



EXECUTIVE SUMMARY:

Protocols for the comprehensive management of COVID-19 patients in Colombia

Local Health System Sustainability Project

Task Order 1, USAID Integrated Health Systems IDIQ

August 2022

This publication was produced for review by the United States Agency for International Development (USAID). It was prepared with support from the Local Health System Sustainability Project under the USAID Integrated Health Systems IDIQ.

Local Health System Sustainability Project

The Local Health System Sustainability (LHSS) Project under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year, \$209 million project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity. In Colombia, this project is known as “*Comunidades Saludables*”.

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USAID Contract No: 7200AA18D00023 / 7200AA19F00014

Recommended citation: Acosta, Jacqueline and Esmily Ruiz Varón. The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ. August 2022. *Protocols for the Comprehensive Management of COVID-19 Patients in Colombia*. Rockville, MD: Abt Associates.

EXECUTIVE SUMMARY

I. DESCRIPTION

Objective

The objectives of the protocols are: 1.) To prepare specific, comprehensive, and phased recommendations for the care and rehabilitation of people over 18 years of age with acute respiratory infection due to COVID-19, and 2.) to develop technical guidelines aimed at preventing or mitigating physical, mental, and occupational health and safety problems of health professionals working with COVID-19 patients.

Description of the problem

In Year 2, LHSS Colombia (April to September 2021), together with the Ministry of Health and Social Protection (MSPS) and the National University Hospital of Colombia, identified the factors related to morbidity and mortality of COVID-19 patients in critical condition and developed recommendations to strengthen the capacity of health system stakeholders. The recommendations included the development and standardization of protocols for clinical management and post-ICU rehabilitation and monitoring, with an emphasis on mental health and rehabilitation, directed at the human resources for health in charge of the various levels of care (outpatient care, home care, emergency, hospitalization, intermediate, and intensive care). The recommendations aim at reducing the risks of complications and death among people with COVID-19 in critical condition. These protocols were prepared within the framework of LHSS Colombia's Objective 4: "Strengthen the resilience of the health system to respond to current and future emergencies, including the COVID-19 pandemic."

Methodology

The Activity, together with the MSPS and CES University prepared three protocols using the Evidence-Based Medicine methodology. This process aims at identifying the events of greater uncertainty in the clinical course or in the scope of care under study, and then translates these events into questions that could be answered through a comparative analysis of the biomedical literature, facilitating improved health decision-making processes.

The following steps were taken in order to prepare these protocols: the creation of a strategic technical monitoring team and a technical operational team at CES University; the identification of experts; presentation of the intervention and scope to experts; identification of data sources and search engines to gather the evidence; definition of the inclusion and exclusion criteria; formulation of guiding questions; conducting an internal search and review process; analysis of information; synthesis of the evidence; external validations with a group of experts; drafting and final editing of the protocols and going through the MSPS approval process; and finally, implementation by the Territorial Entities, Health Service Providers, Health Benefit Plan Managers, and Professional Risk Managers.

Creation Process

LHSS prepared this deliverable based on the results of two studies (Clinical and Sociodemographic Description of Patients with a Confirmed COVID-19 Diagnosis Receiving Care at the Intensive Care Unit of the National University Hospital of Colombia; and Prospective study of patients with respiratory distress March to November 2020). The Activity also used the deliverable “Summary of the Support Provided for Strengthening Capacities among the Human Resources for Health in Mental health, Rehabilitation and Critical Care Addressing COVID-19 Patients in Colombia (2022)” to create the protocols.

2. RESULTS

Based on COVID-19 trends and lessons learned during Year 2, LHSS subcontracted CES University – an autonomous, private, academically renowned, and highly accredited non-profit institution – to develop three phased comprehensive protocols and to develop recommendations based on the best available evidence, which was validated by experts and by the MSPS. The three protocols are outlined below:

1. Phased comprehensive care (home care, outpatient care, emergency, hospitalization, and critical care) of patients 18 years or older with COVID-19.
2. Early comprehensive post-ICU rehabilitation of patients 18 years or older with post COVID-19 complications.
3. Technical guidance to prevent or mitigate physical, mental, and occupational safety and health problems addressing health care professionals working with COVID-19 patients.

The scope of the first protocol presents general guidelines addressing the management and comprehensive treatment of people over 18 years of age with acute respiratory infection due to COVID-19. This protocol begins with a suspected case of COVID-19, including recommendations for primary care, and ends with escalating the case if there is a need for a more complex level of care. The scope of the protocol does not include pharmacological treatment and does not provide specific, detailed or highly complex measures of care used in hospitalization or critical care.

The second protocol provides specific and comprehensive guidelines and recommendations to address mental, cognitive, motor, and functional rehabilitation. The protocol also includes swallowing and phonological rehabilitation for cases with post-ICU COVID-19 complications.

Lastly, the third protocol provides general guidelines for non-pharmacological strategies and interventions aimed at preventing or mitigating alterations in physical, mental, and cognitive health. The third protocol specifically addresses the human resources for health in charge of delivering care to people with COVID-19 in diverse care centers and with levels of care complexity.

Recommendations

Adopting the guidelines and recommendations through an administrative act: LHSS recommended the MSPS to rapidly move forward with the process of incorporating the three protocols into the regulatory framework so they can be implemented in a comprehensive manner. Likewise, the Activity recommended that the protocols be periodically updated.

The protocols developed are based on evidence from the literature and the consensus of experts. Most of these protocols apply for the first level of care complexity, both for rural and urban areas. Each protocol should be continually updated as new evidence-based studies on COVID-19, its complications, and the working conditions of the health personnel become available. LHSS recommended disseminating these protocols throughout the country, particularly in rural areas where there are greater delays in receiving up-to date information. The Activity also suggested providing ongoing training to human resources for health, especially at the first level of care, where 80% of patient morbidity is treated.

3. SUSTAINABILITY / USE OF THE DELIVERABLE

Disseminating the protocols among the different health system stakeholders. LHSS supported the MSPS to develop guidelines and recommendations not only for the provision of care, but also for rehabilitation and for health workers' occupational safety and health. Once the protocols are adopted by administrative act, the MSPS will be responsible for the dissemination process. LHSS Colombia, as part of its transition plan, will be ready to support the process of disseminating the protocols to human resources for health working at the basic level of care in the prioritized territories.