
POSTER ABSTRACT

Lessons on chronic care organisation during the COVID-19 pandemic in Cambodia, Slovenia, and Belgium. COVID as a magnifying glass on primary health care.

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Introduction: Primary health care (PHC) systems worldwide have been challenged by the COVID-19 pandemic. Some patients couldn't access care or services were not available.

Background: Fuelled by different health systems, the impact on NCD care has been different in the three countries under research: Cambodia (a developing health system in a middle-income country), Slovenia (a centrally-steered health system in a high-income country), and Belgium (a publicly-funded privatised health system in a high-income country). As crises can uncover both the strengths and weaknesses of a PHC system, we can use them as an opportunity to pinpoint weak and strong areas and translate this knowledge into recommendations to strengthen the PHC system. This study aims to answer two research questions: 'How has COVID-19 influenced NCD care within PHC?' and 'Under which circumstances does a crisis lead to health system strengthening in which types of countries?'

Methods: Interviews were conducted with 58 key stakeholders including policy makers or influencers, patient and provider representatives, researchers and primary care providers. These interviews were supplemented with document reviews. A qualitative thematic analysis was performed and results were discussed with the international research team. This study is part of the SCUBY project, funded by the EU Horizon 2020 programme.

Results: COVID-19 had different impacts on key organizations in the three countries. In Belgium, general practitioners got overburdened with COVID-19 testing and accompanying administration, highlighting the chronic lack of auxiliary staff such as nurses or assistants. In Cambodia, some private PHC facilities, serving the majority of the patients with NCDs were closed by the owners to prevent transmission. This led to the increased burden of NCD on the public sector which has a duty to maintain essential services in the crisis circumstance. However, it pointed to the importance of strengthening the public sector for NCD care to cope with future crises. In Slovenia, the high COVID-19 burden in nursing homes revealed vulnerabilities in the long-term care system, such as lack of staff and fragmented service provision.

In relation to health system strengthening opportunities, the current crisis also provides a unique chance to move forward in the three countries. In Cambodia, the successful vaccination campaign renewed trust in the public health sector, whereas in Slovenia new investments in the health care sector were announced. In Belgium, the Minister of Health planned to reform the financing system and to strengthen primary care.

Conclusions: The COVID pandemic caused disruption of care in all three countries. However, it also creates important chances to accelerate the scale-up of high-quality care for all patients with NCDs. When taking the time to analyse how COVID-19 impacted the health care system we can boost it faster than before.