EDITORIAL

Lessons from the COVID-19 Pandemic

Lecciones que deja la pandemia por la COVID-19

Lições que a pandemia da COVID-19 deixa

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Primary health care; advanced practice nursing; health systems; nursing workforce.

PALABRAS CLAVE (Fuente: DeCS)

Atención primaria de salud; enfermería de práctica avanzada; sistemas de salud; enfermería; recursos humanos de enfermería.

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Atenção primária à saúde; prática avançada de enfermagem; sistemas de saúde; recursos humanos em enfermagem.

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The strategy for universal access to health care and universal health care coverage—a legacy of the Alma-Ata Declaration—and the strengthening of the PHC framework have oriented the efforts of countries in the Americas to maintain their health care achievements and continue advancing towards the full right to health with equity and solidarity (1).

In this regional context, the Pan American Health Organization, together with the World Health Organization (PAHO/WHO), has developed initiatives to support the strengthening of PHC-based health care systems. For reducing health care inequities, the initiatives include supporting opportunities to give voice to the unheard, promoting social participation and intersectoral endeavors, fostering changes in the response of health care systems in the region, and assisting countries in addressing their priority challenges (1).

Still, none of the above was enough for health care systems—having limited resources in various countries of Latin America and the Caribbean, with some honorable exceptions—to adequately face the unequal struggle that would soon ensue upon the onset of SARS-CoV-2. It was not enough for governments to foreknow what their counterparts in Europe and Asia had done. Their proposals were just not enough to treat, with equity, quality, and solidarity, the large number of people who needed a hospital bed every day.

While governments such as Singapore and China responded early with PHC actions to the positive cases detected at the beginning of the pandemic, health systems continue to collapse in Latin America—with a large percentage of ICU beds occupied—months after the arrival of the first individual infected (2).

Health care teams in Latin America continue to do their best amid a fight that takes their lives day after day. The shortage of biosafety resources is a fact, and a lack of staff to meet care needs—meaning the low number of nurses in PHC and critical care units— is severe. No matter how many ventilators and medical devices are acquired, if there is no one to operate them, the outlook will remain the same.

How can we overcome significant obstacles such as weak health systems, scarce trained health workers, and a lack of financed health care for vulnerable groups of the population? (3). Indeed, PHC is a system that can substantially change the health conditions of communities (3) and nursing resources, linked to interprofessional work practice.

The answer is known to those working in PHC, an area that has failed to promote changes in decision-makers from state to ministry levels. Thus, it has not been possible to think of and plan health care under a model other than the curative one. Standardized by most countries, this model has proven to be obsolete and backward in the current global epidemiological and demographic context.

At this time of the pandemic, it is valid to insist on the need to implement effective policies in the first line of care for the population, such as PHC, and inject more human and infrastructure resources, prioritizing training in advanced PHC nursing practice (4, 5). From the School of Economics at the University of Barcelona, Judit Vall (6) has been monitoring how health care systems are dealing with the coronavirus. She claims that "primary care centers around the world have learned a lot from others, but also from themselves" and that "they will be in a better position to handle the next wave when it arrives," referring to the second wave of COVID-19 outbreaks.

The synergy between universities and health care is essential for developing new training programs—and updating the existing ones—since, being experienced observers, they can account for the needs of the population.

It is urgent to concentrate efforts on strengthening PHC with sufficient material and trained human resources so that the countries in the region can act preventively and proactively to safeguard the health of people.

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