

COVID-19 and primary care: A critical need for strengthening emergency preparedness across health systems

Sir,

The coronavirus disease (COVID-19) pandemic has disrupted every frontier of human lives. When it comes to emergency care for any health emergency for individuals, or primary care where people make their first contact with the health system in a country, this pandemic has shown the lack of preparedness on delivering medical care in both settings. An integrative yet holistic perspective is needed to strengthen emergency medicine and primary care across health systems, which may enable us to save more lives during this pandemic and be better prepared for the next one.

In this regard, the recent work of Kumar *et al.* appears to be a meaningful contribution to this emerging area of global health reform.^[1] In their systematic review of reviews, the authors synthesized nine intertwined themes on emergency and primary care collaboration during COVID-19. We need to revisit how primary care is conceptualized and utilized alongside emergency management in care of public health emergencies. The authors rightly suggested inclusive health policymaking that may empower specialties such as family medicine and emergency medicine, which may improve health outcomes during this pandemic. Several domains should be investigated through primary research and evidence synthesis that may complement inclusive policymaking for pandemic preparedness.

First, in recent years, digital health interventions have shown promising impacts in terms of increasing access to health services and improving health outcomes in different contexts.^[2,3] More research is needed on COVID-19 that may inform how such technological advancements can facilitate potential strengthening efforts targeting emergency and primary care.

Second, most reviews synthesized studies from high-income countries except China. Since the pandemic has impacted almost every nation globally, it is critical to promote emergency and primary care research in under-represented countries that share a higher disease burden but may have limited resources to investigate local health issues.^[4] It is necessary to promote local and regional research assessing factors influencing the organization and delivery of emergency and primary care services.

Third, socioeconomic disparities may impact the provision of and access to emergency and primary care in different countries. As a public health emergency such as COVID-19 is a common threat for individuals and populations, health services, irrespective of places and sociodemographic divides, should be made available for everyone. Therefore, the call for strengthening emergency and primary care during this pandemic aligns with the global vision of universal health coverage (UHC). Countries and global health agencies need to identify the barriers and facilitators of UHC to strengthen future pandemic preparedness.

Lastly, capacity building across health systems is critical for preparing people and healthcare organizations to mitigate the current pandemic and future crises.^[5] The current evidence informs how global knowledge domains can be evaluated to identify common domains of healthcare management and leadership. Strategies should be adopted, including the development of educational curricula for health sciences professionals, health promotion programs for patients and their caregivers, and targeted interventions enabling patient-centric care. Such multipronged efforts may empower emergency and primary care systems to address individual and community health problems during global health emergencies.

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Conflicts of interest

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References


1. Kumar R, Nedungalaparambil N, Mohanan N. Emergency and primary care collaboration during COVID-19 pandemic: A quick systematic review of reviews. *J Fam Med Prim Care* 2020;9:3856-62.
2. Hong YA, Hossain MM, Chou WS. Digital interventions to facilitate patient-provider communication in cancer care: A systematic review. *Psychooncology* 2020;29:591-603.
3. Angrish S, Sharma M, Bashar M, Tripathi S, Hossain M, Bhattacharya S, *et al.* How effective is the virtual primary healthcare centers? An experience from rural India. *J Fam Med Prim Care* 2020;9:465-9.

4. Bhattacharya S, Juyal R, Hossain M, Singh A. Non-communicable diseases viewed as “collateral damage” of our decisions: Fixing accountabilities and finding slolutions in primary care settings. J Fam Med Prim Care 2020;9:2176-9.
5. Hossain MM. Current status of global research on novel coronavirus disease (COVID-19): A bibliometric analysis and knowledge mapping. F1000Research2020;9:374-88.

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