Global PHC Measurement and Subnational Efforts

Webinar for USAID Mission Teams Across Primary Impact Focus Countries

August 23, 2023
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Learning Objectives

• Understand the role of effective, people-centered PHC in addressing emerging public health challenges and improving resilience.

• Understand the state of global PHC measurement efforts—what we measure and what we should measure.

• Describe how Primary Impact’s PHC measurement strategy builds on global PHC measurement, addresses measurement gaps, and adapts it for the subnational level.
Section 1

Introduction: The Need to Strengthen Primary Health Care (PHC)
What Is Primary Health Care?

USAID defines primary health care (PHC) as “a set of essential services that address an individual’s needs for health and well-being, delivered across a continuum spanning health promotion to disease prevention, diagnosis, treatment and palliation.”

USAID and the World Health Organization (WHO) definitions are closely aligned.

WHO defines PHC as “a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people’s needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people’s everyday environment.”
The journey toward high-quality PHC has been long and it is ongoing. PHC underpins the SDG on Universal Health Coverage.
What is high-quality PHC and what can it accomplish?

**LIFE-SAVING:** Quality PHC in low- and middle-income countries could save **60 million lives** and increase average life expectancy by **3.7 years** by 2030.

**COMPREHENSIVE:** High-quality PHC can meet up to **90%** of a person’s health care needs across the lifespan.

**EQUITABLE:** Higher PHC coverage mitigated disparities in COVID-19 vaccination rates.

Sources: World Health Organization (WHO).

Photo Credit: Ariadne Labs, with consent of the individuals captured.
We need to change the current state of PHC…

• Current PHC quality is poor.
• We need to ensure quality **continuous, comprehensive, coordinated people-centered care** across the lifespan to meet health needs.
• Stronger PHC → more resilient health care.
  • The COVID-19 pandemic disrupted essential care more in places with weak PHC.

… but we need to measure how PHC currently functions to identify where to make changes.

Section 2
State of Global PHC Measurement:
What We Know and Where the Knowledge Gaps Are
Global PHC measurement efforts to date

Developed a comprehensive approach to PHC measurement through global collaborations and country engagement.

Created tools for country-led, national-level measurement.
Made existing data actionable by supporting interpretation.

WHO/UNICEF expanded existing frameworks to include specific indicators to create the Primary Health Care Measurement Framework and Indicators (PHCMFI).
Using national PHC measurement results for strategic planning and policy development in Ghana

Ghana’s national PHC Vital Signs Profile illuminated the need for improvements in **capacity, access, and coverage** of PHC services.

These insights informed Ghana’s nine policy intervention areas:

1. PHC governance and leadership strengthening.
2. Stakeholder, public, and community awareness building and engagement.
3. Improved PHC financing and investment.
4. Development and implementation of effective PHC service delivery models.
5. Creation of an effective PHC workforce.
7. Intersectoral convergence for PHC.
8. Research, knowledge, and innovation.
9. Information systems and intelligence built on PHC implementations.
Using national measurement for policy action, investment, and health systems innovation during the COVID-19 pandemic in Mozambique

Mozambique completed its Vital Signs Profile in 2020.

Policy Action
Results informed the 2020-2024 Strategic Plan for the Health Sector and were used for investment advocacy with international partners.

Systems Innovation
Results identified weakness in the country’s surveillance system and supplies availability, resulting in process reform during the COVID-19 pandemic.
WHO/UNICEF PHCMFI consolidates previous learning and provides a framework for measuring PHC systems at the national level. It purposefully includes areas not yet well measured.
Breakout and Discussion — 10 minutes

Experience applying and using national PHC measures:

- What was one decision you are aware was made using national measurement data?
- What was one decision where national data were needed but were either not available or were too old?
Section 3

Subnational PHC Measurement and Relevant Tools Are Needed to Drive Improvement and Policy Efforts
Why measure subnationally?

National measurement is important for global work and drives policy change, but national data can hide subnational variability:

- PHC systems and their management are increasingly decentralized.
- National measurement leads to missed opportunities to identify both positive outliers and challenges.

Heterogeneity of PHC capacity and outcomes within subnational units emphasizes the need for local and nuanced data to inform improvement strategies.

