# Resilient facilities and services – the Cape Town experience Division of Family Medicine, Department of Family, Community and Emergency Care, UCT

# Looking back

**The COVID-19 pandemic challenged our** adaptive abilities. Registrars and students became drivers of innovation and leadership.

- CTICC Hospital of Hope team leaders.
- Coordinating community-level responses via testing-tracking systems.
- Enhanced access to **vaccinations**, e.g., the "Vaxi Taxi" initiative.
- Technology-driven initiatives to support service access for vulnerable communities.
- Reconfiguring **primary health** services for enhanced testing, diagnosis and treatment.





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# Current context



# Health System barriers:

- Environmental change
- unrest
- Infrastructural challenges interrupted water and electricity supplies

# **Individual barriers:**

**Burnout** among healthcare workers



#### Selected references

- Haider N, Osman AY, Gadzekpo A, Akipede GO, Asogun D, Ansumana R, Lessells RJ, Khan P, Hamid MM, Yeboah-Manu D, Mboera L. Lockdown measures in response to COVID-19 in nine sub-Saharan African countries. BMJ Global Health. 2020;5(10):e003319.
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- Hugo JJ. COVID-19 disruption: Family physicians at the forefront. South African Family Practice. 2021;63(1):a5286. <u>https://doi.org/10.4102/safp.v63i1.5286</u>
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disasters climate

Social disruption - crime and political

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## Health system facilitators: **1. Stakeholder collaboration:**

# (COPC)

- health
  - approach

#### **Educational facilitators**: **1. Curricular level:**

- Self-care.

## **Opportunities to explore**

 Higher Education Institutions • National and Provincial health authorities • Local communities • Regional and international partners, e.g. PRIMAFAMED network and WONCA.

#### 2. Community Oriented Primary Care

#### 3. Environmental determinants of

• How do we pivot to a OneHealth

 Addressing inequality and social instability in the curriculum. • Mentorship and coaching. • Leadership development.

### 2. Individual level:

• Critical reflection.