Health Workers' (CHW) work process during the COVID-19 pandemic in Brazil

Ligia Giovanella[1], Patricia Chueiri[2,3], Juliana Lima[4], Simone Schenkman[5], Ana Chancharulo[6], Aylene Bousquat[5], Liliane Nakata[5], Aline Fiori[5]
[1]Oswaldo Cruz Foundation (Fiocruz), Brazil, [2]Israeli Faculty of Health Sciences, Albert Ainstein, Brazil, [3]University of Sao Paulo, Brazil, [4]Federal University of Oeste do Pará (UFOPA), Brazil, [5]University of Sao Paulo (USP), Brazil, [6]SES/ Bahia, Brazil

Introduction AND Objective: Actions during the pandemic in Brazil were characterized by a lack of federal coordination and diversified actions of Primary Health Care (PHC) teams. The family health strategy (FHS) is the hegemonic model of PHC in the country, whereas the community health worker (CHW) enhances actions to face the pandemic. The aim is to describe the CHW work process during the pandemic and its association with health indicators, municipality charcteristics and the assistance provided.
Methods: cross-sectional study with probabilistic sampling of Brazilian PHC facilities (PHCF). The reference population was formed by the PHCF registered by Dec-2020, stratified considering the five country regions, totaling 945 PHCF. Data collection was carried out between Jul-Nov-2021. The inclusion criteria were operating during the pandemic and having higher-level professionals for more than six months. The manager was invited to respond to an online survey. The CHWs work was analyzed through five dimensions: inputs, work process, connectivity, surveillance and social support.
Results: 907 PHCF participated. The Southeast/South regions stand out with less CHW. Regarding the work process, CHW mostly worked in the territory or at the PHCF. In the North/Northeast regions, the work was mainly territorial, different from the other regions (p

COVID-19 and financial transfers- an analysis of Minas Gerais, Brazil, from 2020 to March 2021

Taíssa Maia[1,2], Allan Barbosa[3], Philipe Mendes[4]
[1]Secretaria de Estado de Saúde de Minas Gerais (SES-MG), Belo Horizonte, Brazil, [2]Universidade Federal de Minas Gerais (UFMG), Belo Horizonte, Brazil, [3]UFMG, Brazil, [4]CEDEPLAR/UFMG, Brazil

The study analysed the financial transfers made to directly cope with the COVID-19 pandemic in the State of Minas Gerais, Brazil, in the years 2020 and 2021, aiming at the allocation of resources by area of greater contamination, hospitalization and deaths caused. The allocation of financial resources in an emergency can boost care actions and reflect the strategic preference used to cope with the pandemic, be it preventive, health testing and promotion, hospitalizations, acquisition of supplies and expansion of beds. This paper presents in a first moment normative aspects related to transfers and sources destined to health, with special emphasis on the period that comprises the pandemic. Subsequently, to contextualize the institutional and legal ambience of Minas Gerais, Brazil, in confronting COVID-19, a research was made of the creation of well committees and working groups and normative acts with emergency actions for the territory of Minas Gerais, Brazil. Finally, results of the transfers in this period are presented as well as the analyses that indicate aspects that may hinder the effective coping of the pandemic. The results suggest, in addition to a review of the values considered inadequate to cope with, the need for an allocating review by territory proven the need for care, as well as a strategic structuring of coping with the pandemic. Minas Gerais has major public policy challenges, especially maintaining equity given territorial extension, and regional disparities, further aggravated by a pandemic state in a still developing country. It also has the greatest challenge of effectively thinking about levels of care that can minimize or mitigate the effects of the health emergency. Added to this is the need to adjust the timing of the transfer to the dynamics imposed by health needs, which would certainly allow alignment between spending and coping in "real time".

