malaria in the event of problems with chloroquine supply (CQ).</li> <li>• Streamline use of ACT in accordance with chloroquine supplies (prioritize the use of ACT for <i>P. falciparum</i> malaria).</li> <li>• Prevent all presumptive treatment with ACT (use only for malaria).</li> <li>• Estimate the increase in complicated cases of malaria or other VBDs, review supplies of drugs for management of serious cases, and speed up procurement processes.</li> <li>• Provide posts and community agents with supplies of drugs and supplies for longer periods.</li> </ul> | <ul style="list-style-type: none"> <li>• Temporarily suspend the policy of directly observed therapy: provide full treatment and guidance to patients on when to return (if clinical symptoms deteriorate or persist) and monitor by alternative mechanisms (telephone calls).</li> <li>• Exceptional measures <sup>(1)</sup> (to be decided at the national level):             <ul style="list-style-type: none"> <li>○ Presumptive treatment. Only indicated if there are sufficient supplies (minimum six months of reserves, including ACT for <i>P. vivax</i> malaria treatment)<sup>e</sup> and if diagnostic capacity is hindered by other measures.<sup>c,d</sup></li> <li>○ MDA: in critical situations in which the malaria burden is very high, the number of suspected cases exceeds the diagnostic capacity of the health services, and malaria transmission cannot be reduced by other measures (subject to sufficient stock of antimalarial drugs and national level policy)<sup>f</sup>.</li> </ul> </li> </ul> |
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| Components  | Scenario 1<br>No cases   | Scenario 2<br>Sporadic cases  | Scenario 3<br>Clusters of cases | Scenario 4<br>Community transmission   |
|---|--|---|---------------------------------|--|
| <b>Procurement, provision, and purchase of supplies</b> | <ul style="list-style-type: none"> <li>Update inventory and supply management procedures for municipalities and health units.</li> <li>Accelerate planned and ongoing drug procurement processes (combined 2020 and 2021 procurement). Responsibility at the national level.</li> <li>Speed up procurement of key supplies for malaria and other VBDs as soon as available inventory is analyzed.</li> </ul> | Update inventory and supply management procedures for municipalities and health units   |                                 | Provide posts and community agents with supplies of drugs and supplies for longer periods.   |
| <b>Case Investigation and response</b>                  | <ul style="list-style-type: none"> <li>Active community agents with safety measures and PPE.<sup>b</sup></li> <li>Active case-finding teams using PPE, coordinated with actions against COVID-19, based on risk analysis and level of passive detection in rural areas.</li> </ul>   | <ul style="list-style-type: none"> <li>Active community agents only for passive detection, with safety measures, and with PPE.</li> <li>Suspend activities according to the risk analysis and in accordance with national and local policies.</li> <li>Active case-finding teams using PPE, coordinated with actions against COVID-19, based on risk analysis and level of passive detection in rural areas.</li> <li>Simplify, reduce, or suspend treatment supervision (telephone monitoring) and post-treatment check-ups.</li> <li>Investigate cases at risk of reactivation of transmission or reintroduction of the disease.</li> <li>Conduct reactive case-finding only if there are high-risk clusters according to surveillance data and by institutional staff with proper use of PPE.</li> </ul> |                                 | Investigate cases at risk of reactivation of transmission or reintroduction and consider alternatives such as phone-based investigation. |

| Components  | Scenario 1<br>No cases  | Scenario 2<br>Sporadic cases   | Scenario 3<br>Clusters of cases   | Phase 4<br>Community transmission |
|---|---|--|---|-----------------------------------|
|   | Conducting group actions in the community is not recommended for any of the scenarios, especially MDA, community baseline surveys, and active case-finding (this is specific for neglected infectious diseases)   |  |   |                                   |
| <b>Supervision of diagnosis and case management</b> | <ul style="list-style-type: none"> <li>Active community agents using safety measures and PPE.<sup>b</sup></li> <li>Active case-finding teams using PPE, coordinated with actions against COVID-19, based on risk analysis and level of passive detection in rural areas.</li> </ul> | <ul style="list-style-type: none"> <li>Simplify supervision and use alternative support channels (telephone).</li> <li>Provide posts and community agents with supplies of drugs and supplies for longer periods.</li> <li>Use PPE in supervisory visits.</li> </ul> | <ul style="list-style-type: none"> <li>Simplify supervision and use alternative support channels (telephone).</li> <li>Provide posts and community agents with supplies of drugs and supplies for longer periods.</li> <li>Use of PPE in supervisory visits.</li> <li>Temporarily suspend supervision.</li> <li>Temporarily suspend the policy of parasitological follow-up except to prevent reestablishment. In such cases, check via microscopy only on day 28 with use of PPE or monitor by telephone if PPE is not available.</li> </ul>   |                                   |
| <b>Systematic vector control</b>                    | <ul style="list-style-type: none"> <li>Assess the degree to which this activity has been implemented in the foci in order to help decision-makers choose the best strategy to minimize the impact on pending actions.</li> </ul>  | Move forward with current and planned vector control campaigns and actions; protect the safety of the community and the health teams, and apply the measures recommended by WHO to minimize the risk of COVID-19 transmission <sup>g,h (1)</sup>                     | <ul style="list-style-type: none"> <li>Current and planned campaigns to distribute long-lasting insecticide-treated nets (LLINs) and for indoor residual spraying (IRS) and other vector control measures should continue if possible, always following WHO-recommended risk analysis to identify areas with greater potential for malaria and other VBDs, in order to minimize the risk of COVID-19 transmission <sup>g,h (2)</sup>. Where they cannot be continued, conduct risk analysis to identify areas of increased potential for malaria and other VBD and ensure essential actions.</li> </ul> |                                   |

| Components                                   | Scenario 1<br>No cases   | Scenario 2<br>Sporadic cases  | Scenario 3<br>Clusters of cases | Scenario 4<br>Community transmission   |
|--|--|---|---------------------------------|--|
|  | <ul style="list-style-type: none"> <li>Implement vector control measures for malaria and other VBDs as planned. Speed up planned actions if there is a risk they may not be completed in the coming months.<sup>g,h</sup></li> </ul> |   |                                 | <ul style="list-style-type: none"> <li>It is recommended to temporarily suspend systematic entomological monitoring for IRS and LIINs until COVID-19 transmission declines.<sup>(1)</sup></li> </ul>   |
| <b>Information systems and data analysis</b> | Continue routine data collection and analysis; personnel must use PPE  | <ul style="list-style-type: none"> <li>Simplify case reporting processes</li> <li>Simplify supervision of the health units</li> </ul> |                                 | <ul style="list-style-type: none"> <li>Simplify collection, reporting, and information flow processes</li> <li>Develop alternative mechanisms for reporting aggregated data (telephone)</li> <li>Make reporting rules and procedures more flexible</li> <li>Maintain data analysis routines adapted to the conditions imposed by the pandemic (cases and diagnostic tests for malaria and other VBDs)</li> </ul> |

<sup>a</sup> See note 1 on page 10 of the document *Measures to ensure the continuity of the response to malaria in the Americas during the COVID-19 pandemic*. Available from: <https://www.paho.org/en/documents/measures-ensure-continuity-response-malaria-americas-during-covid-19-pandemic>

<sup>b</sup> See note 4 on page 12 of the document *Measures to ensure the continuity of the response to malaria in the Americas during the COVID-19 pandemic*. Available from: <https://www.paho.org/en/documents/measures-ensure-continuity-response-malaria-americas-during-covid-19-pandemic>

<sup>c</sup> See note 2 on page 11 of the document *Measures to ensure the continuity of the response to malaria in the Americas during the COVID-19 pandemic*. Available from: <https://www.paho.org/en/documents/measures-ensure-continuity-response-malaria-americas-during-covid-19-pandemic>

<sup>d</sup> See note 3 on page 12 of the document *Measures to ensure the continuity of the response to malaria in the Americas during the COVID-19 pandemic*. Available from:

<https://www.paho.org/en/documents/measures-ensure-continuity-response-malaria-americas-during-covid-19-pandemic>

<sup>e</sup> See note 7 on page 13 of the document *Measures to ensure the continuity of the response to malaria in the Americas during the COVID-19 pandemic*. Available from:

<https://www.paho.org/en/documents/measures-ensure-continuity-response-malaria-americas-during-covid-19-pandemic>

<sup>f</sup> See note 8 on page 14 of the document *Measures to ensure the continuity of the response to malaria in the Americas during the COVID-19 pandemic*. Available from:

<https://www.paho.org/en/documents/measures-ensure-continuity-response-malaria-americas-during-covid-19-pandemic>

<sup>g</sup> See note 9 on page 15 of the document *Measures to ensure the continuity of the response to malaria in the Americas during the COVID-19 pandemic*. Available from:

<https://www.paho.org/en/documents/measures-ensure-continuity-response-malaria-americas-during-covid-19-pandemic>

<sup>h</sup> See note 10 on page 15 of the document *Measures to ensure the continuity of the response to malaria in the Americas during the COVID-19 pandemic*. Available from:

<https://www.paho.org/en/documents/measures-ensure-continuity-response-malaria-americas-during-covid-19-pandemic>

## 2. Antimicrobial resistance (AMR)

### Objectives specific to AMR

- Maintain efforts to ensure differential diagnosis and proper treatment of all infections (respiratory, diarrheal diseases, urinary tract, and abdominal infections), since these clinical presentations are among the most common at the first level of care.
- Promote proper use of antibiotics to prevent the development of resistance, according to the FLC antibiotic treatment protocols and with strengthened capacity for differential diagnosis, especially regarding respiratory infections.

The specific AMR measures are as follows:

- **Scenario 1.** Maintain capacity to detect and treat infectious diseases, paying special attention to respiratory infections, and with heightened suspicion of COVID-19.
- **Scenarios 2 and 3.** Maintain and optimize capacity for etiological differential diagnosis of acute respiratory and febrile presentations, in order to adapt to the new situation posed by COVID-19.
- **Scenario 4.** In addition to what is indicated for scenarios 2 and 3:
  - Optimize and update COVID-19 treatment protocols at the FLC in order to limit the use of antibiotics in patients with mild symptoms and reduce the risk of antimicrobial resistance.<sup>(5)</sup>
  - Update and promote compliance with infection prevention and control protocols (IPC), including standard precautionary measures at the FLC, as common basic elements for the containment of both SARS-CoV-2 and multidrug-resistant organisms.  
(6, 7)
  - Ensure the availability and optimize the management of PPE against both SARS-CoV-2 and multidrug-resistant organisms. Promote continuous evidence-based training of health workers with the clear objective of adapting PPE to risk and optimizing resources in order to ensure the safety of health workers.<sup>(8,9)</sup>

- **During all four scenarios.** Prevent the transmission of health-care associated infections and keep health facilities clean and hygienic:
  - Update and follow all IPC protocols, including for hand hygiene and rational use of PPE, in all circumstances and with all patients.<sup>(6, 7)</sup>
  - Ensure and optimize all procedures for cleaning and disinfection of surfaces and clinical samples at the FLC, to contain both SARS-CoV-2 and multidrug-resistant organisms.<sup>(10)</sup>
  - Provide all necessary supplies for proper hand hygiene at the FLC, promoting the use of hydroalcoholic solutions for health workers, patients, and visitors.<sup>(11)</sup>
  - Ensure that personnel have proper PPE for every risk situation.
  - Develop high-quality continuous training programs in all facets of IPC for all staff at the FLC, in order to properly contain communicable diseases in the future.

**Table B2. Antimicrobial resistance (AMR) during the COVID-19 pandemic**

| Components                     | Scenario 1<br>No cases   | Scenario 2<br>Sporadic cases | Scenario 3<br>Clusters of cases | Scenario 4<br>Community transmission  |
|--------------------------------|--|------------------------------|---------------------------------|---|
| <b>Detection and diagnosis</b> | <ul style="list-style-type: none"> <li>• Maintain and optimize etiological differential diagnostic capacity for all acute respiratory and febrile presentations.</li> <li>• Maintain cough etiquette<sup>(12)</sup> (as a universal measure within the standard precautions) and place surgical masks on all patients with respiratory symptoms.</li> <li>• Establish clear algorithms for urgent referral to hospital, according to criteria of severity of patient’s acute respiratory and febrile symptoms.</li> <li>• During scenarios 2 and 3, the degree of clinical suspicion will be important for proper differential diagnosis.</li> <li>• Carry out a risk analysis of all laboratory practices that entail handling clinical respiratory or other types of samples in order to establish the level of biosafety protection required for handling samples according to international recommendations.<sup>(13, 14)</sup></li> </ul> |                              |                                 | <ul style="list-style-type: none"> <li>• Maintain and optimize etiological differential diagnostic capacity for all acute respiratory and febrile symptoms.</li> <li>• In this epidemiological situation, most patients seeking care will have symptoms highly suspicious of COVID-19, making that the first diagnostic option.</li> <li>• Maintain cough etiquette (as a universal measure within the standard precautions) and place surgical masks on all patients with respiratory symptoms.</li> <li>• Carry out a risk analysis of all laboratory practices that entail handling clinical respiratory or other types of samples in order to establish the level of biosafety protection required for handling samples according to international recommendations.<sup>(6, 7)</sup></li> </ul> |

| Components                   | Scenario 1<br>No cases  | Scenario 2<br>Sporadic cases | Scenario 3<br>Clusters of cases | Scenario 4<br>Community transmission  |
|------------------------------|---|------------------------------|---------------------------------|---|
| Treatment                    | <ul style="list-style-type: none"> <li>Periodically update and audit compliance with empirical and definitive antibiotic treatment protocols for all acute respiratory and febrile presentations, and limit use to clinical presentations of bacterial etiology to prevent the development of resistance.</li> <li>Establish clear algorithms for urgent referral to the hospital according to the criteria of severity of patient’s acute respiratory and febrile symptoms.</li> </ul> |                              |                                 | <ul style="list-style-type: none"> <li>Periodically update COVID-19 treatment protocols in order to avoid unnecessary administration of antibiotics.</li> <li>Establish clear algorithms for urgent referral to hospital according to the severity of COVID-19 cases and maintain algorithms for the referral of other acute respiratory and febrile patients.</li> </ul> |
| Epidemiological surveillance | Maintain processes for reporting and monitoring infectious syndromes, including the clinical and microbiology data required by the national AMR monitoring system   |                              |                                 |   |

**3. Human immunodeficiency virus (HIV), hepatitis, tuberculosis, and sexually transmitted infections (STI)**

**General objective**

Maintain efforts to prevent, detect, treat, and monitor cases of HIV, hepatitis, tuberculosis, and sexually transmitted infections while preventing the spread of COVID-19 and protecting the safety of service providers.<sup>15, 16</sup>

The specific measures for HIV, hepatitis, tuberculosis, and STIs are as follows:

- Adapt detection of suspected cases to the status of the health network and COVID-19 care flows at the local level, to ensure early treatment.
- Simplify surveillance and control operations according to the local COVID-19 scenarios in order to ensure essential actions.
- Ensure and optimize the management of key supplies for the prevention and management of cases (including drugs and diagnostic supplies, among others).
- Protect health of workers and everyone involved in prevention and control activities.

#### 4. Environmental determinants of health and climate change

##### General objective

Maintain efforts to implement environmental public health measures while preventing the spread of COVID-19 and ensuring the safety of service providers.

