STATEMENT
Confederación Iberoamericana de Medicina Familiar WONCA Iberoamericana – CIMF
(Ibero-American Confederation of Family Medicine WONCA)

Family Medicine / Family and Community Medicine is essential for an adequate response to the pandemic COVID-19

January 2021

Given the current situation caused by the COVID-19 pandemic, on behalf of the Ibero-American Confederation of Family Medicine (CIMF), and the national associations of Family Medicine / Family and Community Medicine (FM / FCM) that constitute it, we wish to express some considerations regarding the health policies implemented so far in the countries of the region.

During these months, efforts have been carried out to reverse repeated faults, yet problems arising from inadequate COVID-19 care and prevention persist in many countries. Among them, we highlight:

- The economic contribution to the first level of care by most of the Ibero-American governments is scarce, if not nil in some countries.
- Physicians and specialists in family medicine/family and community medicine, have faced this pandemic with insufficient resources and lack of support for the clinical, preventive and educational approach, essential for proper care.
- Predominant strategies are guided by biomedical approaches, and disease-centred or hospital-centred approaches, aiming at short-term solutions, clearly ineffective for COVID-19.
- Most of the committees or expert councils, convened from governmental or institutional levels, present lack of participation from Family Medicine / Family and Community Medicine specialists, and include few trained professionals with experience in public, collective and community health. This highlights a fragmented care model, led by focal specialities that, from their field of knowledge, present hospital bias to COVID-19 pandemic care. Thus, visibility of the necessary and broad approach was lost, in territory that demands a community-based problem.
- There is scarce participation of primary care teams in decision-making, planning and actions management to control the pandemic.
- Teleconsultations and telemedicine have tried to replace home care visits, under the excuse of resources and personnel optimisation.
- To make matters worse, primary care centres in several countries have been closed to reassign health team members to hospital emergency services or modular hospitals. This reduces or blocks accessibility and cuts the circuit of care for a large number of patients and the vast majority of the vulnerable population.
- The hospital-centred orientation of care towards people with a diagnosis of COVID-19 led to ignoring and disregarding the strengths and strategic resources of the first level of care to implement and coordinate a close and effective Epidemiological Surveillance from the territory.
- We are still losing opportunities to test, track, isolate and evolutionarily control cases and contacts, and thus close the ring and cut community transmission of the virus.
- The dismantling of the first level of care services continues to have negative repercussions on the timely care and containment of prevalent non-COVID-19 pathology and population monitoring; as well as in community work with a comprehensive, longitudinal, multidisciplinary and coordinated approach.

- The absence of activities of promotion and prevention, vaccination, screening, treatment and follow-up in many countries has generated an increase in exacerbations and lack of control of chronic non-communicable diseases. The increase in unexpected deaths from diseases not related to COVID-19 is evident.
- There are also serious repercussions among the members of healthcare teams (professionals, technicians and auxiliaries). In some areas, the impact has reached a third of those infected by COVID-19, regretting the loss of numerous lives of colleagues during the pandemic.
- During these months, a part of the serious work difficulties that healthcare team members face every day has become visible: job insecurity and multiple jobs, lack of adequate personal protective equipment, violence, physical and mental exhaustion with stress and risk of burnout, among others. However, no concrete changes have been developed to reverse this reality, nor has the amount of work been financially recognised.
- The strategic value of primary care to contain the hospitals' demand has been underestimated, wasting their ability to coordinate outpatient care, redirect to other levels of care, monitor patients discharged from hospital and accompany hospitalised patients and their families.
- Undergraduate and graduate medical education has been particularly affected, forcing teachers and tutors to develop and implement innovative forms of education and support for university students, and resident doctors, despite these are not always enough to meet the needs.
- There is an attempt to homologate specialist titles without completing the training or the endorsement of official bodies. Additionally, it has offered express training in undergraduate and graduate degrees to the detriment of quality and therefore, with high risks for community's care.
- Residents of different countries are experiencing training time with anguish, critically compromised by this situation.

