INPLASY

Strategies, Actions, and Resilience Indicators in Primary Health Care in Sociosanitary Crisis Contexts: Protocol for a Scoping Review

INPLASY2023110104
doi: 10.37766/inplasy2023.11.0104
Received: 27 November 2023
Published: 27 November 2023

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ADMINISTRATIVE INFORMATION

Support - Yes, ANID 2022/FONIS SA22I0156.

Review Stage at time of this submission - Formal screening of search results against eligibility criteria.

Conflicts of interest - None declared.

INPLASY registration number: INPLASY2023110104

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 27 November 2023 and was last updated on 27 November 2023.

INTRODUCTION

Review question / Objective To identify in the international literature strategies, actions, and indicators of resilience in primary health care in sociosanitary crisis contexts.

Background The COVID-19 pandemic is one of the most significant socio-health crises in modern history, although not the only one, as various events in recent decades have strained healthcare systems worldwide, affecting their operation. Examples include the Ebola virus outbreak in West Africa in 2013, the Zika virus outbreak in the Americas, the refugee migration crisis from the Middle East to Europe, war conflicts such as in Yemen, terrorist attacks, among others. Despite efforts by countries to mitigate the effects of these disasters on healthcare systems, there is no perfect strategy to address such emergencies. It is in this context that resilient capacity emerges as a fundamental characteristic of healthcare systems to effectively respond to the population's health needs under circumstances generated by these crises.

In general terms, the term "resilience of healthcare systems" is highly confusing. A panoramic review by Turene et al. aimed at improving the conceptual understanding of healthcare systems' resilience demonstrates that it is a polysemic concept that has not yet reached maturity. From the same perspective, Biddle et al., in another review exploring the implementation of the concept of healthcare system resilience, indicate that there is a gap between the concepts and the implementation of resilience in the context of healthcare system research. There is a mismatch between conceptual models of healthcare system resilience and how resilience is understood and applied in research. Thus, few studies use an explicit conceptual framework for data collection or analysis, and qualitative approaches tend to

employ a more comprehensive approach to the concept of resilience than quantitative approaches. Due to the confusion described in the literature about what resilience means, how to strengthen it, and how to assess it, the European Observatory on Health Systems and Policies published a policy brief with the aim of addressing these limitations to improve the understanding and use of the resilience concept. They define resilience as the capacity to prepare, manage (absorb, adapt, and transform), and learn from crises. However, they emphasize that the crisis (shock) corresponds to a sudden and extreme change that impacts healthcare systems, whether in the supply and/or demand of the systems. They also mention that four stages of the crisis can be distinguished: preparation (stage 1), initiation and alert (stage 2), impact and management (stage 3), and recovery and learning (stage 4).

Primary care serves as the gateway to the healthcare system and plays a fundamental role in building resilient health systems. The Alma Ata Declaration established primary care as the first level of contact for individuals, families, and communities with the healthcare system, bringing healthcare as close as possible to where people live and work, constituting the gateway and care strategy in the continuous process of healthcare assistance.

The literature shows that involving primary care professionals in disaster management is crucial for community resilience and recovery from disasters. The review by Willson et al. concludes that understanding the capacity and roles of primary care professionals in crisis contexts can help healthcare organizations develop disaster policies and be prepared for a possible catastrophe. Therefore, the contribution of primary care is associated with mitigating the increase in intensive care, providing patient-centered care based on the trust and respect that primary care professionals have in their community, being a strong voice for providing security, reinforcing key messages, disseminating and adapting message delivery to vulnerable community members, while ensuring that preventive and chronic care measures continue to be taken.

Rationale To date, no review has been conducted to identify strategies, actions, and indicators of primary healthcare resilience in the international literature in socio-health crisis contexts. Addressing these knowledge gaps is essential both to strengthen healthcare system resilience and to ensure the health and well-being of communities globally in critical contexts.

METHODS

Strategy of data synthesis ("primary health care" OR "Primary Care" OR "first responder") AND (Resilience OR "recovery plan" OR adaptation OR "Health Strategies" OR "Health Status Indicators" OR “resilience” OR “coping strategies” OR “system responsiveness” OR “system adaptation”) AND (disaster OR "crisis terrorism" OR bioterrorism OR "chemical terrorism" OR "september 11" OR "terrorist attacks" OR "avalanches" OR "earthquakes" OR "landslides" OR "tsunamis"OR "volcanic eruptions" OR "disease outbreaks" OR epidemics OR pandemics OR "COVID 19" OR "SARS-CoV-2" OR fire OR ebola).

Eligibility criteria Participants: This review will only consider studies involving primary health care professionals or patients treated in primary health care. Primary health care will be understood as that key process in the health system that supports first-contact, accessible, continuous, comprehensive, and patient-centered care. Therefore, this review will only include studies on primary health care, excluding those centered on hospital care (care in emergency units, care derived from primary care, etc.).

Concept: This review will encompass all studies that present health system resilience strategies. For the purposes of this review, health system resilience is considered as the capacity to prepare, manage (absorb, adapt, and transform), and learn from crises. Associated with this main concept, actions and indicators of resilience in primary health care will also be included, without necessarily reporting a strategy.

Context: Only studies in sociosanitary crisis contexts such as COVID-19, natural disasters, or armed conflicts will be included. The sociosanitary crisis will be understood under the concept of shock, which corresponds to a sudden and extreme change that impacts a health system. Thus, predictable and enduring challenges such as population aging will not be considered in this review.

Source of evidence screening and selection This review will include articles based on quantitative and/or qualitative study designs published in Spanish and English. Additionally, gray literature will be searched through navigation on pages of international organizations (WHO, PAHO, others), ministries of some countries with successful experiences/aging populations.

The identification of primary studies will be carried out by searching the PUBMED, SCOPUS, and WOS databases. The strategy outlined in point number 9 does not consider year limits for article searches and was developed based on the

identification of relevant terms in previous research and subsequent deliberation by the authors.
After the search in each of the databases, all identified records will be uploaded to the Rayyan web application, where the removal of duplicate articles and the review of titles and abstracts will take place. Before the two investigators start reviewing titles and abstracts, a pilot test of the proposed eligibility criteria will be conducted with three articles to resolve any disagreements before the selection process begins. After this, the two investigators will independently review titles and abstracts, assessing eligibility criteria to determine which articles will enter the review. In case of any disagreement between the reviewers during the title and abstract review or full-text review, it will be resolved through discussion with a third reviewer. The search results and reasons for excluding full-text articles that do not meet eligibility criteria will be recorded and reported in a PRISMA-ScR flowchart.

Data management Two independent reviewers will extract data from the articles selected for the scoping review using a predefined spreadsheet. The predefined spreadsheet follows the recording based on the Joanna Briggs Institute recommendation: author, year of publication, country of origin, objectives, study population and sample size, methods, results, and details of key findings related to the review question, such as types of resilience strategies.
However, before the data extraction, a trial extraction will be conducted, in which two investigators will extract data from the first three articles. The extracted results will then be compared, and changes to the data extraction spreadsheet will be made if necessary. Once the data extraction spreadsheet is finalized, two investigators will proceed to extract the relevant records from all articles, and the results will be compared once they are complete. In case of discrepancies, a third investigator will be involved.

Language restriction Only studies in English and Spanish.

Country(ies) involved Chile.

Keywords Primary health care; Resilience of health systems; Health crisis; COVID-19.

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