**Table B3. Environmental determinants of health and climate change in the response to COVID-19**

| Area              | Issue  | Target   | Name of the file   |
|-------------------|--|--|--|
| Health facilities | Chlorine solutions   | Health facilities                                      | Recommendations for the preparation of disinfectant solutions  |
|                   | Environmental public health in health facilities                           | Cleaning staff at health facilities                    | Environmental public health recommendations for health facilities <sup>b</sup>   |
|                   | Standard minimum WASH in facilities that provide medical care for COVID 19 | Health facilities                                      | Standards of water, sanitation, and hygiene in health facilities <sup>c</sup>  |
|                   | Ventilation  | Health facilities                                      | Recommendations for heating, ventilation, and air conditioning at health facilities <sup>d</sup>                       |
|                   | <i>Legionella</i>  | Health facilities                                      | Control of <i>Legionella</i> in buildings or repurposed spaces. COVID-19 preparation and control <sup>e</sup>          |
| Community         | Management in the home   | Population in households <b>with no</b> COVID-19 cases | Recommendations for cleaning and disinfection in households with no suspected or confirmed cases <sup>f</sup>          |
|                   |  | Population in households <b>with</b> COVID-19 cases    | Recommendations for cleaning and disinfection in households with suspected or confirmed cases of COVID-19 <sup>g</sup> |

|  |  |  |  |
|--|--|--|--|
|  | Hand hygiene stations                                    | Population, commerce, and government   | Recommendations to expand access to hand washing and its appropriate use <sup>h</sup>  |
|  | Cleaning and disinfection of frequently touched surfaces | Supermarkets, banks, public transportation, markets, and neighborhood stores, among others | Recommendations for the cleaning and disinfection of public spaces: supermarkets, markets, neighborhood shops, banks, public transportation, etc. <sup>i</sup> |
|  | Management of chemicals                                  | Public messaging   | Recommendations on chemical safety for cleaners and disinfectants <sup>j</sup>   |
|  | Water conservation                                       | Messages to the public and government  | Recommendations for environmental public health measures during drought and water conservation <sup>k</sup>  |
|  | Disinfection tunnels                                     | Messages to the public and government  | Use of tunnels and other technologies for the disinfection of humans by spraying chemicals or UV- C   light  |
|  | Questions and answers                                    | Public messaging   |  |
|  | Spraying and fogging in enclosed spaces                  | Messages to the public and government  | Considerations on the use of chemical products for spraying and fogging in enclosed spaces <sup>m</sup>  |

<sup>a</sup> Pan American Health Organization. Recommendations for the preparation of disinfectant solutions. Washington D.C.: PAHO; 2020. Available from:

<https://iris.paho.org/handle/10665.2/52172>

<sup>b</sup> Pan American Health Organization. Recommendations on public environmental health in health care facilities. Washington D.C.: PAHO; 2020. Available from:

<https://iris.paho.org/handle/10665.2/52208>

<sup>c</sup> Pan American Health Organization. Water, sanitation, and hygiene standards in health care facilities. Washington D.C.: PAHO; 2020. Available from:

<https://iris.paho.org/handle/10665.2/52181>

<sup>d</sup> Pan American Health Organization. Recommendations for heating, ventilation, and air conditioning in health care facilities. Washington D.C.: PAHO; 2020. Available from:

<https://iris.paho.org/handle/10665.2/52228>

Pan American Health Organization. Legionella control in repurposed buildings or spaces: COVID-19: preparedness and control. Washington D.C.: PAHO; 2020. Available from:

<https://www.paho.org/en/documents/legionella-control-repurposed-building-or-spaces-covid-19-preparedness-and-control>

<sup>f</sup> Pan American Health Organization. Recommendations for cleaning and disinfection of homes without suspected cases or confirmed cases. Washington D.C.: PAHO; 2020. Available

from: <https://iris.paho.org/handle/10665.2/52174>

<sup>g</sup> Pan American Health Organization. Recommendations for cleaning and disinfection in homes with suspected or confirmed cases of COVID-19. Washington D.C: PAHO; 2020. Available from: <https://iris.paho.org/handle/10665.2/52186>

<sup>h</sup> Pan American Health Organization. Recommendations to expand access to hand washing and its proper use. Washington D.C: PAHO; 2020. Available from: <https://iris.paho.org/handle/10665.2/52064>

<sup>i</sup> Pan American Health Organization. Recommendations for cleaning and disinfection of public places: supermarkets, markets, neighborhood stores, banks, public transport, and others. Washington D.C: PAHO; 2020. Available from: <https://iris.paho.org/handle/10665.2/52188>

<sup>j</sup> Pan American Health Organization. Recommendations on chemical safety for cleaning and disinfection supplies. Washington D.C: PAHO; 2020. Available from: <https://iris.paho.org/handle/10665.2/52190>

<sup>k</sup> Pan American Health Organization. Recommendations for environmental public health measures during drought and water conservation. Washington D.C: PAHO; 2020. Available from: <https://iris.paho.org/handle/10665.2/52185>

<sup>l</sup> Pan American Health Organization. The use of tunnels and other technologies for the disinfection of humans using chemical aspersion or UV-C light. Washington D.C: PAHO; 2020. Available from: <https://iris.paho.org/handle/10665.2/52066>

<sup>m</sup> Pan American Health Organization. Considerations on the spraying and nebulization of chemicals in enclosed spaces. Washington D.C: PAHO; 2020. Available from: <https://iris.paho.org/handle/10665.2/52279>

## Reference materials

1. Pan American Health Organization. Measures to ensure the continuity of the response to malaria in the Americas during the COVID-19 pandemic. Washington, D.C.: PAHO; 2020. Available from: <https://www.paho.org/en/documents/measures-ensure-continuity-response-malaria-americas-during-covid-19-pandemic>
2. Pan American Health Organization. Dengue prevention and control during COVID-19 pandemic. Washington D.C.: PAHO; 2020. Available from : <https://www.paho.org/en/documents/dengue-prevention-and-control-during-covid-19-pandemic>
3. Pan American Health Organization. Control of *Aedes aegypti* in a scenario of simultaneous transmission of COVID-19. Washington D.C.: OPS; 2020. Available from : <https://www.paho.org/en/documents/control-aedes-aegypti-scenario-simultaneous-transmission-covid-19>
4. World Health Organization. WHO issues interim guidance for implementation of NTD programmes. Geneva: WHO; 2020. Available from: [https://www.who.int/neglected\\_diseases/news/COVID19-WHO-interim-guidance-implementation-NTD-programmes/en/](https://www.who.int/neglected_diseases/news/COVID19-WHO-interim-guidance-implementation-NTD-programmes/en/).
5. World Health Organization. Clinical Management of COVID-19. Geneva: WHO; 2020. Available from: <https://www.who.int/publications/i/item/clinical-management-of-covid-19>
6. World Health Organization. Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected. Geneva: WHO; 2020. Available from: <https://www.who.int/publications/i/item/10665-331495>.
7. World Health Organization. Core components for infection prevention and control programmes. Geneva: WHO; 2020. Available from: [https://apps.who.int/iris/bitstream/handle/10665/69982/WHO\\_HSE\\_EPR\\_2009.1\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/69982/WHO_HSE_EPR_2009.1_eng.pdf?sequence=1)
8. World Health Organization. Advice on the use of masks in the context of COVID-19. Geneva: WHO; 2020. Available from: [https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications/i/item/advice-on-the-use-of-masks-in-the-community-during-home-care-and-in-healthcare-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak)
9. World Health Organization. Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages. Geneva: WHO; 2020. Available from: [https://www.who.int/publications/i/item/rational-use-of-personal-protective-equipment-for-coronavirus-disease-\(covid-19\)-and-considerations-during-severe-shortages](https://www.who.int/publications/i/item/rational-use-of-personal-protective-equipment-for-coronavirus-disease-(covid-19)-and-considerations-during-severe-shortages).
10. World Health Organization. Cleaning and disinfection of environmental surfaces in the context of COVID-19. Geneva: WHO; 2020. Available from: <https://www.who.int/publications/i/item/cleaning-and-disinfection-of-environmental-surfaces-inthe-context-of-covid-19>.

11. World Health Organization. Hand Hygiene: Why, How and When? Geneva: WHO; 2020.  
Available from:  
[https://www.who.int/gpsc/5may/Hand\\_Hygiene\\_Why\\_How\\_and\\_When\\_Brochure.pdf?ua=1](https://www.who.int/gpsc/5may/Hand_Hygiene_Why_How_and_When_Brochure.pdf?ua=1).
12. Pan American Health Organization. Infographic: COVID-19 – Cover your cough. Washington D.C.: PAHO; 2020. Available from: <https://www.paho.org/en/documents/infographic-covid-19-cover-your-cough>
13. World Health Organization. Laboratory biosafety guidance related to coronavirus disease (COVID-19). Geneva\_ WHO; 2020. Available from:  
[https://www.who.int/publications/i/item/laboratory-biosafety-guidance-related-to-coronavirus-disease-\(covid-19\)](https://www.who.int/publications/i/item/laboratory-biosafety-guidance-related-to-coronavirus-disease-(covid-19))
14. Pan American Health Organization. Interim laboratory biosafety guidelines for the handling and transport of samples associated with the new coronavirus 2019 (2019-nCoV). Washington D.C.: PAHO; 2020. Available from: <https://iris.paho.org/handle/10665.2/51897>
15. Pan American Health Organization. Information Note - Tuberculosis and COVID-19. Washington D.C.: PAHO; 2020. Available from: <https://www.paho.org/en/documents/information-note-tuberculosis-and-covid-19-march-19-2020>
16. Pan American Health Organization, World Health Organization, United Nations Development Program, United Nations Children's Fund, United Nations Population Fund, Joint United Nations Program on HIV/AIDS. Coronavirus disease 2019 (COVID-19) and HIV: Key Issues and Actions. Washington D.C.: PAHO; 2020. Available from:  
<https://www.paho.org/en/documents/coronavirus-disease-2019-covid-19-and-hiv-key-issues-and-actions>

## C. Immunization<sup>13</sup>

### Immunization throughout the Life course at the Primary Care Level in the Context of the COVID-19 Pandemic

Version 1: 21 May 2020

#### Objective

Provide recommendations regarding vaccination as an essential service at the primary care level in the context of the COVID-19 pandemic.

#### Key Considerations

- As a follow-up to the technical note on adapting the primary care level in the context of the COVID-19 pandemic (1) from 23 April on interventions, modalities and areas, which seeks to ensure the continuity of essential services like immunization, these practical guidelines have been developed for the primary care level, taking into account PAHO/WHO immunization technical documents in the context of the pandemic (2) and the framework of immunization through the life course, which offers vaccines for different population groups including children, adolescents, women, adults and older adults.
- Immunization activities that are offered to the population throughout the life course are detailed, taking into account the different transmission scenarios of COVID-19 as defined by the WHO (3), and which may require adaptations and different approaches in the context of each country, to maintain immunization as an essential service in a safe way for health personnel and the community.
- Its implementation by primary care personnel implies considering recommendations on the provision, availability, and proper use of personal protective equipment (PPE), hygiene control measures, and the availability of devices, cold chain and logistics always required.
- These guidelines are aimed at primary care teams, those responsible for immunization programs at the national and sub-national levels, and managers of first-level care facilities.

<sup>13</sup> This annex is a literal translation of the following document: Pan American Health Organization. La inmunización a través del curso de la vida en el primer nivel de atención en el contexto de la pandemia de COVID-19. Versión 1. 21 de mayo del 2020. Washington D.C. : PAHO; 2020. Available at <https://iris.paho.org/handle/10665.2/52365>.

### Immunization throughout the Life Course during the COVID-19 Pandemic

| COMPONENTS                       | PHASE 1   | PHASE 2  | PHASE 3  | PHASE 4   |
|----------------------------------|---|--|--|---|
|                                  | NO CASES  | SPORADIC CASES   | CASE CLUSTERS  | COMMUNITY TRANSMISSION  |
| <b>INSTITUTIONAL VACCINATION</b> | <p><b><i>Maintain routine vaccination program</i></b></p> <p>Identify physical environments to re-locate vaccination services as preparation for cases appearing.</p> <p>Prepare the institution to re-organize the provision of vaccination services considering a reduction in the volume of individuals to vaccinate, previous appointments, special sessions for older adults and those with chronic diseases.</p> <p>Use measures to protect health personnel and social distancing measures.</p> <p>Inform the population on the continuation of vaccination services and</p> | <p><b><i>Schedule appointments for those who need vaccination, previous appointments, special sessions for older adults and those with chronic diseases</i></b></p> <p>Physical separation between vaccination areas and healthcare services. For example, re-location of vaccination post outside of area where patients are received, aiming to reduce contagion.</p> <p>Use measures to protect health personnel and social distancing measures.</p> <p>Inform the population on the continuation of vaccination services and the importance of attending vaccination appointments.</p> | <p><b><i>Schedule appointments for those who need vaccination, special sessions for older adults and those with chronic diseases</i></b></p> <p>Physical separation between vaccination areas and healthcare services. For example, re-location of vaccination post outside of area where patients are received, aiming to reduce contagion.</p> <p>Prioritize <b><i>vaccine-preventable diseases with a potential for outbreaks</i></b>, like measles (4), polio, diphtheria, influenza, and yellow fever.</p> <p>Use measures to protect health personnel and social distancing measures.</p> <p>Inform the population on the continuation of vaccination services and the importance of attending vaccination appointments.</p> | <p><b><i>Vaccinate people who spontaneously go to health services</i></b> (following recommendations established in national pandemic control plan and in the cost/benefit evaluation at the local level [5]).</p> <p>Physical separation between vaccination areas and healthcare services. For example, re-location of vaccination post outside of area where patients are received, aiming to reduce contagion.</p> <p>Prioritize newborn vaccination, as well as measles, polio, diphtheria, influenza, and yellow fever vaccination.</p> <p>Use measures to protect health personnel and social distancing measures.</p> <p>Inform the population on the continuation of vaccination services and the importance of attending vaccination appointments as soon as vaccination services resume.</p> |

|  |   |  |   |  |
|--|---|--|---|--|
|  | the importance of attending vaccination appointments.   |  |   |  |
| <b>VACCINATION IN MOBILE POSTS (OUTSIDE OF HEALTH UNITS)</b> | <p>Vaccinations outside of health units, according to the national schedule in areas with measures on infection control, physical distancing, protection for health personnel.</p> <p>Inform the population on the continuation of vaccination services and the importance of attending vaccination appointments.</p> | <p>Vaccinations outside of health units, according to the national schedule in areas with measures on infection control, physical distancing, protection for health personnel.</p> <p>Use measures to protect health personnel and social distancing measures.</p> <p>Inform the population on the continuation of vaccination services.</p> | <p>Vaccinations outside of health units, according to the national schedule in areas with measures on infection control, physical distancing, protection for health personnel.</p> <p>Prioritize <b>vaccine-preventable diseases with a potential for outbreaks</b>, like measles, polio, diphtheria, influenza, and yellow fever.</p> <p>Use measures to protect health personnel.</p> | Suspend vaccination activities until the risk of SARS-CoV-2 transmission has been lowered and the capacity of the health system has recovered enough to resume these activities. |
| <b>AT-HOME VACCINATION</b>                                   | <p>Identify and vaccinate unvaccinated people.</p> <p>Prioritize <b>vaccine-preventable diseases with a potential for outbreaks</b>, like measles, polio, diphtheria, influenza, and yellow fever.</p> <p>Use measures to protect health personnel.</p>   | <p>Identify and vaccinate unvaccinated people.</p> <p>Prioritize <b>vaccine-preventable diseases with a potential for outbreaks</b>, like measles, polio, diphtheria, influenza, and yellow fever.</p> <p>Use measures to protect health personnel.</p>  | <p>Evaluación de la conveniencia de realizar vacunación domiciliaria de acuerdo con las condiciones epidemiológicas.</p> <p>Identify and vaccinate unvaccinated people.</p> <p>Prioritize <b>vaccine-preventable diseases with a potential for outbreaks</b>, like measles, polio, diphtheria, influenza, and yellow fever.</p>   | Suspend vaccination activities until the risk of SARS-CoV-2 transmission has been lowered and the capacity of the health system has recovered enough to resume these activities. |

