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SUPPORT TO CONTROL COVID-19 AND OTHER INFECTIOUS DISEASE OUTBREAKS

**Assessment of Primary Healthcare System's Response Capacity
to Outbreaks of Communicable Diseases in Armenia: COVID-
19 Experience. Qualitative research**

Brief Report

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Project Description

The Support to Control COVID-19 and Other Infectious Disease Outbreaks Activity strengthens the national capacity to control COVID-19 and other communicable disease outbreaks and emergencies of potential public health concern, advancing the Public Health Emergency Preparedness and Response strategy in Armenia. The activity is funded by the United States Agency for International Development (USAID) and is implemented by the American University of Armenia Fund, in collaboration with the Ministry of Health (MoH) of Armenia.

The project focuses on the following spheres:

1. To strengthen the capacity of the Government of Armenia to formulate and implement public policies and services to prevent and respond to emergencies of potential public health concerns.
2. *To advance the health sector capacity for the surveillance, detection, assessment, early notification, and response to disease outbreaks and other emergencies of potential public health concern.*
3. To improve literacy on COVID-19 and other communicable diseases among the Armenian population.

The AUAF team conducted comprehensive assessments of the PHC system and laboratory network to identify existing gaps. Based on this work, the team was able to develop an action plan for strengthening the capacity of the healthcare system to be able to better balance the demands of a direct public health emergency response with the need to simultaneously maintain the delivery of essential health services.

Assessment of Primary Healthcare System's Response Capacity to Outbreaks of Communicable Diseases in Armenia: COVID-19 Experience. Qualitative research

Introduction

The American University of Armenia Turpanjian College of Health Sciences conducted the research in 2021. The study aimed to comprehensively assess the PHC system's experience during the COVID-19 pandemic in Armenia from the perspectives of the PHC providers, managers, policymakers and patients.

Brief methodology

The comprehensive assessment research consisted of in-depth interviews with target groups including beneficiaries such as PHC facility managers, physicians (general practitioners, family physicians, specialists providing essential health services [endocrinologists, cardiologists, gynecologists, and pediatricians]), and policymakers in the field of the PHC system, and PHC patients with and without COVID-19 experience. The participants of the interviews were selected using a purposive method. In the primary stage of the data collection, the research team tried to also involve the nurses working in the PHC system, but the latter did not want to participate, noting that they did not have anything to say as they were not actively involved in the treatment or care of COVID-19 patients.

The in-depth interviews (IDI) were conducted from May to September 2021. Overall 37 IDIs were conducted either face-to-face or using an online format. On average the interviews lasted 42 minutes. The research instrument was developed based on the WHO COVID-19 Strategic Preparedness and Response Plan¹ and was readapted for each group of beneficiaries.

The research findings, by sections, are briefly described below.

Findings

The System's Preparedness to Confront the Pandemic - At the beginning of the pandemic, there was a lack of clear strategy, as well as a lack of clear distribution of roles and responsibilities in Armenia. The system initiated specific changes to respond to the pandemic. In

¹ <https://www.who.int/publications/i/item/WHO-WHE-2021.02>

particular, the priorities and ongoing MOH-led project timelines were changed, as well as the system was gradually enlarged.

Due to measures taken in the beginning and during the pandemic, the PHC system was able to find solutions to problems such as healthcare provider trainings and technical enhancement of facilities. However, problems such as overuse of antibiotics and lack of supervision, as well as inadequate arrangement of home visits due to lack of transportation, still remain unsolved. Additional issues included the lack of use of evidence-based approaches by PHC providers, as well as the lack of legislative supervision of the use of evidence-based medicine. As a result, mild and moderate COVID-19 patients underwent X-ray and CT examinations. “To avoid future complications” antibiotics were prescribed, as well as vitamins, and other medications, including injections. All of the interview participants, including doctors and patients, were happy with the decision regarding X-ray examination and antibiotic usage. Regardless of the severity of the disease, patients felt more at ease when they had “complete” treatment (including antibiotics) and were not interested in why so many medications were prescribed.

Essential Health Services Delivery during the COVID-19 Pandemic - All antenatal services continued to be provided to pregnant women, and some positive changes were even noted. Particularly before the pandemic, pregnant women visited PHC facilities when it was necessary and convenient for them, whereas during the pandemic, visits to PHC facilities were solely by appointment and strictly organized.

There was a relative decrease in routine pediatric vaccinations due to parental refusal. However, these can be considered more as delays in care, as refusal was rooted in a fear of visiting the polyclinics and potential infection with COVID-19. According to the specialists providing essential health services at PHC, of those who refused to get vaccinated, the majority received their vaccines 2-3 months later, and in the end, the rate of true refusals was not significantly different from the pre-pandemic period.