Sources:
Successful PHC Systems Deliver the Five Core Functions (5Cs) of High-Quality Primary Care

**Inputs**

**FIVE Ss**
Resources of strong primary health care: physical infrastructure; health workforce; commodities and other health products; financial resources; and health information and surveillance

**Processes**

**FIVE Ms**
Processes that transform resources into high-quality primary health care: models of PHC delivery; community ownership and partnership in PHC; subnational and facility management; integration of systems and services; systems for improving PHC; and resilient health facilities

**Outputs**

**FIVE Cs**
Functions of high-quality primary health care: Access and availability; and quality PHC

Gaps in **Currently Available** Routine and Subnational Measurement of Key Transformative Processes

- HMIS do not fully capture these PHC processes, especially at the subnational level.
- Globally available measures are either:
  - Not yet available.
  - Not routinely in use.
  - Challenging to collect.

New measurement frameworks includes process indicators that are measurable, actionable, and relevant.

Subnational Measurement of the 5Cs: Patient’s Experience of Care

- Better experience of the 5Cs are associated with:
  - Better uptake and less bypass of PHC.
  - Better retention in care.
  - Better health outcomes.

- Previous and ongoing work will develop tools that measure the 5Cs in PHC settings.

- New measurement frameworks capture core PHC outputs using patient-reported experience measures (PREMS).

Subnational measurement of the PHC system and use for improvement in Gujarat, India

Measurement Goal: Understand how the PHC system operates within the state of Gujarat, India.

Adapt

Make changes in tools to fit subnational context with local stakeholders.

Collect Data

Identify and collect data from sources closer to the point of service delivery: facilities, districts, local informants.

Analyze & Interpret

Identify strengths and gaps within the framing of local context and needs.

Use

Use results to identify where change and investment are needed within the state government and with partners.
Subnational PHC measurement in Costa Rica to inform strengthening and scale of a integrated networks of care model

Measurement Goal: Assess PHC capacity to understand how national level policies are implemented in the Huetár Atlántica for insights to scale a pilot program.

How existing authority structures, policies, and data and quality management systems support the integrated networks model.

How the PHC system’s abilities adjust to changing population health needs.

How to efficiently allocate and track resources to equitably deliver the new integrated networks of care model.

Photo Credits: Ariadne Labs, with consent of the individuals captured.

Breakout and Discussion — 10 mins

What are your experiences measuring at subnational levels?

- What are one to two examples where subnational data were available?
- What is an example of when insights from subnational data helped in planning or action?
- What subnational data gaps feel most relevant or urgent?
The Primary Impact Measurement for Action (M4A) Framework Builds on the Global PHC Measurement Landscape
Primary Impact and the Measurement for Action Framework

USAID is responding to the global PHC opportunity to build a more people-centered, effective, equitable, and resilient health system.

USAID launched Primary Impact to advance integrated and well-coordinated PHC services to enable delivery of whole-person care across the lifespan and optimize systems where PHC services are delivered.

How do we know what is working well and where change is needed?

USAID’s work in advancing PHC is supported by the Primary Impact Measurement for Action (M4A) framework, which informs areas of focus, provides insights into successes, and identifies where change is needed throughout the initiative.
Measurement for Action (M4A)

Primary Impact’s Measurement Principles

● Measurement should amplify and advance USAID’s PHC work, designed to align and strengthen existing Ministry of Health processes.
● Measurement will build on existing PHC measurement resources and efforts:
  ○ WHO/UNICEF’s Primary Health Care Measurement Framework and Indicators (PHCMFI).
● Measurement activities should be feasible and actionable.
● Measurement is aimed at monitoring PHC capacity and performance rather than award management.

Vision: Effective measurement efforts will enable USAID Missions, Ministry of Health colleagues, and implementing partners (IPs) to identify critical needs within their subnational PHC systems, monitor implementation efforts, and continue to adapt as needed.
The Measurement for Action (M4A) Framework

**PHC Oriented Country Health System**

**Inputs (5Ss)**
- Space
- Staff
- Staff, Surveillance, Systems
- Physical Infrastructure
- Health Workforce
- Commodities and Other Health Products
- Financial Resources
- Health Information and Surveillance

**Processes (5Ms)**
- Management, Measurement, Monitoring, Motivation, Multidisciplinary Teams
- Models of PHC Delivery
  - Facility and community-based PHC delivery
  - Active community outreach
  - Care for at-risk populations
  - Service integration and referral
- Community Engagement and Partnership in PHC
  - Social accountability
  - Community engagement in PHC design
- Subnational and Facility Management (5Ms)
  - Budget allocation and execution
  - HRH management capacity and performance
  - Data reporting
  - Systems for improving PHC quality
- Integration and Interoperability of Systems
  - Supply chain
  - Health management information systems
  - Financial systems
- Resilient Health Systems and Services
  - Continuity of services
  - Pandemic preparedness