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  | Use measures to protect health personnel.  |  |
| <b>COMMUNITY VACCINATION IN RESPONSE TO OUTBREAKS OR CAMPAIGNS</b> | Maintain community vaccination according to national guidelines.   | Community vaccination in affected zones and according to vaccine-preventable diseases causing outbreaks.   | Evaluate convenience of conducting community vaccination in affected zones, according to epidemiological conditions.   | Suspend vaccination activities until the risk of SARS-CoV-2 transmission has been lowered and the capacity of the health system has recovered enough to resume these activities. |
| <b>VACCINATION OF HEALTH PERSONNEL</b>                             | According to the national schedule, prioritizing influenza, and measles/rubella vaccination.   | According to the national schedule, prioritizing influenza, and measles/rubella vaccination.   | According to the national schedule, prioritizing influenza, and measles/rubella vaccination.   | According to the national schedule, prioritizing influenza, and measles/rubella vaccination.   |
| <b>EPIDEMIOLOGICAL SURVEILLANCE</b>                                | Surveillance of vaccine-preventable diseases according to national norm.   | Surveillance of vaccine-preventable diseases with measures to protect health personnel and social distancing measures.   | Surveillance of vaccine-preventable diseases with measures to protect health personnel and social distancing measures.   | Surveillance of vaccine-preventable diseases with measures to protect health personnel and social distancing measures.   |
| <b>MONITORING</b>  | DTP3 vaccination coverage at sub-national levels, with special attention on vulnerable groups (indigenous, displaced).<br><br>Monitoring supplies, stocks, and cold chain. | DTP3 vaccination coverage at sub-national levels, with special attention on vulnerable groups (indigenous, displaced).<br><br>Monitoring supplies, stocks, and cold chain. | DTP3 vaccination coverage at sub-national levels, with special attention on vulnerable groups (indigenous, displaced).<br><br>Monitoring supplies, stocks, and cold chain. | DTP3 vaccination coverage at sub-national levels, with special attention on vulnerable groups (indigenous, displaced).<br><br>Monitoring supplies, stocks, and cold chain.       |

## Cross-cutting Activities from Essential Programs at Primary Care Level

|   |  |   |  |  |
|---|--|---|--|--|
| <b>HUMAN RESOURCES</b>                      | <p>Strengthen human resources</p> <p>Training in PPE and infection control</p> <p>Training to improve capacity to respond to doubts from users and ease fears</p> <p><b>In vaccination:</b> national schedule, cold chain, safe vaccine administration</p> | <p>Strengthen human resources</p> <p>Training in PPE and infection control</p> <p>Training to improve capacity to respond to doubts from users and ease fears</p> <p><b>In vaccination:</b> national schedule, cold chain, safe vaccine administration</p>                    | <p>Strengthen human resources</p> <p>Training in PPE and infection control</p> <p>Training to improve capacity to respond to doubts from users and ease fears</p> <p><b>In vaccination:</b> national schedule, cold chain, safe vaccine administration</p>   | <p>Strengthen human resources</p> <p>Training in PPE and infection control</p> <p>Training to improve capacity to respond to doubts from users and ease fears</p> <p><b>In vaccination:</b> national schedule, cold chain, safe vaccine administration</p>                         |
| <b>MANAGEMENT OF SUPPLY AND STOCK CHAIN</b> | <p>Verify availability of personal protection elements.</p> <p><b>In vaccination:</b> monitor availability of supplies and operability of cold chain</p>   | <p>Verify availability of personal protection elements</p> <p><b>In vaccination:</b> monitor availability of supplies and operability of cold chain</p>   | <p>Verify availability of personal protection elements</p> <p><b>In vaccination:</b> monitor availability of supplies and operability of cold chain</p>  | <p>Verify availability of personal protection elements</p> <p><b>In vaccination:</b> monitor availability of supplies and operability of cold chain</p>  |
| <b>SOCIAL COMMUNICATION</b>                 | <p>Inform population on continuation of services and importance of attending scheduled appointments.</p> <p><b>In vaccination:</b> clear up doubts on vaccination and COVID-19</p>   | <p>Inform population on continuation of services and importance of attending scheduled appointments.</p> <p><b>In vaccination:</b> clear up doubts on vaccination and COVID-19</p> <p>Communicate key messages to users and community on vaccination as a priority health</p> | <p>Inform community prior on date, place, and time for service operation to resume.</p> <p><b>In vaccination:</b> clear up doubts on vaccination and COVID-19</p> <p>Communicate key messages to users and community on vaccination as a priority health</p> | <p>Inform community prior on date, place, and time for service operation to resume.</p> <p><b>In vaccination:</b> clear up doubts on vaccination and COVID-19</p> <p>Communicate key messages to users and community on vaccination as a priority health service, the risks of</p> |

|  |   |   |   |   |
|--|---|---|---|---|
|  | Communicate key messages to users and community on vaccination as a priority health service, the risks of vaccine-preventable diseases and benefits of vaccination. | service, the risks of vaccine-preventable diseases and benefits of vaccination. | service, the risks of vaccine-preventable diseases and benefits of vaccination. | vaccine-preventable diseases and benefits of vaccination. |
|--|---|---|---|---|

## References

1. <https://iris.paho.org/handle/10665.2/52223>
2. The Immunization Program in the Context of the COVID-19 Pandemic, version 2: 24 April 2020 (<https://iris.paho.org/handle/10665.2/52055>); Vaccination of Newborns in the Context of the COVID-19 Pandemic, version 1: 18 May 2020 (<https://iris.paho.org/handle/10665.2/52227>)
3. <https://www.who.int/publications-detail/critical-preparedness-readiness-and-response-actions-for-covid-19>
4. Measles field guide, 2005, <https://iris.paho.org/handle/10665.2/49144>
5. <https://www.who.int/publications-detail/framework-for-decision-making-implementation-of-mass-vaccination-campaigns-in-the-context-of-covid-19>

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## D. Sexual and reproductive<sup>14</sup> health

### Sexual and reproductive health (SRH) activities adapted to COVID-19 pandemic risk scenarios

Key measures should ensure continuity of services for sexually active women and adolescents and pregnant women. The consequences of disruption of such services could be as severe or worse than SARS-CoV-2 itself. In all circumstances, sexual and reproductive rights must be upheld according to the legislation of each country during all the epidemiological scenarios of COVID-19.

Access to family planning services (FP) and screening of pregnant women for preventable mother-to-child transmitted infections should be guaranteed in all COVID-19 epidemiological scenarios; these simply need be adapted to the different modalities in every phase as shown in Table D1.

In COVID-19 scenarios in which limits are placed on movement, access to modern contraception methods can be established through community distribution or shipment to users' residences. Removal of subdermal implants and intrauterine devices warrants special consideration, since their effectiveness has been shown to persist for at least one year beyond the manufacturer's expiration date. In the Region of the Americas, the characteristics of facility-based delivery favor the use of contraception immediately following an obstetric event, with reversible long-lasting methods as an effective way to make them more accessible to the most vulnerable population.

Sustained physical distancing measures have proven effective in preventing the spread of SARS-CoV-2 infection, which means that activities such as telehealth and self-care in sexual and reproductive health should be activated, especially at the FLC.

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<sup>14</sup> This Annex was prepared by the Latin American Center for Perinatology, Women's and Reproductive Health (CLAP/SMR) of the Pan American Health Organization.

**Table D1. Components and actions in sexual and reproductive health according to COVID-19 risk scenarios**

| Components                      | Scenario 1<br>No cases  | Scenario 2<br>Sporadic cases   | Scenario 3<br>Clusters of cases   | Scenario 4<br>Community transmission   |
|---------------------------------|---|--|---|--|
| <b>Family planning services</b> | <ul style="list-style-type: none"> <li>• Continue as usual.</li> <li>• Prioritize the availability of long-acting reversible contraception (LARC) for vulnerable populations.</li> <li>• Prioritize the availability of immediate postpartum long-acting reversible contraception.</li> <li>• Maintain routine care.</li> </ul> | <ul style="list-style-type: none"> <li>• The services should operate as usual, but with additional IPC precautions and PPE to protect front-line health workers from infection, in accordance with national directives and protocols.</li> <li>• Consider the use of social networks and other communication channels to disseminate information on the importance of birth planning and family planning, including the use of emergency contraceptives and condoms.</li> <li>• Use e-health technologies (video conference phone consultation, m-health) in order to advise on starting or continuing family planning methods.</li> </ul> | <ul style="list-style-type: none"> <li>• The services should operate as usual, but with additional IPC precautions and the provision of PPE to front-line health workers, in accordance with national directives and protocols.</li> <li>• Consider the use of social networks and other communication channels to disseminate information on the importance of birth planning and family planning, including the use of contraceptives and self-care practices in SRH.</li> <li>• Use e-health technologies (video conference, phone consultation, and m-health, among others) in order to advise on starting or continuing family planning during the period between births.</li> </ul> | <ul style="list-style-type: none"> <li>• The services should operate as usual, but with additional IPC precautions and the provision of PPE for front-line health workers, including community health promoters, and in accordance with national directives and protocols.</li> <li>• Consider the use of social networks and other communication channels to disseminate information on the importance of family planning, including the use of contraceptives and pharmacological methods of uterine evacuation for miscarriages during the first trimester of pregnancy.</li> </ul> |

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|---|-----------------------|--|---|--|
|   |                       |  | <ul style="list-style-type: none"> <li>• Integrate FP into other practices such as vaccination.</li> <li>• Integrate home visits to satisfy unmet needs for contraception.</li> <li>• Find nontraditional places for the distribution of FP methods.</li> <li>• Engage networks of adolescents and young adults in the distribution of FP methods and SRH self-care practices.</li> </ul> | <ul style="list-style-type: none"> <li>• Use educational channels at schools to include comprehensive sexuality education (CSE) and encourage safe sex practices among adolescents.</li> </ul> |
| <b>Prevention of mother-to-child transmission</b> | Maintain routine care | Have HIV/syphilis rapid diagnostic tests for prenatal visits at the FLC, according to the principles of SRH self-care. | Use HIV/syphilis rapid diagnostic tests together with the practice of telemedicine, in accordance with the availability of the treatments at the FLC, under the supervision of specialists.   | Send by mail or through community health promoters, pregnancy tests, HIV/syphilis rapid diagnostic tests, and medication under the supervision of specialists through telemedicine.            |

Personal self-care interventions are among the most promising new approaches to improve health and well-being, from the vantage point of the health systems as well as users of these interventions. WHO defines self-care as “the capacity of people, families, and communities to promote health, prevent diseases, stay healthy, and cope with diseases and disabilities with or without the support of a health care provider.”

The following practices have the greatest impact on self-care:

- After a facility-based delivery, offer technical assistance and contraceptive services before discharge from the health center.
- Support the extension of mobile service delivery in order to provide a broad range of contraceptives, including long-acting

reversible contraceptives and permanent methods.

- Offer technical assistance and contraceptive services in facilities where women receive post-abortion care.
- Train and support pharmacy staff to provide information and a wide range of family planning methods.
- Offer information and family planning services to women during the prolonged postpartum period (defined as the 12 months following delivery) during regular visits for child immunization.
- Use digital technologies to support, maintain, and adopt healthy SRH behavior.
- Use the communications media to support healthy reproductive behavior.
- Use digital technologies to support health systems and the delivery of family planning services.

## Reference material

<sup>1</sup> World Health Organization. WHO Consolidated guideline on self-care interventions for health sexual and reproductive health and rights. Geneva: WHO; 2019. Available from: <https://www.who.int/reproductivehealth/publications/self-care-interventions/en/>.

<sup>2</sup> Johns Hopkins University. Postabortion Family Planning: A critical component of postabortion care. Available from: <https://www.fphighimpactpractices.org/briefs/postabortion-family-planning/>

<sup>3</sup> Johns Hopkins University. Mobile Outreach Services : Expanding access to a full range of modern contraceptives. Available from: <https://www.fphighimpactpractices.org/briefs/mobile-outreach-services/>

<sup>4</sup> Johns Hopkins University. Drug Shops and Pharmacies : Sources for family planning commodities and information. Available from: <https://www.fphighimpactpractices.org/briefs/drug-shops-and-pharmacies/>

<sup>5</sup> Johns Hopkins University. Family Planning and Immunization Integration: Reaching postpartum women with family planning services. Available from: <https://www.fphighimpactpractices.org/briefs/family-planning-and-immunization-integration/>

<sup>6</sup> Johns Hopkins University. Digital Health for Social and Behavior Change : New technologies, new ways to reach people. Available from: <https://www.fphighimpactpractices.org/briefs/digital-health-sbc/>

<sup>7</sup> Johns Hopkins University. Family Planning High Impact Practices List. Available from: [https://www.fphighimpactpractices.org/wp-content/uploads/2019/06/HIP\\_List.pdf](https://www.fphighimpactpractices.org/wp-content/uploads/2019/06/HIP_List.pdf)

<sup>8</sup> Johns Hopkins University. Digital Health for Systems: Strengthening family planning systems through time and resource efficiencies. Available from: <https://www.fphighimpactpractices.org/briefs/digital-health-systems/>

## E. Maternal<sup>15</sup> health

### Adjustments to maternal health services according to COVID-19 pandemic risk scenarios

The right of pregnant women to receive respectful and quality care, according to PAHO standards, must be respected at all times so that prenatal care and childbirth are a positive experience for them and their families, regardless of the COVID-19 epidemiological scenario where the women live.

Key measures must include continuity of services for women experiencing both high-risk and low-risk pregnancies. The consequences of disruption of such services could be as severe or worse than SARS-CoV-2 itself.

**Scenario 1.** In this scenario, maternal care will continue as normal and routine IPC measures will be applied. For pregnant women with suspected COVID-19 infection, with a confirmed diagnosis, or with infectious respiratory symptoms of unknown etiology, it is recommended to postpone in-person visits. If a consultation is necessary, the goal will be to conduct it virtually, but if that is not possible, IPC measures will be tightened. If these patients require hospitalization, they should be cared for in accordance with national IPC protocols, while striving to prevent other patients or health workers from being infected with SARS-CoV-2 or any other infectious agent.

**Scenarios 2, 3, and 4.** Whatever the epidemiological scenario the country, state, or department may be in, all maternal health care services should continue. IPC measures should be applied in scenario 2 and intensified in scenarios 3 and 4. Fertility services may continue during scenario 2, but it is recommended that they be postponed during scenarios 3 and 4. Since prolonged physical distancing measures have been effective in preventing the spread of infection, along with other protective measures, provisions will be made to schedule visits in advance to prevent crowding. Efforts will be made to provide care in well-ventilated spaces—[preferably] not in hospitals, if possible. Special care should be taken to maintain continuity of service, particularly at the FLC.