During the pandemic, the provision of essential health services in the PHC system suffered significantly. The restrictions implemented during the lockdown hindered the direct medical supervision of patients. There was a decrease in patients’ visits to general gynecology, as well as

those with chronic conditions due to public fear and pandemic restrictions. The population and patients were alarmed due to the lack of information and misinformation. As a result, according to the respondents, chronic CVD and diabetic patients' health conditions worsened. However, the PHC doctors and patients highlighted that medications and other supplies were sufficient during the pandemic. Though the diabetic patient did not visit the PHC facilities themselves due to concern for infection, but their family members picked up medications for them.

Doctor-patient communication was held mostly via phone calls; other means of communication such as Viber, WhatsApp, Zoom, etc. were not frequently used.

The interviews conducted among the specialists providing essential health services at PHC providers revealed that during the pandemic they lacked training on how to manage COVID-19 patients in their fields of specialty. Some specialists did not participate in any trainings, and very few of them participated in webinars on their own initiatives. The participants were not aware of any clinical guidelines on COVID-19 patients' treatment in their fields of specialty, such as gynecology, endocrinology, and cardiology. Mass media was highlighted to be the main source of information.

PHC Doctors' Experience During COVID-19 Pandemic - This study showed different experiences between PHC providers from urban and rural as well as private and public facilities - particularly in the following spheres:

1) *Disproportionate supply of different materials, particularly personal protective equipment (PPE)*

In the primary stage of the pandemic, there was insufficient or no supply of PPE in state PHC facilities in Yerevan. In private facilities, however, this was not an issue. Meanwhile, rural communities had delays in PPE supplies. Both insufficient and delayed supplies quite often meant the medical personnel obtained the necessary equipment through their personal financial means.

2) *Uneven access to diagnostic resources*

If in Yerevan there was a great number of laboratories and the long queues were the only challenge, in rural communities there were no laboratories, transportation, and/or gasoline.

The lack of PCR tests resulted in delayed diagnosis and other difficulties. At times, doctors had to ask patients to take their PCR samples to the laboratory themselves.

3) *Disproportionate number of doctors*

In urban communities, there were a great number of PHC providers working, whereas in rural communities there was only one family doctor. The rural community doctors mentioned that they were fearful that if the only doctor got infected then that community would experience significant negative consequences.

The Attitude Towards and the Experience of COVID-19 Vaccinations - In general, PHC providers had a positive attitude towards COVID-19 vaccines. Most of them expressed a positive attitude towards vaccine effectiveness, and they considered vaccination necessary to overcome the pandemic. According to PHC doctors, they were either all vaccinated or going to get vaccinated. Meanwhile, several doctors doubted COVID-19 vaccinations and preferred other measures of overcoming the pandemic, such as developing a “natural immune system,” such as maintaining social distance, and hand hygiene.

Among the general population, COVID-19 vaccination was perceived as high-risk. In particular, the majority of the population was fearful or anxious about possible and indefinite adverse effects. Some of the PHC providers shared the anxieties regarding vaccinations being risky, while, the majority considered the public “fear” of vaccinations “natural” and expected. At the same time, many doctors noted that they had faced several rumours and anti-vaccine advertisements. However, many of them did not believe these messages based on their successful professional experience with vaccines.

Most of the physicians who participated in the study mentioned they did not have sufficient knowledge and information on COVID-19 vaccinations. According to some doctors, the vaccines are “new” and particularly “not enough trustworthy.” Others emphasized that the lack of sufficient information on vaccination hindered their professional work. In particular, the doctors had difficulties in replying to patients’ questions thoroughly and expressed that they had felt uncertain as to whether they should recommend vaccination

The PHC doctors also spoke of their role in a given patient's decision to get vaccinated. Many doctors thought that patients considered their opinion important regarding the vaccinations, which also was confirmed by some of the patients' statements. Moreover, it is noted that in some of the local communities, PHC doctors played an important role in improving vaccination rates.

Conclusion

The assessment showed that the provision of essential health services in the PHC system was impacted by the pandemic. The PHC facilities tried to respond to the situation by adapting to it based on their own resources, capacities, and needs. Changes in the provision of services varied across facilities. The PHC system lacked formal guidance on how to continue the provision of essential health services during the pandemic. Healthcare specialists should be trained and equipped to withstand outbreaks of such scale while maintaining the provision of care to their patients. The healthcare system should also allocate funds to secure the storage of necessary quantities of PPE supplies to ensure IPC measures and alleviate the stress on the PHC personnel.