**Outputs (5Cs)**
- Comprehensiveness, Continuity, Coordination, First Contact Accessibility, Person-Centered
- Access and Availability
  - Accessibility, affordability, acceptability
  - Service availability and readiness
  - Utilization of services
- Quality PHC
  - Core primary care functions
  - First Contact accessibility
  - Continuity
  - Comprehensiveness
  - Coordination
  - Responsiveness and people centered care
  - Integrated care delivery
  - Effectiveness
  - Safety

**Continuity of well-coordinated, comprehensive, quality, and people centered primary care services provided across client lifespan**

**Impact**
- Equitable and Resilient Health Systems
- Improved Health Status
- UHC Financial Protection
- Health Security
- Effective and equitable coverage

**Integration, Equity, Community**
M4A Aligns With Global Measurement Work and Takes It to the Subnational Level

Primary Impact’s measurement framework is anchored on the same conceptual categories:

**Structures (and Systems)**
- Inputs
- Processes
- Outputs
- Outcomes
- Impact

M4A Aligns With Global Measurement Work and Takes It to the Subnational Level

M4A focuses measurement on similar PHCMFI processes. It also elevates **Integrated health services** and **Empowered people and communities** from PHC components to specific areas of measurement within **Processes**.
Identifying Core Indicators for the M4A Framework

M4A indicators were drawn from PHCMFI, other PHC measurement work, and existing USAID metrics, then prioritized and adapted according to the following principles:

<table>
<thead>
<tr>
<th>Available or measurable at the right levels</th>
<th>Leverage existing relevant and timely data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflect key inputs, processes, and outputs</td>
<td>Can be disaggregated to assess equity at the subnational level</td>
</tr>
<tr>
<td>Better reflect three main levers—integration, workforce, quality and equity—and actionable areas for change</td>
<td>Target new measures for areas not previously captured</td>
</tr>
</tbody>
</table>
Prioritized Core Indicators Span 10 Domains

PHC Oriented Country Health System

**INPUTS (5Ss)**
- Space, Staff, Stuff, Surveillance, Systems

**PROCESSES (5Ms)**
- Management, Measurement, Monitoring, Motivation, Multidisciplinary Teams

**OUTPUTS (5Cs)**
- Comprehensiveness, Continuity, Coordination, First Contact Accessibility, Person-Centered

**Structures & Systems**
- Physical Infrastructure
- Health Workforce
- Commodities and Other Health Products

**Models of PHC Delivery**
- Community Engagement & Partnership in PHC
- Subnational and Facility Management (5Ms)

**Access & Availability**
- Quality PHC

**Outcomes**
- Effective and Equitable Coverage

**Impact**
- Improved Health Status

Continuity of well-coordinated, comprehensive, quality, and people centered primary care services provided across client lifespan
Core Indicators Will Capture PHC Status Across Three Levels of the Health System, With Frequency of Data Collection Determined by Measurement Group

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Measurement Group</th>
<th>Facility</th>
<th>Subnational</th>
<th>National</th>
<th>Total</th>
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<tr>
<td>Baseline + endline</td>
<td>PHC Foundations</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Baseline + endline</td>
<td>Measuring for Impact*</td>
<td>1</td>
<td>3</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Baseline + endline</td>
<td>Monitoring for Change</td>
<td>21</td>
<td>2</td>
<td>0</td>
<td>23</td>
</tr>
<tr>
<td>+ Every 6 months</td>
<td>Total</td>
<td>23</td>
<td>4</td>
<td>4</td>
<td>31**</td>
</tr>
</tbody>
</table>

*These indicators align with the GH Common Indicators and will be collected by that team.

**28 unique indicators; 3 are collected at more than one level and have been counted at each level.

Facility Checklist
Inclusive of Patient Reported Experience Measures
- Service readiness (staffed and stocked).
- Service Integration.
- Quality of Care.

Recommend every 6 months.

Subnational Checklist
Capacity & Performance Review
- Management capacities and how data are used for SNU management.
- Coverage estimates for SCI.