Women should receive clear instructions on where to go if they need care, and under what circumstances, especially if they have a suspected or confirmed SARS-CoV-2 infection.

COVID-19-positive pregnant women or those with suspected infection should be isolated until the risk of contagion disappears. In these cases, remote consultations will be encouraged, and if necessary, home visits may be made with strict safety standards to prevent infection of health workers. For positive cases, in-person consultation should be postponed for 14 days (if possible). If diagnostic testing is available, the period of isolation can be shortened to one week after confirmation of infection if the patient converts to negative.

If these patients require hospitalization, care should be provided according to national protocols, while avoiding infection of other users and the health workers.

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<sup>15</sup> Annex prepared by the Latin American Center for Perinatology, Women's Health and Reproductive Health (CLAP/WR) of the Pan American Health Organization.

For care during labor and delivery, these patients should be isolated and the health workers should use full PPE and consider the risk of aerosols emitted by the parturient. At the time of delivery, the team caring for the pregnant woman should be reduced to the necessary minimum.

**Table E1. Components and actions in maternal health according to COVID-19 risk scenarios**

| Components                | Scenario 1<br>No cases  | Scenario 2<br>Sporadic cases | Scenario 3<br>Clusters of cases   | Scenario 4<br>Community transmission |
|---------------------------|---|------------------------------|---|--------------------------------------|
| <b>Preconception care</b> | <ul style="list-style-type: none"> <li>• Continue consultations, examinations, and routine treatments and apply the usual measures of IPC, according to the national recommendations.</li> <li>• For users with respiratory symptoms or epidemiological history of contact:               <ul style="list-style-type: none"> <li>○ Postpone in-person consultation until the isolation period ends.</li> <li>○ Offer consultation by telephone, messaging, or apps</li> <li>○ Ensure means of telephone contact for future questions or concerns</li> </ul> </li> </ul> |                              | <ul style="list-style-type: none"> <li>• It is suggested that all in-person consultations for prenatal care be suspended</li> <li>• Consultation can be offered by telephone, messaging or apps</li> <li>• For treatments already initiated, find mechanisms to ensure the provision of drugs and find alternatives for safe delivery.</li> </ul> |                                      |

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| <p><b>Prenatal care for high-risk and low-risk pregnancies</b></p> | <ul style="list-style-type: none"> <li>• Continue prenatal visits, exams, and routine treatments, following usual IPC measures in accordance with national recommendations.</li> <li>• Respect the pregnant woman’s right to have a support person accompany her to appointments.</li> <li>• For users with respiratory symptoms or epidemiological history of contact: <ul style="list-style-type: none"> <li>○ Postpone the in-person visit for low-risk pregnancies (if possible) and instead offer consultations via telephone, messaging, or apps.</li> <li>○ If an in-person visit is necessary, schedule it and apply additional IPC measures in accordance with national recommendations.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Continue prenatal visits, exams, and routine treatments, following usual IPC measures in accordance with national recommendations.</li> <li>• Respect the pregnant woman’s right to have a support person accompany her to appointments.</li> <li>• Provide care in spaces that are physically separated from areas serving patients with respiratory infections.</li> <li>• For users with respiratory symptoms or epidemiological history of contact: <ul style="list-style-type: none"> <li>○ Postpone in-person visits for low-risk pregnancies (if possible) and instead offer consultations via telephone, messaging, or apps.</li> <li>○ If an in-person visit is necessary, schedule it and apply additional IPC measures in accordance with national recommendations.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Continue prenatal visits, exams, and routine treatments, following enhanced IPC measures in accordance with national recommendations.</li> <li>• Respect the pregnant woman’s right to have a support person accompany her to appointments.</li> <li>• For low-risk pregnancies, check-ups can alternate between in-person and virtual.</li> <li>• For high-risk pregnancies, check-ups should continue to take place in-person.</li> <li>• All in-person visits will be scheduled so as to avoid the crowding of patients and reduce waiting periods at doctor's offices.</li> <li>• For established treatments, mechanisms should be found to ensure the supply of drugs with safe delivery methods.</li> <li>• For confirmed or suspected cases of COVID-19, order physical isolation for 14 days, and where possible, postpone in-person visits until the end of the isolation period, while maintaining continuous contact with the patient. In these cases, check-ups can alternate between virtual visits and in-home visits.</li> </ul> |
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|   |   | <ul style="list-style-type: none"> <li>○ Whenever possible, offer home visits with IPC measures.</li> <li>○ For confirmed or suspected COVID-19 cases, where possible, postpone in-person visits until the end of the isolation period, while maintaining continuous contact with the woman.</li> </ul>  |   |
| <b>Labor and delivery care for high-risk and low-risk pregnancies</b> | <ul style="list-style-type: none"> <li>● Provide care as usual (this includes accompaniment and freedom to walk around)</li> <li>● The usual IPC measures</li> <li>● For users with respiratory symptoms or epidemiological history of contact, apply additional IPC measures in accordance with national recommendations</li> <li>● In this case, it may be recommended that the patient and her support person only walk in safe areas</li> <li>● Minimize the number of health workers in contact with the patient and her support person</li> <li>● Give all parturient women specific indications on seeking follow-up care, early detection of complications, and guidance on how to access virtual and in-person care</li> </ul> |  |   |
| <b>Postpartum care</b>  | <ul style="list-style-type: none"> <li>● Maintain routine care and apply the usual IPC measures in accordance with national recommendations.</li> <li>● For users with respiratory symptoms or epidemiological history of contact, apply enhanced IPC measures in accordance with national recommendations. For these patients, schedule appointments in advance.</li> </ul>  | <ul style="list-style-type: none"> <li>● Maintain routine care and apply the usual IPC measures in accordance with national recommendations.</li> <li>● For users with respiratory symptoms or epidemiological history of contact, apply enhanced IPC measures in accordance with national recommendations. For these patients, schedule appointments in advance.</li> </ul> | <ul style="list-style-type: none"> <li>● Continue check-ups, exams, and routine treatments and apply enhanced IPC measures in accordance with national recommendations.</li> <li>● For established treatments, mechanisms should be found to ensure the supply of drugs with safe delivery methods. When an in-person visit is necessary, schedule it in advance.</li> <li>● Arrange for care to be provided in well-ventilated spaces, preferably in units that are physically separated from areas serving patients with respiratory infections.</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>• Arrange for care to be provided in well-ventilated spaces, preferably in units that are physically separated from areas serving patients with respiratory infections.</li> <li>• Offer check-ups by telephone, messaging, or apps.</li> <li>• In some situations, home visits can be provided.</li> </ul> | <ul style="list-style-type: none"> <li>• Arrange for care to be provided in well-ventilated spaces, preferably in units that are physically separated from areas serving patients with respiratory infections.</li> <li>• Offer check-ups by telephone, messaging, or apps.</li> <li>• In some situations, home care can be provided.</li> <li>• For confirmed or suspected cases of COVID-19, if possible, postpone in-person visits until the end of the isolation period, while maintaining continuous contact with the woman.</li> </ul> | <ul style="list-style-type: none"> <li>• Offer check-ups by telephone, messaging, or apps.</li> <li>• In some situations, home care can be provided.</li> <li>• Encourage the isolation of confirmed and suspected COVID-19 cases.</li> <li>• For confirmed or suspected cases of COVID-19, if possible, postpone in-person visits until the end of the isolation period, while maintaining continuous contact with the woman.</li> </ul> |
|--|--|--|---|

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| <p><b>Epidemiological surveillance</b></p> | <ul style="list-style-type: none"> <li>• Maintain routine maternal health surveillance: respiratory infections of public health interest, immunization status, sexually transmitted infections (STI), severe maternal morbidity and maternal mortality, and others established by national surveillance systems.</li> <li>• Continued operation of committees on severe maternal morbidity and maternal mortality.</li> </ul> | <ul style="list-style-type: none"> <li>• Maintain routine maternal health surveillance: immunization status, STI, severe maternal morbidity and maternal mortality, and others established by national surveillance systems. Emphasize surveillance of respiratory infections of public health interest.</li> <li>• Continued operation of committees on severe maternal morbidity and mortality.</li> <li>• Conduct specific analyses of cases with confirmed respiratory infections of public health interest.</li> </ul> |
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| <p><b>Human resources</b></p>  | <ul style="list-style-type: none"> <li>• Usual human resources.</li> <li>• Encourage health workers with suspected respiratory infection to stay home from work. If available, test them for respiratory infections of public health interest.</li> <li>• Promote IPC practices.</li> <li>• Provide PPE to use in select cases in accordance with national recommendations.</li> </ul> | <ul style="list-style-type: none"> <li>• Usual human resources.</li> <li>• Encourage health workers with suspected respiratory infection to stay home from work. If available, test them for respiratory infections of public health interest.</li> <li>• For confirmed cases of COVID-19, order isolation of the worker and all his/her contacts, according to the national regulations (including labor laws).</li> <li>• Promote IPC practices.</li> <li>• Provide PPE to use in select cases in accordance with national recommendations.</li> </ul> | <ul style="list-style-type: none"> <li>• Usual human resources. Encourage health workers with suspected respiratory infection to stay home from work. If available, test them for respiratory infections of public health interest.</li> <li>• For confirmed cases of COVID-19, order isolation of the worker and all his/her contacts, according to the national regulations (including labor laws).</li> <li>• At this stage, human resources can be critical. Where possible, it may be advisable to rotate human resources in order to keep professional teams on standby.</li> <li>• Promote IPC practices.</li> <li>• Provide PPE to use in select cases in accordance with national recommendations.</li> </ul> |
| <p>Use social media and other channels of communication to disseminate information on the importance of continuing prenatal check-ups and the care needed during delivery and emergencies.</p> |  |  |  |

## F. Neonatal<sup>16</sup> health

### Neonatal health activities according to COVID-19 pandemic risk scenarios

The treatment and care of newborns during the epidemiological stages of COVID-19, ranging from no cases to the presence of community transmission, incorporates prevention and control measures that progress in accordance with the possibility of transmission of infection to the newborn.

Specific care for newborns should be maintained in all COVID-19 epidemiological scenarios. The specific health conditions and requirements of newborns will determine which types of intervention cannot be changed or postponed.

Table F1 shows interventions and practices for all newborns (support for breastfeeding, skin-to-skin contact, immediate reception and care of the newborn, rooming-in at the facility, and identification of the newborn); specific interventions for newborns with special needs (low birthweight, prematurity, and those requiring intensive care); care and referral at the time of discharge (immunization, referrals for the discharge of healthy infants, and referrals for specific monitoring of premature newborns or those with diseases or sequelae that require specialized care); and vital information and registries (birth registry, and registration, audit, and analysis of neonatal and fetal deaths).

**Table F1. Neonatal health components and activities according to COVID-19 risk scenarios**

| Components   | Scenario 1<br>No cases   | Scenario 2<br>Sporadic cases | Scenario 3<br>Clusters of cases | Scenario 4<br>Community transmission |
|--|--|------------------------------|---------------------------------|--------------------------------------|
| Support to maintain breastfeeding and skin-to-skin contact | Follow recommendations and promote breastfeeding and skin-to-skin contact for all newborns |                              |                                 |                                      |

<sup>16</sup> Annex prepared by the Latin American Center for Perinatology, Women's Health, and Reproductive Health (CLAP/WR) of the Pan American Health Organization.

|  |  |  |
|--|--|--|
| <p><b>Immediate admission and care for the newborn</b></p> | <ul style="list-style-type: none"> <li>• Admission and care according to standards, including the timely tying off of the umbilical cord, skin-to-skin contact, and assessment of the newborn's vitality.</li> <li>• For home births, ensure immediate assessment by the health team, according to standards.</li> </ul> | <ul style="list-style-type: none"> <li>• Admission and care according to standards, including the timely tying off of the umbilical cord, skin-to-skin contact, and assessment of the newborn's vitality.</li> <li>• Consider rooming-in for the mother and newborn but isolate them from other mothers and newborns if the mother or newborn has COVID-19.</li> <li>• For home births, ensure immediate assessment by the health team, according to standards, hopefully with a home visit since the mother may have been exposed to SARS-CoV-2.</li> </ul> |
| <p><b>Rooming-in at the facility</b></p>                   | <ul style="list-style-type: none"> <li>• Rooming-in of the mother and newborn should be allowed in all cases, unless the clinical conditions of the mother or newborn preclude it.</li> <li>• Consider applying IPC measures.</li> </ul>   | <ul style="list-style-type: none"> <li>• Rooming-in of the mother and newborn should be allowed in all cases, unless the clinical conditions of the mother or newborn preclude it.</li> <li>• Apply strict IPC measures.</li> </ul>  |

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| <b>Newborns requiring special care (low birthweight and prematurity, among others)</b> | <ul style="list-style-type: none"> <li>• Assess the newborn and determine if the level of complexity required can be provided within the facility or if transfer to another facility is necessary, in accordance with the clinical conditions of the newborn.</li> <li>• Ensure continued breastfeeding or evaluate alternatives for the best possible feeding of the child.</li> </ul>    |   |
| <b>Newborn requiring neonatal intensive care</b>                                       | <ul style="list-style-type: none"> <li>• Care given as required by the newborn and the complexity of the facility.</li> <li>• Consider referral if necessary.</li> <li>• At the time of transfer within the facility or if referred to another establishment, consider all quality measures for newborn transfer.</li> </ul>   | <ul style="list-style-type: none"> <li>• Care given as required by the newborn and the complexity of the facility.</li> <li>• Consider referral if necessary.</li> <li>• At the time of the transfer within the facility or if referred to another establishment, consider all quality measures for newborn transfer.</li> <li>• Transfer the newborn in a closed incubator, the same one the child would use if referred within the same facility.</li> <li>• Ensure that all staff involved adheres to IPC measures, including those at the referring facility, all staff, drivers, and orderlies involved in the transfer, and those in the facility receiving the newborn.</li> </ul> |
| <b>Birth registry</b>  | <ul style="list-style-type: none"> <li>• Ensure that every newborn is registered immediately at birth, according to the country's regulations.</li> <li>• If births are not registered at the facility where delivery takes place, ensure mechanisms for registration without delay.</li> <li>• For home births, ensure compliance with rules for the registration of newborns.</li> </ul> |   |

|   |  |   |
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| <b>Audit and analysis of neonatal and fetal deaths</b>  | Promote systematic participation of the committee to review perinatal deaths, in coordination with review of maternal deaths.  | <ul style="list-style-type: none"> <li>• Promote systematic participation of the committee to review perinatal deaths, in coordination with review of maternal deaths.</li> <li>• Analyze reported cases of suspected or confirmed COVID-19 infection.</li> </ul> |
| <b>Immunization of newborns</b>   | Proceed according to national regulations  | Proceed according to PAHO recommendations for the immunization of newborns in the context of the COVID-19 pandemic  |
| <b>Referral and discharge of healthy newborns</b>   | <ul style="list-style-type: none"> <li>• Refer newborns with the mother or the person in charge, according to regulations.</li> <li>• Promote continued breastfeeding and give technical assistance for home care.</li> <li>• Give recommendations for applying IPC measures at home.</li> <li>• Refer for first postnatal check-up according to standards.</li> </ul>   |   |
| <b>Referral for specific monitoring (premature, newborn with diseases or sequelae, graduates from the NICU)</b> | <ul style="list-style-type: none"> <li>• Refer newborns with the mother or the person in charge, according to regulations.</li> <li>• Promote continued breastfeeding and give technical assistance for home care.</li> <li>• Give recommendations for applying IPC measures at home.</li> <li>• Refer for first postnatal check-up according to standards, including referrals to specialists, as appropriate (ophthalmologist, cardiologist, etc.).</li> <li>• If indicated, promote kangaroo care and referral to a unit for monitoring of at-risk newborns.</li> </ul> |   |
| <b>Health workers</b>   | Adherence to IPC standards   |   |

## G. Child and adolescent health<sup>17</sup>

### Actions to support the health and development of children and adolescents according to COVID-19 pandemic risk scenarios

#### Objectives

Focus actions on promoting and maintaining child and adolescent health with a life course approach and prioritize health promotion and protection and prevention of risk factors in an enabling environment in homes and the community, in the context of the COVID-19 pandemic in Latin America and the Caribbean.

