

Table 2 Challenges and facilitators to strengthening primary health care against epidemics and pandemics based on 6 building blocks

Building blocks	Challenges	Facilitators
Service delivery	<ul style="list-style-type: none"> • Increasing demand for services • Late detection of outbreaks • Fear of communicable disease transmission by staff and the public • High density of population • Shortage of personal protective equipment • Lack of access 	<ul style="list-style-type: none"> • Community involvement • Digital health and telemedicine • Triage • Home care • Partitioning the room of healthcare centres • Continuum of care
Health workforce	<ul style="list-style-type: none"> • Heavy burden of work • Shortage of human resource • Lack of willingness to work • Mental health issues • Conflicts between patients and physicians due to socioeconomic issues caused by epidemics • Unnecessary referrals to the hospitals 	<ul style="list-style-type: none"> • Using mobile apps to compile clinical notes • Involving community health workers • Scheduled working programme • Recruitment of external staff and volunteers • Formalizing the rapid response team • Isolation and quarantine
Health information systems	<ul style="list-style-type: none"> • Lack of guidelines • Poor documentation (data gathering) • Difficulty accessing prior vaccination history • Absence of data governance 	<ul style="list-style-type: none"> • Robust surveillance system • Individual and population data sharing • Electronic health records
Medical products, vaccines, technologies	<ul style="list-style-type: none"> • Improper infrastructure • Non-acceptability • Lack of transparency • Cost ineffectiveness • Lack of testing kits • Low logistical capacity 	<ul style="list-style-type: none"> • Artificial intelligence • Affordability • Telephone and video consultation • Using thermal images of people to detect contaminated individuals
Financing	<ul style="list-style-type: none"> • Non-affordability • Out-of-pocket payments • Fee-for-service 	<ul style="list-style-type: none"> • Strategic resource allocation • Applying insurance plans • Fee-for-value
Leadership/governance	<ul style="list-style-type: none"> • Bureaucratic difficulties • Inversion of healthcare pyramid 	<ul style="list-style-type: none"> • Intersectoral collaboration • Strengthening the surveillance systems' function