Global PHC Measurement and Subnational Efforts

Webinar for USAID Mission Teams
Across Primary Impact Focus Countries

August 23, 2023

Contents

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.

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.
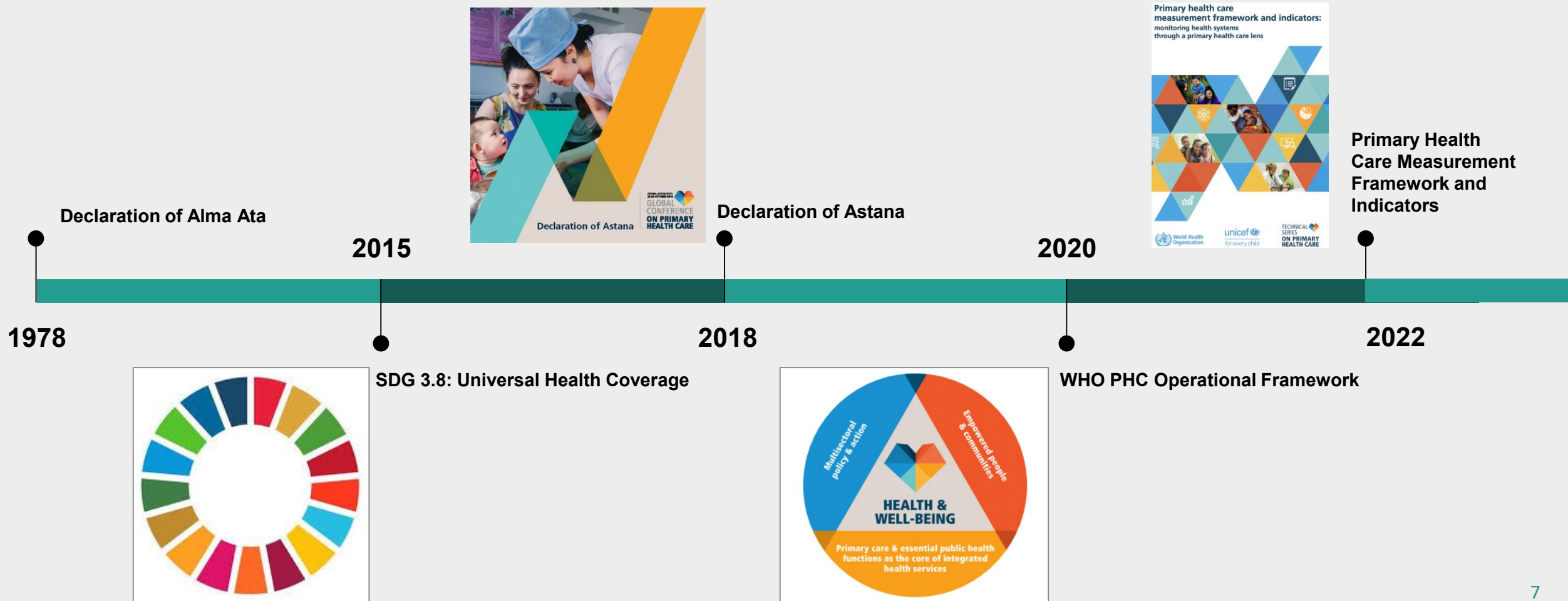
WHO defines PHC as "a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment."

Please note the definition on slide 5 was an early working definition, used at the time of presentation. USAID has since finalized this definition, below.

USAID PHC Definition:

Primary health care (PHC) is a comprehensive approach to health that combines multi sectoral policy and action, community empowerment, and integrated health services. It is a whole-person-centered approach where proactive care—health promotion, disease prevention, diagnosis, treatment—is equitably delivered by multidisciplinary teams as close as possible to people's everyday environments, reducing morbidity and mortality across the lifespan.

The journey toward high-quality PHC has been long and it is ongoing. PHC underpins the SDG on Universal Health Coverage.