#### Key considerations

1. Promote better horizontal and vertical integration of the health services and community actions for the health and well-being of children and adolescents.
2. Give guidance to the first level of care on the importance of a positive, development-oriented approach to child and adolescent health and the prevention of risk factors, laying the groundwork for a healthy life course.
3. Develop and ensure equitable and effective coverage and access to child and adolescent health services.
4. Encourage families and communities to offer enabling environments that give children and adolescents the skills they need for a healthy life course.
5. Promote access to comprehensive services and multisectoral interventions to promote the health and well-being of children and adolescents.
6. Ensure that the work force is protected, sustainable, trained, and coordinated for the area of health.

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<sup>17</sup> This Annex was prepared by the Healthy Life Course Unit of the Family, Health Promotion, and Life Course Department of the Pan American Health Organization.

**Table G1. Actions to maintain the health and development of children and adolescents according to COVID-19 risk scenarios**

| Components  | Scenario 1<br>No cases  | Scenario 2<br>Sporadic cases   | Scenario 3<br>Clusters of cases  | Scenario 4<br>Community transmission  |
|---|---|--|--|---|
| <b>Pre-pandemic activities</b>  | Pre-pandemic level of activities determined by analyzing the local context, vulnerabilities, and level of community and intersectoral response  | Pre-pandemic level of activities adapted and priorities set to encourage the participation of children, adolescents, families, community, and other sectors                    | <ul style="list-style-type: none"> <li>• Priority actions for children and adolescents are carried out.</li> <li>• Facilitate interventions to meet social and health needs and maintain the physical and mental abilities of children and adolescents.</li> </ul> | Facilitate interventions to provide remote support to meet the social and health needs of children and adolescents and maintain physical and mental abilities |
| <b>Actions to promote, protect, and maintain the health of children and adolescents at the individual, family, and community levels</b> | <b>Objective: maintain the highest possible standard of health and well-being for children and adolescents and promote the highest possible level of child and adolescent development; provide guidance and psychosocial support to mothers, fathers, and communities in order to facilitate a positive family and community environment for the development and health of children and adolescents</b> |  |  |   |
|   | Promote adequate breastfeeding, nutrition, healthy food, and physical activity in newborns, children, and adolescents <sup>a</sup>  |  |  |   |
|   | <b>Growth and development, and prevention of risky behaviors</b>  |  |  |   |
|   | Implement evidence-based group or individual community programs to promote the growth and development of children and adolescents and prevent risky behaviors <sup>b-f</sup>  | Maintain evidence-based group or individual community programs to promote the growth and development of children and adolescents and prevent risky behaviors <sup>b, d-h</sup> | <ul style="list-style-type: none"> <li>• Prioritize evidence-based group or individual community programs to promote the growth and development of children and adolescents and prevent risky behavior through safe alternatives.<sup>g, h</sup></li> </ul>        |   |

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|   |   |  | <ul style="list-style-type: none"> <li>• <u>Maintain evidence-based programs using virtual means to promote and sustain positive parenting and the positive growth and development of children and adolescents</u><sup>b, d-f</sup></li> </ul>   |
| <b>School-related activities</b>  |   |  |  |
| <ul style="list-style-type: none"> <li>• Apply school-based health education interventions, including sex education, mental health, nutrition, and prevention of NCD risk factors.</li> <li>• Define the modality for providing health services to the school-age population; that is, services at school and in coordination with community health services.</li> <li>• Ensure monitoring of nutritional status, immunization, and the detection of oral, visual, and hearing problems.</li> <li>• Counseling and psychosocial support, sexual and reproductive health education, support in the face of bullying and mental health problems, among others, according to the context (1).</li> </ul> | <ul style="list-style-type: none"> <li>• Maintain school-based health education interventions, including sex education, mental health, nutrition, and prevention of NCD risk factors. In the case of school closures, ensure alternative modalities to maintain the school meals program and ensure and maintain communication with families in conditions of vulnerability and link them to social services, psychosocial support,<sup>(1)</sup> or social protection services.</li> </ul> | <ul style="list-style-type: none"> <li>• Assess the existing options for remote learning (through the use of virtual means, radio and television, among others). In the case of school closures, ensure alternative modalities to maintain the school meals program and ensure and maintain communication with families in conditions of vulnerability and link them to social services, psychosocial support, or social protection services.</li> </ul> | <ul style="list-style-type: none"> <li>• Prioritize health education for children and adolescents through virtual means, emphasizing healthy lifestyles, SRH, and mental health.</li> <li>• Ensure alternative modalities to maintain the school meals program.</li> <li>• Use the food distribution mechanism to disseminate information promoting physical and mental health and ways to access social services (e.g., help lines).</li> <li>• Ensure communication with families in conditions of vulnerability and link them to social services, psychosocial support, or social protection, depending on what is needed.</li> </ul> |

|   |  |  |  |  |
|---|--|--|--|--|
|   | <ul style="list-style-type: none"> <li>• Nutritionally adequate school meals program.</li> <li>• Activities to promote physical activity, a healthy diet, adequate sleep, control screen time, and prevent violence and substance abuse, among others.</li> <li>• Ensure a protocol for referrals and monitoring if health problems are detected.</li> </ul> |  |  |  |
| <b>Multisectoral interventions at the local level</b> |  |  |  |  |
|   | Carry out multisectoral (social and health) interventions at the local level to promote health and the optimal growth and development of children and adolescents <sup>b, f</sup>  | Maintain multisectoral (social and health) interventions at the local level to promote health and the optimal growth and development of children and adolescents <sup>b, f</sup> | Prioritize multisectoral (social and health) interventions at the local level to promote health and the optimal growth and development of children and adolescents <sup>b, f</sup> |  |

| Social support services for mothers, fathers, and caregivers in conditions of vulnerability   |  |   |   |
|---|--|---|---|
| <p>Implement social support services for mothers, fathers, and caregivers of children and adolescents in conditions of vulnerability:</p> <ul style="list-style-type: none"> <li>• Identify caregivers' strengths and vulnerabilities in order to forge positive emotional bonds, adequate communication, and management of challenging behavior as part of health services for children and adolescents<sup>(2)</sup>.</li> <li>• Offer counseling or workshops to improve parenting, communication and positive discipline<sup>(2)</sup>.</li> <li>• For caregivers living in conditions of vulnerability (e.g., extreme poverty, alcohol abuse, substance abuse, domestic violence, mental illness, or victims of discrimination such as migrants or indigenous people, among others), ensure support and referral to social services and psychosocial support or social protection, as needed.</li> </ul> | <p>Maintain social support services for mothers, fathers, and caregivers of children and adolescents in conditions of vulnerability:</p> <ul style="list-style-type: none"> <li>• While the services are in operation, identify caregivers' strengths and vulnerabilities in order to forge positive emotional bonds, adequate communication, and management of challenging behavior, in accordance with the age of the child.</li> <li>• Offer counseling or workshops to improve parenting practices.</li> <li>• For caregivers living in conditions of vulnerability, ensure support and referral to social services and psychosocial support or social protection, as needed.</li> </ul> | <p>Prioritize social support services for mothers, fathers, and caregivers of children and adolescents in conditions of vulnerability:</p> <ul style="list-style-type: none"> <li>• While the services are in operation, identify caregivers' strengths and vulnerabilities in order to forge positive emotional bonds, adequate communication, and management of challenging behavior, in accordance with the age of the child.</li> <li>• Give technical assistance or workshops to improve parenting practices.</li> <li>• For caregivers living in conditions of vulnerability, ensure support and referral to social services and psychosocial support or social protection, as needed.</li> </ul> | <p>Prioritize social support services for mothers, fathers, and caregivers of children and adolescents in conditions of vulnerability:</p> <ul style="list-style-type: none"> <li>• Ensure communication with families in conditions of vulnerability and link them to social services, psychosocial support, or social protection, as needed.</li> </ul> |

| Full participation of adolescents in their own health |   |  |  |   |
|---|---|--|--|---|
|   | Apply mechanisms for the full participation of adolescents in their own health <sup>f</sup> | Maintain mechanisms for the full participation of adolescents in their own health <sup>f</sup> | Prioritize mechanisms for the full participation of adolescents in their own health and in the response to the epidemic, and help develop their strengths and potential with the use of digital media <sup>f</sup> | Prioritize mechanisms for the full participation of adolescents in their own health and in the response to the epidemic, and help develop their strengths and potential with the use of digital media <sup>f, i</sup> |
|   | SRH self-care for women and adolescents   |  |  |   |
|   | Promote SRH self-care for women and adolescents <sup>a</sup>                                |  | Prioritize the promotion of SRH self-care for women and adolescents with the use of digital media <sup>a</sup>   |   |

**Table G2. Health care of newborns, children, and adolescents according to COVID-19 risk scenarios**

| Components  | Scenario 1<br>No cases   | Scenario 2<br>Sporadic cases  | Scenario 3<br>Clusters of cases  | Phase 4<br>Community transmission  |
|---|--|---|--|--|
| <b>Health care of newborns, children, and adolescents</b> | Pre-pandemic level of activities determined by analyzing the local context, vulnerabilities, and the level of community and intersectoral response | Adapted pre-pandemic level of activities; priorities set to promote the participation of children and adolescents, families, communities, and other sectors | Carry out priority activities for children and adolescents and facilitate interventions to meet social and health needs and maintain physical and mental abilities | Facilitate remote support interventions to meet the social and health needs of children and adolescents and maintain physical and mental abilities |

|  |  |   |   |
|--|--|---|---|
| <b>Objective: provide evidence-based, quality, respectful care for all newborns, children, and adolescents with a rights approach and in accordance with local needs</b>   |  |   |   |
| <b>Newborns</b>  |  |   |   |
| Provide each newborn with care at the level of complexity required by clinical conditions, with adequate protective measures during care and transfer within the same facility, or if referred to a facility of greater complexity                             | Maintain care for each newborn at the level of complexity required by clinical conditions, with adequate protective measures during care and transfer within the same facility, or if referred to a facility of greater complexity                                     | Prioritize care for each newborn at the level of complexity required by clinical conditions, with adequate protective measures during care and transfer within the same facility, or if referred to a facility of greater complexity, through the use of safe alternatives  |   |
| <b>Children</b>  |  |   |   |
| Care for children with history of risk in the neonatal period (prematurity and admission to the neonatal intensive care unit, among others): <ul style="list-style-type: none"> <li>Obtain information on gestation, delivery, and neonatal period.</li> </ul> | Maintain care of children with history of risk in the neonatal period (prematurity and admission to the neonatal intensive care unit, among others): <ul style="list-style-type: none"> <li>Obtain information on gestation, delivery, and neonatal period.</li> </ul> | Prioritize care of children with history of risk in the neonatal period (prematurity and admission to the neonatal intensive care unit, among others) with the use of safe alternatives: <ul style="list-style-type: none"> <li>Institute adaptations in accordance with the location of the sporadic outbreaks of COVID-19.</li> <li>Read and follow the recommendations described in the section <i>Control and monitoring of growth and development and promoting positive parenting practices</i>.</li> </ul> | Care for children with history of risk in the neonatal period (prematurity and admission to the neonatal intensive care unit, among others) with the use of safe alternatives: <ul style="list-style-type: none"> <li>Suspend visits to the health facility.</li> <li>If available, set up a system of telephone monitoring or telemedicine for these children; include detection of COVID-19 symptoms in children and caregivers, and refer if necessary.</li> </ul> |

|  |  |  |   |  |
|--|--|--|---|--|
|  | <ul style="list-style-type: none"> <li>• Determine the frequency of health check-ups according to clinical case and national protocol. Refer to specialists as needed.</li> <li>• Promote breastfeeding or the appropriate use of formulas (if child does not breast-feed), the use of micronutrients, and kangaroo care, as appropriate.</li> <li>• Read and follow the recommendations described in the section <i>Control and monitoring of growth and development and promoting positive parenting practices</i>. Adapt the frequency of health check-ups and the vaccination schedule according to the characteristics of the child and the national protocol.</li> </ul> | <ul style="list-style-type: none"> <li>• Determine the frequency of health check-ups according to clinical case and national protocol. Refer to specialists as needed.</li> <li>• Promote breastfeeding or the appropriate use of formulas (if child does not breast-feed), the use of micronutrients, and kangaroo care, as appropriate.</li> <li>• Read and follow the recommendations described in the section <i>Control and monitoring of growth and development and promoting positive parenting practices</i>. Adapt the frequency of health check-ups and the vaccination schedule according to the characteristics of the child and the national protocol.</li> </ul> | <ul style="list-style-type: none"> <li>• Adapt the frequency of health check-ups and the vaccination schedule according to the characteristics of the child and the national protocol. Make sure the service has up-to-date records on these children and the family's contact information.</li> <li>• Ensure the availability of micronutrients and other necessary medicines.</li> <li>• Strengthen the capacity of health promoters to support these families at home, when and where it is relevant.</li> </ul> | <ul style="list-style-type: none"> <li>• Consider home visits to these children by health promoters or community agents when remote communication is not possible, in countries where such personnel exist. Ensure that such persons have proper PPE.</li> </ul> |
|--|--|--|---|--|

