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Title: Fighting COVID-19: The importance of strengthening the primary health care system in limited-resource settings, the case of Ghana.

The outbreak of COVID-19 is raising legitimate questions about the impact of the pandemic on rural poor and displaced populations within the community setting. These vulnerable populations have less capacity to cope with the impact of such an outbreak because they cannot afford the cost of medical care and have limited financial resources to cope with restrictions imposed by governments for purposes of public health adherence.

According to the analysis by the World Health Organization, about 90% of confirmed cases of coronavirus (COVID-19) with mild symptoms may require services within the community setting as the first point of call in seeking medical care. While the pandemic rages on, it is important and appropriate to begin to reflect on its impact on countries with limited resources for long-term investment in primary health care. A major factor is the limitations of the health system capacity in rural settings and Ghana represents a good case study.

The recent lockdown seen in major cities of Accra and Kumasi in Ghana and the restrictions on movement implemented over the past two months have deprived the majority of households, particularly non-formal sector workers of daily sources of income. Since the first-two cases of COVID-19 were recorded in the country March 12, 2020, government has implemented several measures to mitigate further spread of the virus as well as reduce its impact on households. For instance, the Central Bank of Ghana has taken drastic economic measures to mitigate the negative impact of the outbreak, including a reduction in reserve requirements, decreased bank's conservation buffers to boost businesses within the private sector and has cut down interest rate from 16% to 14.5% to provide liquidity support to lenders.

The private sector was also seen contributing massively to support government effort in the fight against COVID-19. Other major public health response measures were enforced by the national COVID-19 task force. Individual creativity has resulted in new ideas to generate local solutions, for instance, the local production of face masks, invention of handwashing machine by a group of young people, the launch of locally manufactured ventilator by the Kwame Nkrumah University of Science and Technology (KNUST) and the use of drones to deliver laboratory samples to the Nogouchi Memorial Institute for Research (NMIR). The outbreak has placed major attention on the health sector and the health system as a whole.

There is no doubt about the several mitigation measures and efforts of governments in the Africa continent. However, though these extenuation procedures may counter the immediate and short-term impacts of the outbreak on the general population, they do not necessarily address issues of vulnerability in rural or community settings where the majority of people live and in the case of Ghana, over 60% of the population.

To prevent vulnerable groups from being affected in any outbreak or crisis, the resilience and capacity of households need to be strengthened through continuous engagement with and within the communities. The

frontline of every robust health system is the primary health care setting and must be protected at all times. Ghana operates a three-tier system of primary health care (district, sub-district and community) and each of these levels work seamlessly to deliver the needed care to vulnerable populations within the household ranging from communicable to non-communicable diseases. Primary health care is about how best to provide health care services to everyone, everywhere, and in the most efficient and effective way to achieve health for all. Ghana's primary health care strategy, the Community-based Health Planning and Services (CHPS) initiative has contributed significantly to bridge the equity gap in health care delivery, addressing health system ownership and community engagement for over two decades.

The elements of effective and efficient primary health care systems in addressing the majority of the people's health needs, especially that of the most vulnerable must involve health promotion, disease prevention, treatment, rehabilitation, and palliative care. The CHPS strategy is well designed to address this health system gaps. The Community Health Officer (CHO) as a key frontline health staff placed at the CHPS Compound with skills in community mobilization and engagement provides services that meet the health needs of the most vulnerable groups. These services include addressing the broader determinants of health and empowering individuals and families within communities with appropriate information to make sound decisions affecting their health.

It is therefore critical for health leaders to address challenges that confront the communities, ensuring roads are motorable to reduce travel time, provide incentives to frontline health staff working in all the 3-tier primary health care level from the district hospital to the CHPS communities, improve access to clean water and sanitation in order to reduce waterborne diseases, recruit adequate number of frontline staff and empower communities to take ownership of decisions concerning their health and well-being. Also, leaders within the African continent must ensure that vulnerable groups in rural and deprived settings are supported to cope with this pandemic and any future crisis; the strengthening of primary health care systems should remain their immediate to long-term objective.