

# **Emergency strategies for mitigating the effects of Covid-19 in care homes in low and middle-income countries.**



# Develop and validate a conceptual framework to help state agencies in LMICs address effects of COVID-19 in care homes.

Bahia State, Brazil

Mexico City, Mexico

Western Cape, South Africa

**CIAT**

**C**oordinate

**I**dentify

**A**ssess

**T**argeted  
support

<https://corona-older.com/2021/07/20/an-emergency-strategy-for-managing-covid-19-in-long-term-care-facilities-in-low-and-middle-income-countries-the-ciat-framework-version-3/>



SEMINARIO UNIVERSITARIO INTERDISCIPLINARIO SOBRE ENVEJECIMIENTO Y VEJEZ

# Local government strategies to address COVID-19 in LTCF's in Mexico city

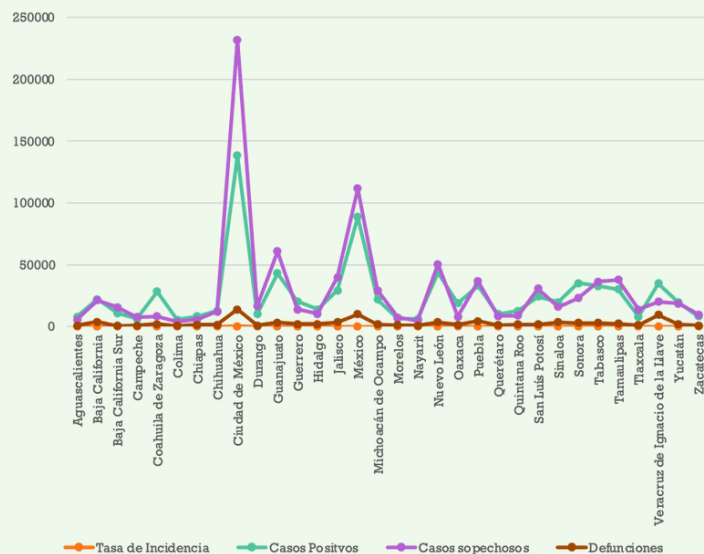
Arturo Arcos Soto, Marissa Vivaldo y Verónica Montes de Oca



# COVID-19: MEXICO AND MEXICO CITY

COVID-19 data by federal state

Datos COVID-19 por Entidad Federativa



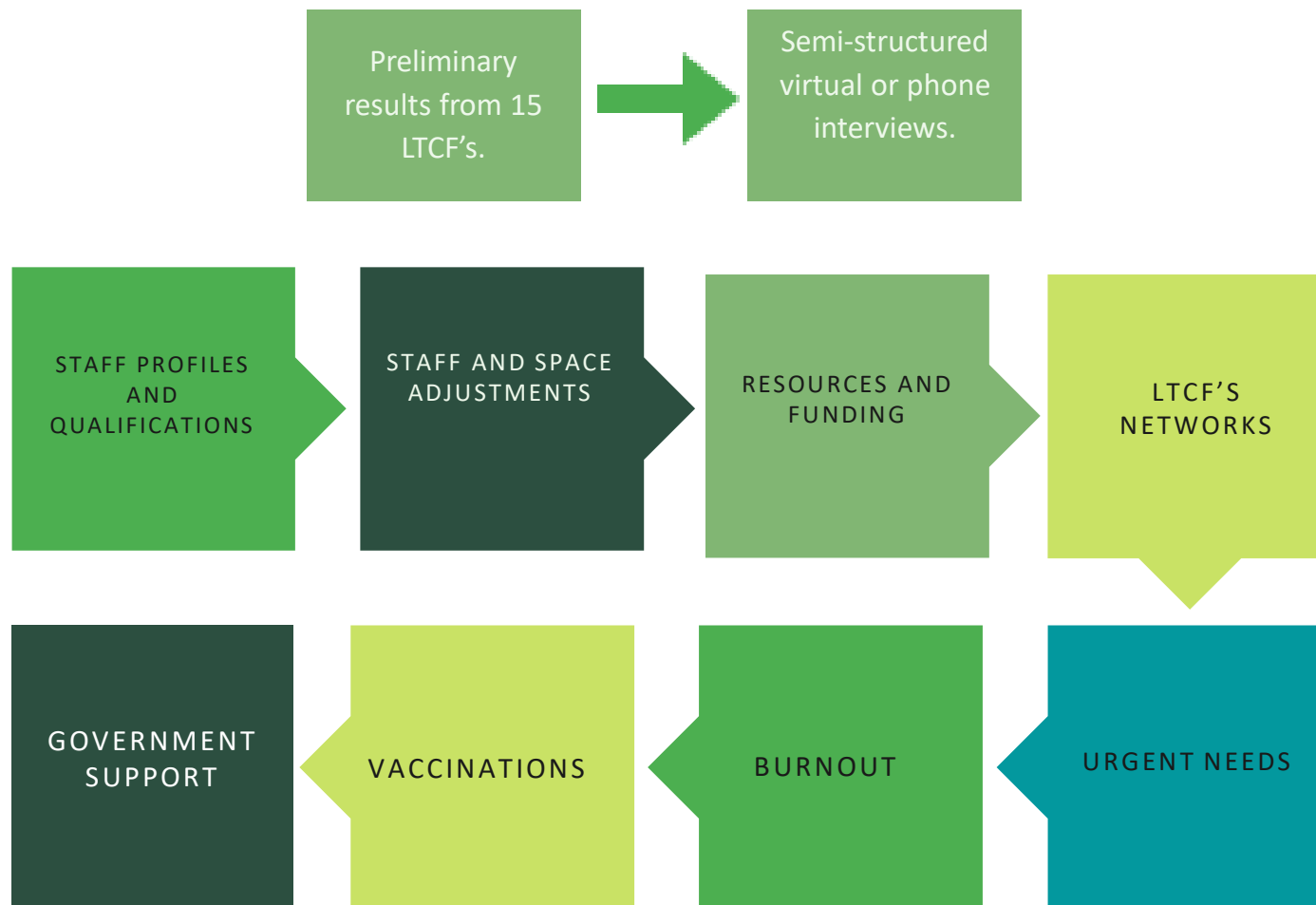
National Vaccination Strategy. Coverage by entity, 27th November, 2021