|  |  |   |  |  |
|--|--|---|--|--|
|  | <p>Early childhood periodic check-ups:</p> <ul style="list-style-type: none"> <li>• Monitoring of growth in weight, height, and head circumference, according to the age of the child and the national protocol.<sup>(3, 4)</sup></li> <li>• Record check-ups on the national health card.</li> <li>• Vaccination according to the national schedule.</li> <li>• Nutrition counseling and information on the use of micronutrients, breastfeeding, and complementary feeding,<sup>(5)</sup> according to the age of the child.</li> <li>• Monitoring of child development, advice to caregivers on strengthening the bond with their child, and creating opportunities for learning and communication according to age of the child and family context.<sup>(6)</sup></li> </ul> | <p>Early childhood periodic check-ups:</p> <ul style="list-style-type: none"> <li>• Monitoring of growth in weight, height, and head circumference, according to the age of the child and the national protocol.</li> <li>• Record check-ups in the national health card</li> <li>• Vaccination according to the national schedule.</li> <li>• Nutrition counseling and information on the use of micronutrients, breastfeeding, and complementary feeding.</li> <li>• Monitoring of child development, advice to caregivers on strengthening the bond with their child, and creating opportunities for learning and communication according to age of the child and family context.</li> </ul> | <p>Early childhood periodic check-ups:</p> <ul style="list-style-type: none"> <li>• Reduce the frequency of health check-ups in light of the course of the pandemic. Maintain the dynamic of health check-ups as before the pandemic.</li> <li>• Make sure the service has up-to-date records on cases requiring closer monitoring and the family's contact information.</li> <li>• Ensure the availability of micronutrients.</li> <li>• Strengthen the capacity of health promoters or community agents to support families at home, in countries where such personnel exist.</li> <li>• Manage alterations in growth and development according to the national protocol.</li> </ul> | <p>Early childhood periodic check-ups:</p> <ul style="list-style-type: none"> <li>• Suspend health check-ups at the health facility.</li> <li>• Set up a system of telephone monitoring or telemedicine, according to the context, of the children identified as having changes in their growth and development, and include systematic detection of COVID-19 symptoms in children and caregivers, and refer them when necessary.</li> <li>• Apply the national protocol for management and referral of suspected cases of COVID-19.</li> <li>• Consider home visits by health promoters or community agents to children experiencing alterations of their growth and development when remote communication is not possible, in countries where such personnel exist. Make sure they have proper PPE.</li> </ul> |
|--|--|---|--|--|

|  |  |  |   |  |
|--|--|--|---|--|
|  | <ul style="list-style-type: none"> <li>• Counseling on physical activity, sleep, healthy diet, and screen time.<sup>(6)</sup></li> <li>• Manage alterations of growth and development according to the national protocol.</li> </ul> | <ul style="list-style-type: none"> <li>• Counseling on physical activity, sleep, healthy diet, and screen time.</li> <li>• Make sure the service has up-to-date records on the cases that require closer monitoring and the family's contact information.</li> <li>• Ensure the availability of micronutrients.</li> <li>• Manage alterations in growth or development according to the national protocol.</li> <li>• Strengthen the capacity of health promoters to support families at home, in the countries where such personnel exist.</li> </ul> | <ul style="list-style-type: none"> <li>• Integrate protocols for the systematic detection of COVID-19 symptoms in children and caregivers.</li> </ul> |  |
|--|--|--|---|--|

| Adolescents |  |  |  |   |
|-------------|--|--|--|---|
|             | <ul style="list-style-type: none"> <li>• Conduct periodic medical examinations on adolescents (at least once a year) for the early identification of risk factors and conditions requiring special care.<sup>j</sup></li> <li>• Promote actions to keep children and adolescents up-to-date with vaccinations, in accordance with national schedules.</li> </ul> | <ul style="list-style-type: none"> <li>• Conduct periodic medical examinations on adolescents (at least once a year) for the early identification of risk factors and conditions requiring special care.</li> <li>• Promote actions to keep children and adolescents up-to-date with vaccinations, in accordance with national schedules, through the use of safe alternatives.</li> </ul> | <ul style="list-style-type: none"> <li>• Suspend periodic medical examinations of adolescents and set up alternative systems, including telephone visits or telemedicine, so that adolescents can have access to confidential health services as needed.</li> <li>• Promote actions to keep children and adolescents up-to-date with vaccinations, in accordance with national schedules, through the use of safe alternatives.</li> </ul> | <ul style="list-style-type: none"> <li>• Prioritize alternative systems, such as telephone communication or telemedicine, so that adolescents can have access to confidential health services as needed, including for mental health and substance use.</li> <li>• Promote actions to keep children and adolescents up-to-date with vaccinations, in accordance with national schedules, through the use of safe alternatives.</li> </ul> |

|   |  |   |  |   |
|---|--|---|--|---|
|   | <p>Confidential, non-judgmental SRH services for adolescents, including contraception, testing for sexually transmitted infections and HIV, support and care in the event of partner violence or sexual violence, and menstrual health<sup>1</sup></p>   |   | <p>Set up alternative systems, telephone visits or telemedicine, to facilitate adolescents' access to counseling in SRH, contraception, treatment of sexually transmitted infections and HIV, support, and care in the event of partner violence or sexual violence, and menstrual health</p>  |   |
| <b>Care of children and adolescents with acute diseases</b>   |  |   |  |   |
|   | <p>Provide care to children and adolescents with acute diseases according to the local context:</p> <ul style="list-style-type: none"> <li>• Evaluation and management according to the national protocol.<sup>(7-9)</sup></li> <li>• Evaluate the severity of the acute disease and coordinate referral, if necessary.</li> </ul> | <p>Maintain care for children and adolescents with acute diseases according to the local context:</p> <ul style="list-style-type: none"> <li>• Implement the necessary adaptations according to the location of sporadic outbreaks.</li> <li>• Evaluation and management according to the national protocol; consider COVID-19 as a differential diagnosis.<sup>(10)</sup></li> <li>• For children with acute malnutrition, ensure the availability of ready-to-use therapeutic food<sup>(11,12)</sup></li> </ul> | <p>Prioritize care for children and adolescents with acute diseases according to the local context:</p> <ul style="list-style-type: none"> <li>• Implement the necessary adaptations according to the location of the clusters of cases.</li> <li>• Set up monitoring systems through telephone, telemedicine, or home visits.</li> <li>• For children with acute malnutrition, deliver additional doses of ready-to-use therapeutic food.<sup>(11, 12)</sup></li> </ul> | <p>For children with acute malnutrition, remotely monitor the use and availability of ready-to-use therapeutic food:</p> <ul style="list-style-type: none"> <li>• Set up monitoring systems through telephone, telemedicine, or home visits.</li> </ul> |
| <b>Care of children and adolescents with chronic diseases</b> |  |   |  |   |
|   | <p>Provide care to children and adolescents with chronic</p>   | <p>Maintain care of children and adolescents with chronic</p>   | <p>Prioritize care of children and adolescents with chronic</p>  | <p>Prioritize care of children and adolescents with chronic</p>   |

|  |  |  |  |  |
|--|--|--|--|--|
|  | <p>diseases, including chronic malnutrition, developmental delays, disability, diabetes, and obesity:</p> <ul style="list-style-type: none"> <li>• Ensure that habilitation and rehabilitation services are included in the essential services.</li> <li>• Initiate actions to boost the capacity of caregivers to provide some components of service at home.</li> <li>• Ensure that the service has the family’s current contact information.</li> <li>• Ensure availability of the drugs needed by these children and adolescents.</li> </ul> | <p>diseases, including those with chronic malnutrition, developmental delays, disability, diabetes and obesity:</p> <ul style="list-style-type: none"> <li>• Ensure that habilitation and rehabilitation services are included in the essential services.</li> <li>• Initiate actions to boost the capacity of caregivers to provide some components of service at home.</li> <li>• Ensure that the service has the family’s current contact information.</li> <li>• Ensure availability of the drugs needed by these children and adolescents.</li> </ul> | <p>diseases, including those with chronic malnutrition, developmental delays, disability, diabetes and obesity:</p> <ul style="list-style-type: none"> <li>• Set up monitoring systems through telephone, telemedicine, or home visits.</li> <li>• Continue to offer habilitation and rehabilitation services according to the course of the clusters of cases.</li> <li>• Consider home visits for priority cases; ensure that health workers have adequate PPE.</li> <li>• Consider group service delivery, according to the course of the pandemic locally and in neighboring areas.</li> <li>• Increase steps to boost the capacity of caregivers to provide some components of rehabilitation at home.</li> <li>• Deliver additional dosages of essential drugs.</li> </ul> | <p>diseases, including those with chronic malnutrition, developmental delays, disability, diabetes and obesity:</p> <ul style="list-style-type: none"> <li>• Set up monitoring systems through telephone, telemedicine, or home visits.</li> <li>• Prioritize and maintain contact with the families remotely and periodically to strengthen the capacity of caregivers to provide some components of rehabilitation at home; in addition to the use and availability of the necessary drugs.</li> </ul> |
|--|--|--|--|--|

**Table G3. Actions to ensure adequate care for newborns, children, and adolescents during the COVID-19 pandemic**

| Components  | Scenario 1<br>No cases   | Scenario 2<br>Sporadic cases   | Scenario 3<br>Clusters of cases   | Scenario 4<br>Community transmission  |
|---|--|--|---|---|
| <b>Actions to ensure adequate care for newborns, children, and adolescents during the COVID-19 pandemic</b> | Pre-pandemic levels of activity, based on an analysis of the local context, vulnerabilities, and the level of community and intersectoral response   | Adapted pre-pandemic levels of activity; set priorities to encourage the participation of children and adolescents, families, communities, and other sectors | Implement priority actions for children and adolescents: <ul style="list-style-type: none"> <li>Facilitate interventions to meet their social and health needs and maintain their physical and mental abilities.</li> </ul> | Facilitate remote support interventions to meet the social and health needs of children and adolescents and maintain their physical and mental abilities. |
|   | <b>Objective: maintain the highest standard of health and well-being of women, children, and adolescents in the context of the epidemic, allowing them to grow and develop and exercise their right to the highest possible level of health and well-being</b> |  |   |   |
|   | Promote and implement strategies to ensure a comprehensive and integrated system of care that serves the needs of children and adolescents <sup>f</sup>  |  |   |   |
|   | Implement actions to train health care providers in adolescent health <sup>f</sup>   |  |   |   |

<sup>a</sup> World Health Organization. Frequently asked questions: Breastfeeding and COVID-19. Geneva: WHO; 2020. Available from :

<https://www.who.int/publications/m/item/frequently-asked-questions-breastfeeding-and-covid-19>

<sup>b</sup> World Health Organization. Nurturing care framework. Available from: [https://www.who.int/maternal\\_child\\_adolescent/child/nurturing-care-framework/en/](https://www.who.int/maternal_child_adolescent/child/nurturing-care-framework/en/).

<sup>c</sup> World Health Organization. WHO child growth standards and the identification of severe acute malnutrition in infants and children. Geneva: WHO; 2009. Available from:

[https://apps.who.int/iris/bitstream/handle/10665/44129/9789241598163\\_eng.pdf?ua=1](https://apps.who.int/iris/bitstream/handle/10665/44129/9789241598163_eng.pdf?ua=1).

<sup>d</sup> World Health Organization. WHO recommendations on child health. Geneva: WHO; XXX. Available from: <https://www.who.int/publications/i/item/WHO-MCA-17.08>.

<sup>e</sup> Pan American Health Organization. Familias Fuertes Program. Available from: <https://www.paho.org/en/stories/they-dont-teach-you-how-be-parent-promoting-adolescent-health-and-stronger-families-chiapas>

<sup>f</sup> World Health Organization. Global accelerated action for the health of adolescents (AA-HA!): guidance to support country implementation. Geneva: WHO; 2017. Available from:

<https://apps.who.int/iris/bitstream/handle/10665/255416/WHO-FWC-MCA-17.06-eng.pdf;jsessionid=D6374128F433AFE261DFF4B2D2859997?sequence=1>.

<sup>g</sup> World Health Organization. Parenting in the time of COVID-19. Geneva: WHO; 2020. Available from: : <https://www.who.int/teams/risk-communication/all-visual-tools>.<sup>h</sup>

<sup>h</sup> World Health Organization. COVID-19 Recommended Interventions in Mental Health and Psychosocial Support (MHPSS) during the Pandemic, June 2020

. Geneva: WHO; 2020. Available from: <https://iris.paho.org/handle/10665.2/52485>

<sup>i</sup> World Health Organization. Q&A Adolescents, youth and COVID-19. Geneva: WHO; 2020. Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-for-adolescents-and-youth-related-to-covid-19>.

<sup>j</sup> World Health Organization. Global standards for quality health care services for adolescents. Geneva: WHO; 2015. Available from:

[https://www.who.int/maternal\\_child\\_adolescent/documents/global-standards-adolescent-care/en/](https://www.who.int/maternal_child_adolescent/documents/global-standards-adolescent-care/en/).

## Reference materials

1. World Health Organization. Helping children cope with stress during the 2019-nCov outbreak. Geneva: WHO; 2020. Available from: [https://www.who.int/images/default-source/health-topics/coronavirus/risk-communications/general-public/stress/children-stress.jpg?sfvrsn=343355fd\\_2](https://www.who.int/images/default-source/health-topics/coronavirus/risk-communications/general-public/stress/children-stress.jpg?sfvrsn=343355fd_2).
2. World Health Organization. Parenting in the time of COVID-19. Geneva: WHO; 2020. Available from: <https://www.who.int/teams/risk-communication/all-visual-tools>.
3. World Health Organization. Guideline: assessing and managing children at primary health-care facilities to prevent overweight and obesity in the context of the double burden of malnutrition. Geneva: WHO; 2017. Available from: <https://www.who.int/publications/i/item/9789241550123>.
4. World Health Organization. WHO child growth standards and the identification of severe acute malnutrition in infants and children. Geneva: WHO; 2009. Available from: <https://www.who.int/nutrition/publications/severemalnutrition/9789241598163/en/>.
5. World Health Organization. Frequently asked questions: Breastfeeding and COVID-19. For health workers. Geneva: WHO; 2020. Available from: <https://www.who.int/publications/m/item/frequently-asked-questions-breastfeeding-and-covid-19>
6. World Health Organization. WHO Guidelines on physical activity, sedentary behavior, and sleep for children under 5 years of age. Geneva: WHO; 2019. Available from: <https://www.who.int/publications/i/item/9789241550536>
7. World Health Organization. Revised WHO classification and treatment of childhood pneumonia at health facilities. Geneva: WHO; 2014.
4. Available from: [https://apps.who.int/iris/bitstream/handle/10665/137319/9789241507813\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/137319/9789241507813_eng.pdf?sequence=1).
8. World Health Organization. Ending preventable child deaths from pneumonia and diarrhea by 2025. The integrated Global Action Plan for Pneumonia and Diarrhea (GAPPD). Geneva: WHO; 2013. Available from: [https://www.who.int/maternal\\_child\\_adolescent/documents/global\\_action\\_plan\\_pneumonia\\_diarrhoea/en/](https://www.who.int/maternal_child_adolescent/documents/global_action_plan_pneumonia_diarrhoea/en/).
9. World Health Organization. WHO recommendations on child health. Geneva: WHO; 2017. Available from: <https://www.who.int/publications/i/item/WHO-MCA-17.08>.
10. World Health Organization. Clinical management of COVID-19. Geneva: WHO; 2020. Available from: <https://www.who.int/publications/i/item/clinical-management-of-covid-19>.
11. World Health Organization. WHO Guideline: updates on the management of severe acute malnutrition in infants and children. Geneva: WHO; 2015. Available from: <https://www.who.int/publications/i/item/9789241506328>.
12. World Health Organization. WHO child growth standards and the identification of severe acute malnutrition in infants and children. Geneva: WHO; 2009. Available from: <https://www.who.int/nutrition/publications/severemalnutrition/9789241598163/en/>.

## H. Health of older persons<sup>18</sup>

### Essential actions to promote healthy aging at the first level of care during the COVID-19 pandemic

#### Objective

Promote healthy aging with a life course approach and prioritize prevention and management activities to optimize the functional capacity of older persons within an enabling home and community environment, in the context of the COVID-19 pandemic in Latin America and the Caribbean.