The reach of health and social protection policies for the homeless population during the COVID-19 pandemic in Belo Horizonte, Minas Gerais, Brazil

Rômulo Paes-Sousa[1,2], Helvécio Junior[3,4], Rômulo Paes-Sousa[3,5], Anelise Souza[3,5], Luísa Fernandes[3,5], Ana Martins[3,5], Ana Oliveira[6], Gabriela Silva[6], Gustavo Lucius[6], Ana Dantas[6], Rafaela Marinho[6]
[1]Research Group of Health and Social Protection Policies, Belo Horizonte, Brazil, [2]Rene Rachou Institute, Oswaldo Cruz Foundation, Belo Horizonte, Brazil, [3]Oswaldo Cruz Foundation, Brazil, [4]Rene Rachou Institute, Brazil, [5]Research Group of Health and Social Protection Policies, Rene Rachou Institute, Brazil, [6]Research Group of Health and Social Protection Policies, Oswaldo Cruz Foundation / Rene Rachou Institute, Brazil

Introduction: The COVID-19 pandemic aggravated the homeless populations (HP) vulnerability. The study of targeted policies is necessary to improve response and ensure "no one is left behind" following the sustainable development goals (SDG). Brazil has a National Public Health System (SUS) and a National Social Protection System (SUAS), and both were active during the pandemic. Belo Horizonte (BH) is Brazil's third-largest city, and it is known to have a robust SUS and SUAS. The town was an example of the emergency and preparedness response, reducing potential death. However, the reach of the initiatives to vulnerable populations wasn't assessed. Objective: This study investigated the effectiveness of health and social protection initiatives during the pandemic tailored for HP in BH. Methods: A mixed method study was conducted, including the statistical analysis of HP, who received care during the pandemic, and a content analysis of the discourses collected. Primary data was collected through in-depth interviews and focus groups with policymakers, workers, and HP. The secondary data analyzed used a linkage of the city's electronic health records and the database for social protection beneficiaries (cadunico). Results indicated the implemented policies reached the HP; however, important access barriers were observed for SUAS existing services. Despite the initial decrease in consults, sus continued to care for the HP, followed by an increase in HP with respiratory symptoms attended by primary care units. The social isolation housing for symptomatic HP was a successful new initiative jointly coordinated. Strong Non-Governmental Organization (NGO) participation was identified as the primary support during the city lockdown. Conclusions: The emergency and preparedness initiatives implemented during the pandemic reached the HP, with an NGO's support, attending to SDG principles. Collaborative governance and infrastructure were key to reaching HP.

Lessons from slums during COVID-19 in Indore and Agra, India towards better preparedness for future pandemics

Siddharth Agarwal[1], Kanupriya Kothiwal[2], Shabnam Verma[2], Mayaram Sharma[2]
[1]Urban Health Resource Centre, New Delhi, India, [2]Urban Health Resource Centre, India

Background and Objective: COVID-19 led to adverse effects on the urban poor relating to healthcare, nutrition, children's education, livelihood. The research aimed at learning challenges, coping method of families who faced difficulty in access to healthcare, food supplies, livelihood disruption, children's education. Lessons point to preparedness measures for future disasters.
Methods: We conducted in-person qualitative interviews, with open-ended probes with women of 40 slum families and with 10 key informants.
Results: Many Government and private hospitals refused non-COVID services during lockdown. With frontline workers on COVID duty, pregnant women, children missed essential immunisation and maternity services leading to maternal and neonatal illness, deaths. Uncertain livelihoods, low access to social benefits made slum dwellers, mostly informal workers vulnerable. Many faced food-insecurity. They resorted to private hospitals and incurred debt. Those with previously stored grains could tide through food insecurity. School closure affected children's education. Online classes were partially feasible for many. They could not afford phones, laptops and sustained internet access that better-off city dwellers had. Conclusions: Lessons for future include having more hospitals and clinics for routine health services. Co-opting nurses, other paramedical personnel on medium-term contracts can prevent/mitigate interruption of outreach health services and help Indian, LMIC cities better deal with future disasters. Inclusion of the urban poor (who provide low-wage services to cities) in extending essential services, and social protection schemes is vital during future pandemics. Ensuring access to food supplies mitigates suffering of the urban poor. Decentralised free food distribution with the help of schoolteachers, other government functionaries is crucial to prepare for similar future crises. An employment guarantee program for the urban poor similar to India's Rural Employment Guarantee Scheme needs to be rolled out. Onsite classes in settlements with open spaces nearby is a way to extend education to deprived children during future disasters/pandemics.

Symptom presentation and quality of life are comparable in Myalgic Encephalomyelitis/Chronic Fatigue Syndrome and post COVID-19 condition

Breanna Weigel[1], Natalie Eaton-Fitch[1], Kiran Thapaliya[1], Sonya Marshall-