Done at baseline, endline.

National Checklist
Desk review and checklist
- Key systems, structures, or policies including financing.

Done at baseline.
In Summary

The M4A Framework is designed to:

- Inform where and what change is needed.
- Identify if change is happening.
- Confirm whether impacts of the changes are being seen.
- Accelerate learning from the subnational projects for what works.
- Build evidence for in-country advocacy for improved PHC focus and implementation.

Questions?
The Measurement for Action (M4A) Framework

PHC Oriented Country Health System

Inputs (5Ss)
- Space, Staff, Staff, Surveillance, Systems
  - Physical Infrastructure
  - Health Workforce
  - Commodities and Other Health Products
  - Financial Resources
  - Health Information and Surveillance

Processes (5Ms)
- Management, Measurement, Monitoring, Motivation, Multidisciplinary Teams
  - Models of PHC Delivery
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    - Pandemic preparedness

Outputs (5Cs)
- Comprehensiveness, Continuity, Coordination, First Contact Accessibility, Person-Centered
  - Access and Availability
    - Accessibility, affordability, acceptability
    - Service availability and readiness
    - Utilization of services
  - Quality of PHC
    - Core primary care functions
    - First Contact accessibility
    - Continuity
    - Comprehensiveness
    - Coordination
    - Responsiveness and people centered care
    - Integrated care delivery
    - Effectiveness
    - Safety

Outcomes
- Effective and equitable coverage
- UHC Financial Protection
- Health Security

Impact
- Equitable and Resilient Health Systems
- Improved Health Status

Integration, Equity, Community
5. Immediate Next Steps: Review; Adaptation; Compilation and Collection
Where Do We Go From Here?

<table>
<thead>
<tr>
<th>FOUNDATIONAL MEASUREMENT STEPS</th>
<th>2023</th>
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<tbody>
<tr>
<td>Framework development</td>
<td>JAN</td>
</tr>
<tr>
<td>Indicator and checklist development</td>
<td>FEB</td>
</tr>
<tr>
<td>Indicator prioritization</td>
<td>MAR</td>
</tr>
<tr>
<td>Planning/developing visualizations</td>
<td>APR</td>
</tr>
<tr>
<td>Develop data collection platform</td>
<td>MAY</td>
</tr>
<tr>
<td>Onboard Data Consultants/Leads</td>
<td>JUN</td>
</tr>
<tr>
<td>Map MOH processes and data</td>
<td>JUL</td>
</tr>
<tr>
<td>Customization of data collection platform</td>
<td>AUG</td>
</tr>
<tr>
<td>Train IP data collectors</td>
<td>SEP</td>
</tr>
<tr>
<td>Collect data</td>
<td>OCT</td>
</tr>
<tr>
<td>Visualize data</td>
<td>NOV</td>
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<tr>
<td></td>
<td>DEC</td>
</tr>
</tbody>
</table>

Immediate next steps

- Missions:
  - Select focus geographies and facilities.
  - Determine if a Data Consultant is desired.
  - Review (including Mapping), and Adaptation.

- Measurement and Analytics LOE:
  - Recruit Data Consultants as desired.
  - Support Missions on Mapping of MOH processes and data.
  - Finalize data collection platform.
Review Your Current Data Sources and Processes

● Data mapping:
  ○ What PHC-related data and data processes currently exist?
  ○ Is the measurement at the subnational level?
  ○ What is the frequency of collection?
  ○ Are the data available?

● Hold consultations on the status of PHC measurement plans at the subnational level with in-country stakeholders such as:
  ○ Ministries of Health.
  ○ the World Health Organization.
  ○ UNICEF.
  ○ Global Financing Facility.
Adaptation of the Indicators

- Modify relevant indicators to align with existing processes and data.
- Document the adapted indicators.
- Identify potential policy changes or milestones to track. Illustrative milestones:
  - Inform GFF investment cases.
  - Advocate for increased overall health budget, and increased % of health budget to PHC.
  - Improve national QoC tools.
  - Support a national patient identifier (coordination of care, referrals).
  - Support the transformation of CHW programs (paid, equipped, supported, supervised).
Compilation and Collection

● Synthesize existing data (e.g., secondary data analysis).
● Devise a plan for collection of data not currently available (e.g., primary data collection). Considerations:
  ○ Can the plan serve as a pilot to assess the utility of the data to strengthen Ministry of Health processes?
  ○ Is the plan feasible and actionable with the IPs on the ground?
  ○ Does the plan focus on monitoring PHC capacity and performance?
Questions and/or Discussion
THANK YOU