#### Key considerations

1. Change the way we think, feel, and act with respect to age and aging.
2. Guide FLC on the importance of the people-centered care for older persons to optimize their intrinsic capacity and functional ability.
3. Develop and ensure older persons' equitable and effective coverage and access to the health services.
4. Encourage communities to create enabling environments to maximize older persons' capacities and compensate for any lost capacity.
5. Facilitate access to quality long-term care, especially community-based, for older persons who need it.
6. Make sure the work force is sustainable, trained, and coordinates in the area of health.

**Table H1. Actions to promote, protect, and maintain the health of older persons in the individual, family, and community setting**

| Components | Scenario 1<br>No cases  | Scenario 2<br>Sporadic cases  | Scenario 3<br>Clusters of cases  | Scenario 4<br>Community transmission  |
|------------|---|---|--|---|
|            | Pre-pandemic levels of activity based on an analysis of the local context, vulnerabilities, and the level of community and intersectoral response | Adapted pre-pandemic levels of activity and priorities set for the protection of vulnerable older persons to maintain their health and physical, mental, and social capacity: <ul style="list-style-type: none"> <li>• Facilitate the participation of older persons, their families, and communities, and other sectors</li> </ul> | Carry out priority activities for the protection of vulnerable older persons: <ul style="list-style-type: none"> <li>• Facilitate interventions to meet their social and health needs and maintain their physical and mental capacity with minimal requirements for leaving the home.</li> </ul> | Facilitate remote support interventions to meet their social and health needs and maintain their physical and mental capacities with minimal requirements for leaving the home. |

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| <b>Actions to promote, protect, and maintain the health of older persons at the individual, family, and community level</b> | <b>Objective: maintain the highest possible level of health and well-being for older persons in the context of the epidemic, allowing them to maintain high levels of physical and mental functioning, acquire competencies and skills for health self-care, facilitate a family and community friendly environment that enables functionality, have support networks that help protect them from the risks inherent in the pandemic, all in a rights-based dignified context.</b>   |  |   |   |
|   | Conduct a survey on the intrinsic capacity of older persons in community, social, health, and institutional programs at least once a year <sup>a</sup>   |  |   |   |
|   | Develop evidence-based individual or group community programs to promote and maintain intrinsic capacity and functionality by promoting self-reliance and self-care among older persons (Integrated Care for Older People <sup>b</sup> ) <ul style="list-style-type: none"> <li>• Multicomponent physical activity program that promotes health and prevents frailty.<sup>c</sup></li> <li>• Programs to support self-care for people with chronic diseases.<sup>d,e</sup></li> <li>• Programs to promote mental health and prevent depression.</li> <li>• Programs aimed at reducing caregivers' stress and burden</li> </ul> | Maintain evidence-based programs, using virtual means to promote and maintain intrinsic capacity and functionality, and promoting self-reliance and self-care among older persons (Integrated Care for Older People <sup>b</sup> ): <ul style="list-style-type: none"> <li>• Multicomponent physical activity program that promotes health and prevents frailty.<sup>c</sup></li> <li>• Programs to support self-care for people with chronic diseases.<sup>d,e</sup></li> <li>• Programs to promote mental health and prevent depression.</li> <li>• Programs aimed at reducing caregivers' stress and burden.</li> </ul> | Create a virtual and telephone support network through promoters, leaders, and active older persons in order to work with older persons, particularly those at risk (who live alone and are older than 75 years, etc.) in order to promote and maintain the intrinsic capacity, functionality, and self-care of older persons (Integrated Care for Older People <sup>b</sup> ): <ul style="list-style-type: none"> <li>• Multicomponent physical activity program that promotes health and prevents frailty.<sup>c,e</sup></li> </ul> | Maintain the virtual and telephone support network through promoters, leaders, and active older persons in order to work with older persons, particularly those at risk (who live alone and are older than 75 years, etc.) in order to promote and maintain the intrinsic capacity, functionality, and self-care of older persons (Integrated Care for Older People <sup>b</sup> ): <ul style="list-style-type: none"> <li>• Multicomponent physical activity program that promotes health and prevents frailty.<sup>c,e</sup></li> </ul> |

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|  |   |  | <ul style="list-style-type: none"> <li>• Programs to promote mental health and prevent depression.</li> <li>• Programs aimed at reducing caregivers' stress and burden.</li> </ul>   | <ul style="list-style-type: none"> <li>• Programs to promote mental health and prevent depression.</li> <li>• Programs aimed at reducing caregivers' stress and burden.</li> </ul> |
|  | <p>Promote actions to help older persons and their caregivers stay up-to-date with their vaccines, in accordance with national schedules<sup>f,g</sup></p>  | <p>Intensify actions to help older persons stay up-to-date with their vaccines (especially pneumococcal and flu vaccines)<sup>f,g</sup></p>  | <p>Identify and vaccinate older persons who are not up to date on their vaccines (especially pneumococcal and flu vaccines), through the use of safe alternatives<sup>f,g</sup></p>  |  |
|  | <ul style="list-style-type: none"> <li>• Promote the integration of interventions, benefits, and social and health resources in the community and FLC for vulnerable older persons in need:</li> <li>• Supplemental nutrition assistance programs.<sup>h,i</sup></li> <li>• Promote and advise on the development of volunteer service programs for and by older persons:             <ul style="list-style-type: none"> <li>○ Develop and promote the use of a resource guide and social benefits for older persons and their caregivers.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Prioritize integration of the interventions, benefits, and social and health resources in the community and FLC for older persons in need:             <ul style="list-style-type: none"> <li>○ Supplemental nutrition assistance programs.<sup>h,i</sup> <ul style="list-style-type: none"> <li>• Promote and advise the development of volunteer service programs for and by older persons.<sup>j</sup></li> </ul> </li> <li>• Implement and adapt the use of a resource guide and social benefits for older persons and their caregivers.</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Maintain the interventions, benefits, and social and health resources in the community and FLC for vulnerable older persons in need in a way that is safe and maintains coverage of at-risk older persons:             <ul style="list-style-type: none"> <li>○ Supplemental nutrition assistance programs.<sup>h,i</sup></li> <li>○ Promote and advise on the development of volunteer service programs for and by older persons<sup>j</sup>.                 <ul style="list-style-type: none"> <li>• Facilitate the use of a resource guide and social benefits for older persons and their caregivers.</li> </ul> </li> </ul> </li> </ul> |  |

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|   | <p>Prioritize measures to prevent and address age discrimination<sup>k</sup> and prevent and address abuse and mistreatment of older persons<sup>l-n</sup></p> <p>Prevent the use of mechanical or pharmacological restraints<sup>ñ</sup></p>   |   |  |
| <ul style="list-style-type: none"> <li>• Promote multisectoral, local interventions to create environments that are friendly to seniors, their families, and their communities.<sup>o</sup></li> <li>• Promote and develop programs that facilitate independence and safe living in the community.<sup>p</sup></li> </ul> | <ul style="list-style-type: none"> <li>• Implement and adapt multisectoral, local interventions in the context of the pandemic, to create environments that are friendly to seniors, their families, and their communities.<sup>o</sup></li> <li>• Implement and adapt programs that promote independence and safe living in the community in the context of the pandemic (p).</li> </ul> | <p>Apply multisectoral local interventions to create environments that are friendly to seniors and their families in a state of vulnerability and need, to attain the highest possible level of safety and well-being<sup>o</sup></p> |  |

**Table H2. Health care of older persons that focuses on capacity and the prevention and effective management of chronic diseases**

| Components   | Scenario 1<br>No cases  | Scenario 2<br>Sporadic cases  | Scenario 3<br>Clusters of cases   | Scenario 4<br>Community transmission  |
|--|---|---|---|---|
|  | Pre-pandemic levels of activity based on the local context, vulnerabilities, and the level of community and intersectoral response  | Adapted pre-pandemic levels of activity, prioritizing the protection of vulnerable older persons and maintaining their health, physical, mental, and social capacity: <ul style="list-style-type: none"> <li>Promote the participation of older persons, families, communities, and other sectors.</li> </ul> | Implement priority actions for the protection of vulnerable older persons: <ul style="list-style-type: none"> <li>Facilitate interventions to meet social and health needs, and to maintain physical and mental capacities with minimal requirements for leaving home.</li> </ul> | Facilitate remote support interventions to meet social and health needs and maintain physical and mental capacities with minimal requirements for leaving home. |
| Health care for older persons that centers on capacity and the prevention and effective management of chronic diseases | <p><b>Objective: maintain the highest possible level of health and well-being of older persons in the context of the epidemic, by preventing and managing loss of intrinsic capacity in order to maintain functional independence and prevent care dependence, maintain interventions to prevent, control, and manage chronic diseases and symptoms, especially chronic multiple illnesses, with strategies that optimize therapeutic interventions and prevent polypharmacy and complications in vulnerable health contexts. Encourage evidence-based self-care strategies, work with caregivers, and remote monitoring.</b></p> |   |   |   |

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|  | <p>Basic health teams apply tools and clinical guides to monitor and manage intrinsic capacity and optimize functional ability<sup>a</sup></p>   | <p>Basic health teams use virtual means and telephone to apply tools and clinical guides to monitor and manage intrinsic capacity and optimize functional ability<sup>a</sup></p>  |
| <p>Apply interventions to prevent and manage chronic diseases, including geriatric syndromes, with a person-centered approach, and adapt the therapeutic goals in accordance with functional capacity and frailty, while protecting dignity <b>(use clinical guides specific to older persons)</b></p> |  |  |
|  | <p>Implement interventions to prevent and manage mental illness, including dementia syndromes and cognitive disorders, with a person-centered approach, and adapt the therapeutic goals in accordance with functional capacity and frailty, while protecting dignity<sup>q,r</sup></p> | <p>Prioritize interventions to manage mental illnesses, especially dementia syndromes, depressive syndromes, and others that are difficult to manage at home; adapt therapeutic goals in accordance with functional capacity and frailty, while protecting dignity<sup>q,r</sup></p>                                 |
| <p>Take steps to ensure access to community-based rehabilitation for older persons with acute loss of functional capacity after a hospitalization, surgery, or acute event (stroke, hip replacement surgery, and falls, etc.)</p>  |  |  |
| <p>Apply interventions to prevent polypharmacy, improper prescriptions, and prescriptions<sup>s,u</sup></p>  |  |  |
|  | <p>Apply interventions for the management of frail and care dependent older persons in conditions of social vulnerability. Encourage measures to support nutrition, drug administration, and technical assistance<sup>v,w</sup></p>  | <p>Apply interventions for the management of frail and care dependent older persons in conditions of social vulnerability. Encourage measures to support nutrition, drug administration, and technical assistance (prioritize groups at higher risk and protect them against SARS-CoV-2) infection<sup>v,w</sup></p> |

**Table H3. Actions to ensure appropriate care for care-dependent older persons and their live-in caregivers**

| Components | Scenario 1<br>No cases   | Scenario 2<br>Sporadic cases  | Scenario 3<br>Clusters of cases   | Scenario 4<br>Community transmission  |
|------------|--|---|---|---|
|            | Pre-pandemic levels of activity based on analysis of the local context, vulnerabilities, and the level of community and intersectoral response | <ul style="list-style-type: none"> <li>• Adapted pre-pandemic levels of activity, prioritizing the protection of vulnerable older persons and maintaining their health and physical, mental, and social capacity:</li> <li>• Facilitate the participation of families, communities, and other sectors.</li> </ul> | <ul style="list-style-type: none"> <li>• Prioritize actions to protect vulnerable older persons.</li> <li>• Facilitate interventions to meet social and health needs and maintain physical and mental capacity with minimal requirements for leaving home.</li> </ul> | Facilitate remote support interventions to meet social and health needs and maintain physical and mental capacity with minimal requirements for leaving home. |

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|---|---|---|---|
| <b>Actions to ensure appropriate care for care dependent older persons and their live-in caregivers</b> | <b>Objective: maintain the highest possible level of health and well-being for care-dependent older persons living at home, in the context of the pandemic, allowing them to maintain their quality of life and the highest level of physical and mental functioning as possible, by promoting family and community networks of care in a context of dignity and rights, that are safe for dependent persons and their caregivers, and protect them as much as possible from the risks of the pandemic.<sup>m</sup></b> |   |   |
|   | Promote and apply strategies to ensure a system of community-based comprehensive and integrated care that serves the needs of dependent persons <sup>x,y</sup>  | Maintain the strategies to ensure a system of community-based comprehensive and integrated care that serves the needs of dependent persons <sup>x,y</sup>   | Maintain the mechanisms to ensure community-based comprehensive and integrated care in the context and conditions of the pandemic that serves the needs of dependent persons <sup>x,y</sup> |
|   | Institute training, care, and support for formal and informal caregivers, emphasizing the protection of their health through immunization or access to PPE and its proper use <sup>z</sup>  |   |   |
|   | Implement actions to protect the health and well-being of caregivers in a comprehensive, integrated, and coordinated fashion, ensuring access to social and health services, medication, and other resources required to care for people with loss of functional capacity <sup>w</sup>  | Maintain actions to protect the health and well-being of caregivers in a comprehensive, integrated, and coordinated fashion, ensuring access to social and health services, medication, and other resources required to care for people with loss of functional capacity <sup>w</sup> |   |
|   | Apply strategies to guarantee palliative and end of life care, ensuring provision of the necessary resources and support, with respect for autonomy and the use of advance directives <sup>*</sup>  | Maintain the strategies to guarantee palliative and end of life care, ensuring provision of the necessary resources and support, with respect for autonomy and the use of advance directives <sup>*</sup>   |   |
|   | Apply actions for active search, prevention, and management of any forms of abuse and mistreatment <sup>n</sup>   | Maintain actions for active search, prevention, and management of any forms of abuse and mistreatment <sup>n</sup>  |   |

**Table H4. Actions to ensure adequate care for care dependent persons living in long-term care facilities**

| Components   | Scenario 1<br>No cases  | Scenario 2<br>Sporadic cases   | Scenario 3<br>Clusters of cases  | Scenario 4<br>Community transmission  |
|--|---|--|--|---|
|  | Pre-pandemic levels of activity based on an analysis of the local context, vulnerabilities, and the level of community and intersectoral response   | <ul style="list-style-type: none"> <li>Adapted pre-pandemic levels of activity, prioritizing the protection of vulnerable older persons and the maintenance of their health and physical, mental, and social capacity.</li> <li>Facilitate the participation of families, communities, and other sectors.</li> </ul> | <ul style="list-style-type: none"> <li>Carry out priority actions for the protection of vulnerable older persons.</li> <li>Facilitate interventions to meet social and health needs and maintain physical and mental capacity with minimal requirements for leaving home.</li> </ul> | Facilitate remote support interventions to meet social and health needs and maintain physical and mental capacity with minimal requirements for leaving home. |
| <b>Actions to ensure adequate care for care-dependent people living in long-term care facilities</b> | <b>Objective: maintain the highest possible level of health and well-being of care-dependent older persons living in long-term care facilities, in the context of the pandemic, allowing them to maintain their quality of life and highest level of physical and mental functioning possible, in a context of dignity and rights. Maintain quality standards in an environment that is safe for the dependent persons and their caregivers, and protect them as much as possible from the risks of the epidemic.</b> |  |  |   |
|  | Promote and apply strategies to ensure the inclusion of long-term care facilities in the FLC care plans and structures, with a community-based comprehensive and integrated system of care that serves the needs of dependent persons <sup>x,y</sup>  | Maintain and strengthen strategies to ensure support for long-term care facilities and include them in the FLC care plans and structures, with a community-based comprehensive and integrated system of care that serves the needs of dependent persons <sup>x,y</sup>   |  |   |