78% of population 18+

Source: Secretaría de Salud

# METHODOLOGY



# RESULTS

## Prioritization

- Vaccination of seniors.  
**In site. No priority**
- Vaccination of staff. No priority
- COVID-19 testing. In site testing
- Hospital admissions. No priority

## Material Support

- PPE. No help
- Medication. No help
- Groceries and cleaning supplies. Three LTFC received supplies during two months.

## Training

- COVID-19 training. Online non guided courses.
- Continuous improvement. Mostly halted.

## Regulation

- Guidelines. Detection of cases, Staff rotation, Visits, PPE, etc.
- Phone checks. Only for two months.
- Visits. None.

## Tax and Billing

- Discounts. None
- Debt forgiveness. None

# Challenges

- Most LTCF's refuse to register in the official SIBISO and JAP databases.

There are no benefits.  
It implies many regulations.

- Most facilities don't belong to any net of support and are unwilling to provide information.
- A significant number of facilities operate illegally.



# CONCLUSIONS



LTCFs have not been a priority for local governments in Mexico during the pandemic.



Most facilities have only had their own resources to face the pandemic.



It is unclear how many LTCFs closed because of the pandemic, or how many cases and deaths occurred in those institutions.



# Western Cape, South Africa



# Registration and management of LTCFs.

Department of Social Development (DSD) -custodian of the Older Persons Act.

LTCFs offering “frail care” must register with DSD.

117 LTCFs in Western Cape funded by DSD (approx. 9000 residents)

Around 300 private LTCFs. Some registered with DSD (a “developmental” process).

Department of Health (DoH) responsible for registering and overseeing dementia units with 6+ residents (must register as mental healthcare facilities under the National Health Care Act).

DoH has norms and standards for medical and nursing care.

LTCFs struggle to reconcile N&S of both DSD and DoH.

# Relationships between DSD and DoH (1).

Prior to COVID-19, multi-sectoral task team for collaboration collapses.

Responsibility for providing medical consumables to LTCFs passed from DoD to DSD, but handover is problematic .

Difficult relations, especially in early phase of pandemic.

- Conflicts over PPE funding delays provision to LTCFs (similar with testing)
- DoH expects DSD to monitor COVID-19 in LTCFs, but DSD claims it lacks health expertise.
- DSD funding cut, as national budgets reallocated to health. Small emergency corporate donations.
- For vaccination, LTCFs must different information to DSD and DoH.
- Conflicting COVID-19 norms and standards.

But effective relationships sometimes established at local office level.

# **Relationships between DSD and DoH (2).**

Delay between national disaster regulations and translation into DSD guidelines/protocols/communications.

Many LTCFs develop own communities of practice and protocols.

WC DSD eventually develops SOPs. Shared nationally, as National DSD and other provinces develop none.

DSD offers some training for at-risk LTCFs.