For the reasons exposed:

WONCA-CIMF expresses its commitment to people's health and the **vocation to contribute** to the development of accessible health systems, appropriate to the population needs in any context, **especially in the COVID-19 pandemic**.

WONCA-CIMF calls health authorities, managers, decision-makers, and politicians of Ibero-American countries to effectively prioritize the services of the first level of care, highlighting the strategy of Primary Health Care (APS) and strengthen the participation of Family Medicine / Family and Community Medicine during COVID-19 pandemic, particularly in:

- Territorial and community approach in the prevention of COVID-19 and education to health,
- Care and monitoring of people with COVID-19 within their community and their families,
- Care for people with other health problems, particularly those with most prevalent, chronic non-communicable diseases and mental health,
- Support health care in childhood, pregnancy, older adults, and any vulnerable population,
- Implementing and coordinating Epidemiological Surveillance with the participation of health teams in the territory control the community circulation of virus effectively,
- Participating in the planning of a progressive exit of confinement periods when necessary, as well as the actions required for future outbreaks,

- Multisectoral work at the community level to develop effective local containment strategies and communication facilities, as well as the encouragement of peoples' self-confidence and self-responsibility in a pandemic context,
- Teamwork, multi-institutional integration and network coordination to improve pandemic management,

All this requires cultural and structural changes in the organisation and management of healthcare systems. Governmental and Institutional decisions are needed to:

a. Prioritise health systems economic contribution to the first level of care, providing sufficient resources, according to the responsibility and magnitude of the population concerned, as well as the potential for action and pandemic response that this area offers.
b. Provide primary care services and teams with the necessary resources for accessible and safe office care, homecare and telecare (properly equipped and regulated), and ensure the adequate and sufficient environmental conditions and biosecurity equipment.
c. Provide resources for the timely diagnosis of COVID-19 and the active investigation from the first level of care; with easy access to the realisation of PCR diagnostic tests and rapid antigen tests.
d. Respond to needs, difficulties and precarious work situations and compensation faced by healthcare workers in many of our countries; and install working days accordingly, paid breaks, increased staff for support and replacements, fair and timely pay.
e. Incorporate the community, family, epidemiological and environmental perspective in COVID-19 management by integrating professionals from these areas to pandemic research and management committees.
f. Guarantee an effective communication strategy that contemplates different social identities (age, generic, racial, socio-spatial, religious, schooling), as well as cultural traditions, which mediate how people think, feel and behave.
g. Increase the number of residents positions for the speciality of Family Medicine / Family and Community Medicine, which must be the basis of any national health system in Ibero-America and the world, for the comprehensive biopsychosocial care provided to patients and their families.
h. Maintain training in Family Medicine / Family and Community Medicine under quality standards and accreditation, with the academic, administrative, technological and resources required by a speciality.

The community level is decisive to fight against the disease. The COVID-19 outbreak started eleven months ago in our region. Although there is progress in vaccination, an early completion is not yet in sight. However, it is still possible to adjust the healthcare systems and services response.

Family Medicine / Family and Community Medicine in the region, aware of its lead role in this pandemic, reaffirms its commitment and calls for reinforcing and reformulate actions for better Primary Healthcare. In the meantime, we will continue working with dedication, committed to each one of our countries.

January 28, 2021, Confederación Iberoamericana de Medicina Familiar
Miembro de WONCA, Organización Mundial de Medicina Familiar

Asociaciones Nacionales
Federación Argentina de Medicina Familiar y General
Sociedad Boliviana de Medicina Familiar
Sociedade Brasileira de Medicina de Família e Comunidade

Sociedad Colombiana de Medicina Familiar
Asociación Costarricense de Especialistas en Medicina Familiar y Comunitaria
Sociedad Cubana de Medicina Familiar
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Waynakay: Movimiento de residentes y jóvenes MF/MFYC