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|  | <p>Carry out actions for comprehensive, integrated, and coordinated health care and welfare, with ensured access to social and health services, medication, and other resources required to care for people with loss of functional capacity<sup>y</sup></p> | <ul style="list-style-type: none"> <li>• Maintain actions for comprehensive, integrated, and coordinated health care and welfare, with guaranteed access to social and health services, medication, and other resources required to care for people with loss of functional capacity.</li> <li>• Ensure specialized external support, to avoid the use of hospital-based health services or services outside the facility.<sup>y</sup></li> </ul> | <ul style="list-style-type: none"> <li>• Maintain actions for comprehensive, integrated, and coordinated health care and welfare, with guaranteed access to social and health services, medication, and other resources required to care for people with loss of functional capacity<sup>y</sup>.</li> <li>• Provide specialized external support via telephone or virtual means.</li> </ul> |
|  | <p>Institute training and support for formal and volunteer caregivers, emphasizing the protection of their health through immunization and access to PPE and its proper use<sup>y,**,***</sup></p>   | <p>Maintain training and support for formal and volunteer caregivers, emphasizing the protection of their health through immunization and access to PPE and its proper use<sup>n,y,**,***</sup></p>   |  |
|  | <p>Apply strategies to guarantee palliative and end of life care, and ensure provision of the necessary resources and support, with respect for autonomy and the use of advance directives<sup>y,*</sup></p>   | <p>Maintain strategies to guarantee palliative and end of life care, and ensure provision of the necessary resources and support, with respect for autonomy and the use of advance directives<sup>y,*</sup></p>   |  |

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|  | Apply actions for active search, prevention, and management of any forms of abuse and mistreatment <sup>n</sup>  | Establish and maintain a system for monitoring and surveillance of the health information generated by these facilities in order to strengthen timely decision-making <sup>n</sup> | Maintain actions for active search, prevention, and management of any forms of abuse and mistreatment <sup>n</sup> |
|  | Establish and maintain a system for monitoring and surveillance of the health information generated by these facilities in order to strengthen timely decision-making <sup>x,y</sup> | Maintain a system for monitoring and surveillance of the health information generated by these facilities in order to strengthen timely decision-making <sup>x,y</sup>             |  |

**Table H5. Actions to strengthen the capacity of the FLC to care for older persons**

| Components | Scenario 1<br>No cases  | Scenario 2<br>Sporadic cases   | Scenario 3<br>Clusters of cases  | Scenario 4<br>Community transmission   |
|------------|---|--|--|--|
|            | Pre-pandemic levels of activity based on an analysis of the local context, vulnerabilities, and the level of community and intersectoral response | Adapted pre-pandemic levels of activity, prioritizing the protection of vulnerable older persons and maintaining their health and physical, mental and social capacity: <ul style="list-style-type: none"> <li>Facilitate the participation of older persons, families, communities, and other sectors.</li> </ul> | <ul style="list-style-type: none"> <li>Prioritize the protection of vulnerable older persons.</li> <li>Facilitate interventions to meet social and health needs and maintain physical and mental capacity with minimal requirements for leaving the home.</li> </ul> | Facilitate interventions to meet social and health needs and maintain physical and mental capacity with minimal requirements for leaving the home. |

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| <b>Actions to strengthen the capacity of the FLC to care for older persons</b>       | <b>Objective: Maintain the highest possible level of health and well-being of older persons in the context of pandemic, allowing them to preserve their physical and mental functioning by optimizing the organization of FLC services to adapt them to their needs and expectations</b>                                   |   |  |   |
|  | Include older persons in emergency preparedness and planning, as well as in the response and subsequent recovery, help foster their resilience, and take advantage of their strengths and potential <sup>†</sup>   | Continue to prioritize care for older people in emergencies and during the response and subsequent recovery, help foster their resilience, and take advantage of their strengths and potential <sup>†</sup>   | Maintain and always prioritize care for older people in emergencies, and during the response and subsequent recovery, help foster their resilience, and take advantage of their strengths and potential <sup>†</sup> | Maintain and always prioritize care for older people in emergencies and during the response and subsequent recovery, help foster their resilience, and take advantage of their strengths and potential <sup>†</sup> |
|  | Implement intra- and extra-sectoral coordination of the needs of older persons, especially the most vulnerable, to ensure access to social and health services, nutritional support, medication, and other resources needed to care for their health and well-being, and care for persons with loss of functional capacity | Maintain and intensify intra- and extra-sectoral coordination of the needs of older persons, especially the most vulnerable, to ensure access to social and health services, nutritional support, medication, and other resources needed to care for their health and well-being, and care for persons with loss of functional capacity |  |   |
|  | Promote actions to strengthen the skills of human resources involved in providing health care to older persons <sup>z,‡</sup>  |   |  |   |
| Promote and implement actions to ensure the creation of senior-friendly environments | Maintain actions to ensure the existence of senior-friendly environments   | Promote actions to ensure the existence of senior-friendly environments, even in a context of lockdown or quarantine  | Maintain actions to ensure the existence of senior-friendly environments, even in a context of lockdown or quarantine  |   |

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|  | Have an adequate and senior-centered information system for surveillance, monitoring, and efficient decision-making.  |  |
|  | <ul style="list-style-type: none"> <li>• Develop and apply an appropriate communications strategy that creates a positive and constructive image of older persons and their contributions to families and communities.</li> <li>• Communicate key messages for the care of their physical and mental health, in order to optimize their self-efficiency, functional ability, and resilience.</li> </ul> | <ul style="list-style-type: none"> <li>• Maintain an appropriate communications strategy that creates a positive and constructive image of older persons and their contributions to families and communities.</li> <li>• Communicate key messages for the care of their physical and mental health, in order to optimize their self-efficiency, functional ability, and resilience.</li> </ul> |

<sup>a</sup>Pan American Health Organization. Integrated Care for Older People (ICOPE): guidance for person-centered assessment and pathways in primary care. Washington D.C.: PAHO; 2020. Available from: <https://www.paho.org/en/documents/integrated-care-older-people-icope-guidance-person-centered-assessment-and-pathways>

<sup>b</sup>World Health Organization. Integrated care for older people: guidelines on community-level interventions to manage declines in intrinsic capacity. Geneva: WHO; 2017. Available from: <https://www.who.int/nutrition/publications/guidelines/integrated-care-older-people/en/>

<sup>c</sup>Erasmus, a program of the European Union. Proyecto Vivifrail. Available from: <http://vivifrail.com/es/inicio/>.

<sup>d</sup>Self-management Resource Center. Website. Available from: <https://www.selfmanagementresource.com/programs/small-group-spanish/tomando-control-de-su-salud/>.

<sup>e</sup>World Health Organization. Support for rehabilitation: self-management after COVID-19 related illness. Geneva: WHO; 2020. Available from: <https://www.who.int/publications/m/item/support-for-rehabilitation-self-management-after-covid-19-related-illness>.

<sup>f</sup>Vaccines 4 Life. Campaigns and public health messages. Available from: <https://www.vaccines4life.com/positions/campaigns-and-public-health-messages/>.

<sup>g</sup>Lopez LC. Sustainable improvement in immunization rates for seniors: a local and community wide effort. Wright State University: CORE Scholar; 2016. Available from: <https://corescholar.libraries.wright.edu/cgi/viewcontent.cgi?article=1184&context=mph>.

<sup>h</sup>Departamento de Agricultura de los Estados Unidos. Programas de nutrición para adultos mayores. Available from: <https://www.nutrition.gov/topics/food-assistance-programs/nutrition-programs-seniors>.

<sup>i</sup>Meals on Wheels America. Meals on wheels and health care. Available from: <https://www.mealsonwheelsamerica.org/learn-more/what-we-deliver/meals-on-wheels-health>.

<sup>j</sup>Comunidad de Madrid. Voluntariado de mayores: guía para promover y gestionar su participación en entidades de acción voluntaria. Madrid: Dirección General del Voluntariado y Promoción Social de la Comunidad de Madrid. Available from: <http://www.madrid.org/bvirtual/BVCM007221.pdf>

<sup>k</sup>World Health Organization. World report on ageing and health 2015. Geneva: WHO; 2015. Available from: <https://www.who.int/ageing/events/world-report-2015-launch/en/>

<sup>l</sup>World Health Organization. A global response to elder abuse and neglect: building primary health care capacity to deal with the problem worldwide. Geneva: WHO; 2008. Available from: [https://www.who.int/ageing/publications/ELDER\\_DocAugust08.pdf?ua=1](https://www.who.int/ageing/publications/ELDER_DocAugust08.pdf?ua=1).

<sup>m</sup>United Nations. Policy brief: The Impact of COVID-19 on older persons. New York: United Nations; 2020. Available from: <https://unsdg.un.org/sites/default/files/2020-05/Policy-Brief-The-Impact-of-COVID-19-on-Older-Persons.pdf>

<sup>n</sup>National Academies of Sciences, Engineering, and Medicine. Quality of life, preventing elder abuse, and fostering living well after a dementia diagnosis: proceedings of a workshop in brief. Washington, DC: The National Academies Press; 2020. Available from: <https://doi.org/10.17226/25901>.

<sup>ñ</sup>Sociedad Española de Geriátría y Gerontología. Documento de consenso sobre sujeciones mecánicas y farmacológicas. Madrid: SEGG; 2014. Available from: [https://www.segg.es/media/descargas/Documento\\_de\\_Consenso\\_sobre\\_Sujeciones.pdf](https://www.segg.es/media/descargas/Documento_de_Consenso_sobre_Sujeciones.pdf).

<sup>o</sup>Pan American Health Organization. Age-friendly Cities and Communities. Available from: [https://www.paho.org/hq/index.php?option=com\\_content&view=article&id=13765:age-friendly-cities&Itemid=42450&lang=en](https://www.paho.org/hq/index.php?option=com_content&view=article&id=13765:age-friendly-cities&Itemid=42450&lang=en)

<sup>p</sup>Johns Hopkins School of Nurses. Community aging in place: advancing better living for elders (CAPABLE). Available from:

[https://nursing.jhu.edu/faculty\\_research/research/projects/capable/](https://nursing.jhu.edu/faculty_research/research/projects/capable/).

<sup>q</sup> Pan American Health Organization. mhGAP Intervention Guide for mental, neurological, and substance use disorders in non-specialized health settings. Washington D.C.: PAHO; 2018. Available from: [https://www.paho.org/hq/index.php?option=com\\_content&view=article&id=5374:2008-mhgap-intervention-guide-mental-neurological-non-specialized-health-settings&Itemid=40615&lang=en](https://www.paho.org/hq/index.php?option=com_content&view=article&id=5374:2008-mhgap-intervention-guide-mental-neurological-non-specialized-health-settings&Itemid=40615&lang=en)

<sup>r</sup> Pan American Health Organization. Risk reduction of cognitive decline and dementia. WHO Guidelines. Washington D.C.: PAHO; 2020. Available from: [https://www.who.int/mental\\_health/neurology/dementia/guidelines\\_risk\\_reduction/en/](https://www.who.int/mental_health/neurology/dementia/guidelines_risk_reduction/en/)

<sup>s</sup> Brandt N, Steinman M. Optimizing medication management during the COVID-19 pandemic: an implementation guide for post-acute and long-term care. *J Am Geriatr Soc*. 2020;68(7):1362-5. Available from: <https://doi.org/10.1111/jgs.16573>.

<sup>t</sup> Gallo C, Vilosio J. Actualización de los criterios STOPP-START, una herramienta para la detección de medicación potencialmente inadecuada en ancianos. *Evid Act Pract Ambul* 2015;18(4):124-9. Available from: <https://www.fundacionmf.org.ar/files/c408e5ff7e3a0178169d58286709f3f9.pdf>.

<sup>u</sup> Liau S; Lalic S, Sluggett J, Visvanathan R, Bell S. Medication management in frail older people: consensus principles for clinical practice, research, and education. *JAMDA*. 2020 (en prensa). Available from: [https://www.jamda.com/article/S1525-8610\(20\)30371-6/fulltext](https://www.jamda.com/article/S1525-8610(20)30371-6/fulltext)

<sup>v</sup> Ma L, Sun F, Tang Z. Social frailty is associated with physical functioning, cognition, and depression, and predicts mortality. *J Nutr Health Aging*. 2018;22:989-95. Available from: <https://link.springer.com/article/10.1007%2Fs12603-018-1054-0>

<sup>w</sup> National Academies of Sciences, Engineering, and Medicine. Social isolation and loneliness in older adults: opportunities for the health care system. Washington, DC: The National Academies Press; 2020. Available from: <https://doi.org/10.17226/25663>

<sup>x</sup> World Health Organization. Guidance on COVID-19 for the care of older people and people living in long-term care facilities, other nonacute care facilities and home care. Geneva: WHO; 2020. Available from: <https://iris.wpro.who.int/bitstream/handle/10665.1/14500/COVID-19-emergency-guidance-ageing-eng.pdf>.

<sup>y</sup> World Health Organization. Preventing and managing COVID-19 across long-term care services: policy brief. Geneva: WHO; 2020. Available from: [https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy\\_Brief-Long-term\\_Care-2020.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy_Brief-Long-term_Care-2020.1).

<sup>z</sup> Fundação Oswaldo Cruz. Orientaciones para cuidadores de adultos mayores en el marco de la epidemia del nuevo coronavirus COVID-19. Rio de Janeiro: Fiocruz; 2020. Available from: [http://www.epsjv.fiocruz.br/sites/default/files/covid19/Cartilha\\_cuidador\\_espanhol.pdf](http://www.epsjv.fiocruz.br/sites/default/files/covid19/Cartilha_cuidador_espanhol.pdf).

<sup>\*</sup> National Academies of Sciences, Engineering, and Medicine. Understanding nursing home, hospice, and palliative care for individuals with later-stage dementia: proceedings of a workshop—in brief. Washington, DC: The National Academies Press; 2020. Available from: <https://doi.org/10.17226/25902>.

<sup>\*\*</sup> Pan American Health Organization. Infection prevention and control guidance for long-term care facilities in the context of COVID-19: interim guidance. Washington D.C.: OPS; 2020. Available from: <https://apps.who.int/iris/handle/10665/331508>.

<sup>\*\*\*</sup> World Health Organization. Actions for consideration in the care and protection of vulnerable population groups for COVID-19. Geneva: WHO, 2020. Available from: <https://www.who.int/westernpacific/internal-publications-detail/WPR-DSE-2020-021-eng>.

<sup>†</sup> World Health Organization. Decade of healthy ageing 2020-2030. Geneva: WHO; 2020. Available from: [https://www.who.int/docs/default-source/decade-of-healthy-ageing/final-decade-proposal/decade-proposal-final-apr2020-es.pdf?sfvrsn=73137ef\\_4](https://www.who.int/docs/default-source/decade-of-healthy-ageing/final-decade-proposal/decade-proposal-final-apr2020-es.pdf?sfvrsn=73137ef_4).

<sup>‡</sup> Pan American Health Organization, Virtual Campus for Public Health. Health Care for Older Persons. – International Accreditation of Competences – Basic Level. (ACAPEM-B). Available from: <https://www.campusvirtualesp.org/en/health-care-older-persons-international-accreditation-competences-basic-level>