But LTCFs feel underinformed and unsupported in terms of practicalities, training and funding, while they must do additional reporting.

# **Relations between DSD, DoH and LTCFs.**

Initially DSD staff work from home: less available or accessible to LTCFs.

DSD does not worry about LTCF registration status when providing support.

Even unregistered facilities with whom they had negative experiences are forthcoming, provide data and cooperate in vaccination.

Mixed reports from LTCFs about relations with DSD/DoH. Better-resourced LTCFs with more capacity to proactively engage DSD and DoH report better relationships.

# Comments from LTCFs.

Frustrations about expectations of delivery vs. funding provided, in context of reduced income and additional expenses.

“COVID I want to say thank you!” - More frequent communication between social workers and facilities improves relationships over the course of the pandemic. LTCFs gain better understanding of the value of N&S.

Under-resourced LTCFs are unaware of protocol or procedures in terms of reporting and managing outbreaks (who to call etc.)

Facilities forced to open their doors to general public for vaccination days without prior warning.

# Intersectoral Committee for Monitoring Long-Term Care Facilities in Bahia, Brazil

(Comissão Intersectorial de Monitoramento de Instituições de Longa Permanência para Idosos no Estado da Bahia)



# Why a Committee to monitor LTCFs?





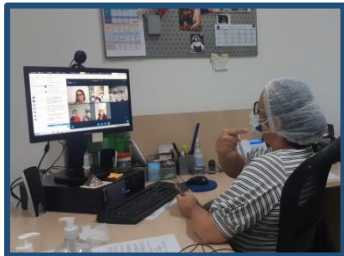
## Objectives

### Intersectoral Committee for Monitoring Long- Term Care Facilities in Bahia State

Portaria SESAB nº 133, 03 April 2020

SESAB / SJDHDS / EEUFBA

- Monitor health actions in LTCFs.
- Intervene and provide guidance on responses to the Covid-19 pandemic.
- Coordinate responses between Health and Social Assistance agencies and also between the State of Bahia and municipal departments.



# LABOR PROCESS

## TEAMS FOR PERIODICAL AND DAILY MONITORING

48 hours



72 hours



Weekly

# Monitoring Developments

Network Coordination

Technical Reports

Testing / Results

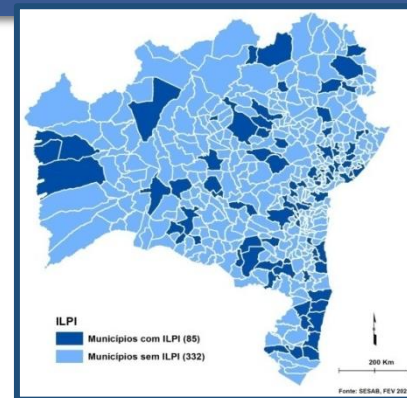
Technical Meetings – Telehealth

Internal Technical Meetings –  
Qualifying the Labor Process



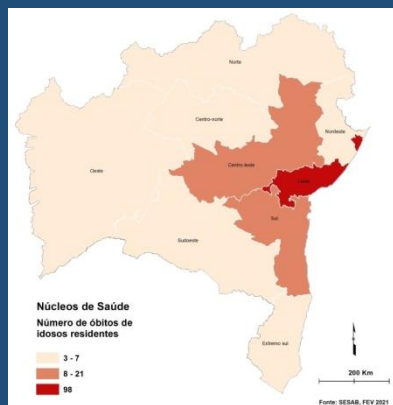
# Mapping LTCFs

MUNICIPALITY WITH LTCF	IDENTIFIED LTCF	OLDER PEOPLE RESIDENTS IN LTCF
85	212	5.259



<u>Estimated older people residents</u>	<u>Covid-19 confirmed cases in older people residents</u>	<u>Incidence</u>
5.259	1.632	31,03%

# CONFIRMED CASES OLDER RESIDENTS	# OF COVID-10 DEATHS AMONG OLDER RESIDENTS	CASE FATALITY
1.632	175	10,72%



# Additional Activities

Training for Health Care Professionals working in LTCFs

Recording online classes and *podcasts*





## Intersectoral Committee for Monitoring LTCFs in Bahia (Comissão Intersectorial de Monitoramento das ILPIs na Bahia)

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O CREASI atua na Comissão Intersectorial  
de Monitoramento das Instituições de  
Longa Permanência para Idosos (ILPI's)



**Instituições de Longa Permanência para  
Idosos (ILPI's), precisamos conhecê-las!**

**Ligue (71) 3103-6158 ou 3103-6159**