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Appendix
## Recommended core indicators (1 of 2)

<table>
<thead>
<tr>
<th>ID</th>
<th>Domain</th>
<th>Subdomain</th>
<th>Short Indicator Name</th>
<th>F</th>
<th>SNU</th>
<th>N</th>
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<tbody>
<tr>
<td>IN1</td>
<td>Physical Infrastructure</td>
<td></td>
<td>Facilities meet core physical infrastructure requirements</td>
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<tr>
<td>IN3</td>
<td>Health Workforce</td>
<td></td>
<td>Health worker vacancy rates</td>
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<tr>
<td>IN5A</td>
<td>Commodities and Other Health Products</td>
<td></td>
<td>Availability of essential medicines</td>
<td></td>
<td></td>
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<tr>
<td>IN5B</td>
<td></td>
<td></td>
<td>Availability of priority medical equipment and other medical devices (national standards)</td>
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<tr>
<td>P18</td>
<td>Models of PHC Delivery</td>
<td>Facility and community-based PHC delivery</td>
<td>Existence of formal Community Health Worker program</td>
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<td>PHC-F</td>
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<tr>
<td>P2A</td>
<td>Models of PHC Delivery</td>
<td>Active community outreach</td>
<td>Proactive population outreach occurring</td>
<td></td>
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<td>P3</td>
<td>Community Engagement and Partnership in PHC</td>
<td>Social accountability</td>
<td>Extent to which subnational units and facilities ensure social accountability of PHC to the community served</td>
<td></td>
<td>M4C</td>
<td>M4C</td>
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<td>P6</td>
<td>Subnational and Facility Management (5Ms)</td>
<td>Budget allocation and execution</td>
<td>Existence of facility budgets and expenditures meeting criteria</td>
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<tr>
<td>P8A</td>
<td>HRH—management capacity and performance</td>
<td></td>
<td>A. Supportive supervision routinely conducted</td>
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<td>M4C</td>
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<td>P8B</td>
<td></td>
<td></td>
<td>B. Provider availability (absence rate)</td>
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<td>M4C</td>
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<td>P8C</td>
<td>Facility and district management capability and leadership</td>
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<td>Facility and district management capability and leadership</td>
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<td>M4C</td>
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<td>P15</td>
<td>Systems for improving PHC quality</td>
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<td>Performance measurement and management for PHC quality improvement</td>
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<td>P16</td>
<td></td>
<td></td>
<td>Facilities have systems to support quality improvement and safety</td>
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<td>M4C</td>
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<th>ID</th>
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<td>OP1A</td>
<td>Access and Availability</td>
<td>Accessibility, affordability, acceptability</td>
<td>Geographical access to PHC services</td>
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<td>OP4</td>
<td>Quality PHC</td>
<td>First-contact accessibility</td>
<td>Patient-reported experience of first-contact accessibility</td>
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<td>OP5A</td>
<td></td>
<td>Continuity</td>
<td>Service gaps between ANC1-ANC4, DPT1/Penta1-DPT3/Penta3</td>
<td>M4C</td>
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<td>OP5B</td>
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<td>Patient-reported experience of service continuity</td>
<td>M4C</td>
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<td>OP6</td>
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<td>Comprehensiveness</td>
<td>Patient-reported experience of comprehensiveness</td>
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<td>OP7</td>
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<td>Coordination</td>
<td>Completion of referral loops</td>
<td>M4C</td>
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<td>OP8A</td>
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<td>Responsive and people-centered care</td>
<td>Patient-reported experience of responsiveness and trust in care</td>
<td>M4C</td>
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<td>OP8B</td>
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<td>Integrated care delivery</td>
<td>Composite indicator for integrated service delivery</td>
<td>M4C</td>
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<td>OC1</td>
<td>Effective and Equitable Coverage</td>
<td>Coverage</td>
<td>Health Service Coverage Index*</td>
<td>M4I</td>
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<td>IMP2B</td>
<td>Improved Health Status</td>
<td>Child and maternal deaths prevented</td>
<td>All-cause U5 mortality rate</td>
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<td>IMP2D</td>
<td>Improved Health Status</td>
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<td>Women’s mortality (15-49)</td>
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