Declaration of Alma Ata

2015

Declaration of Astana

2020

Primary Health Care Measurement Framework and Indicators

1978

2018

2022

SDG 3.8: Universal Health Coverage

WHO PHC Operational Framework

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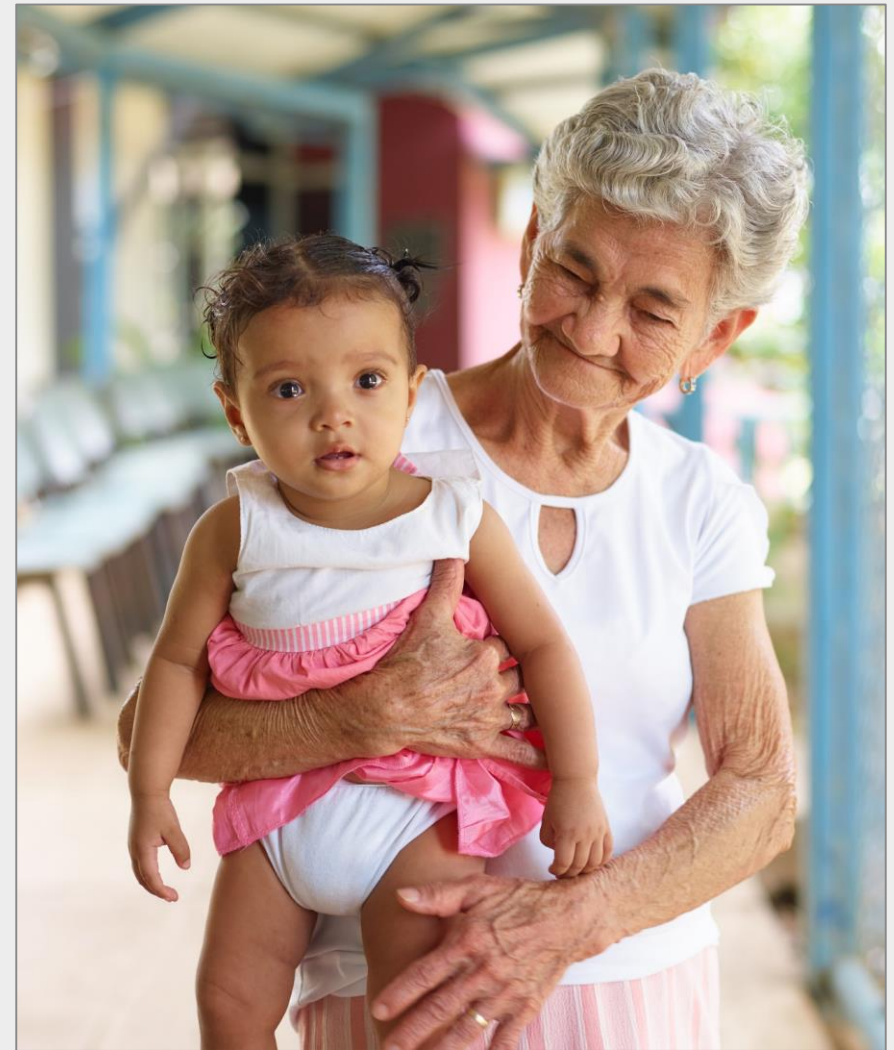
Photo Credit: Ariadne Labs, with consent of the individuals captured.

Sources: World Health Organization (WHO). https://www.who.int/news/item/22-09-2019-countries-must-invest-at-least-1-more-of-gdp-on-primary-health-care-to-eliminate-glaring-coverage-gaps.
WHO. https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-%28uhc%29; Bastos et al. 2022, "Primary Healthcare Protects Vulnerable Populations From Inequity in COVID-19 Vaccination: An Ecological Analysis of Nationwide Data From Brazil." *The Lancet Regional Health–Americas* 14 (100335). https://doi.org/10.1016/j.lana.2022.100335.

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.
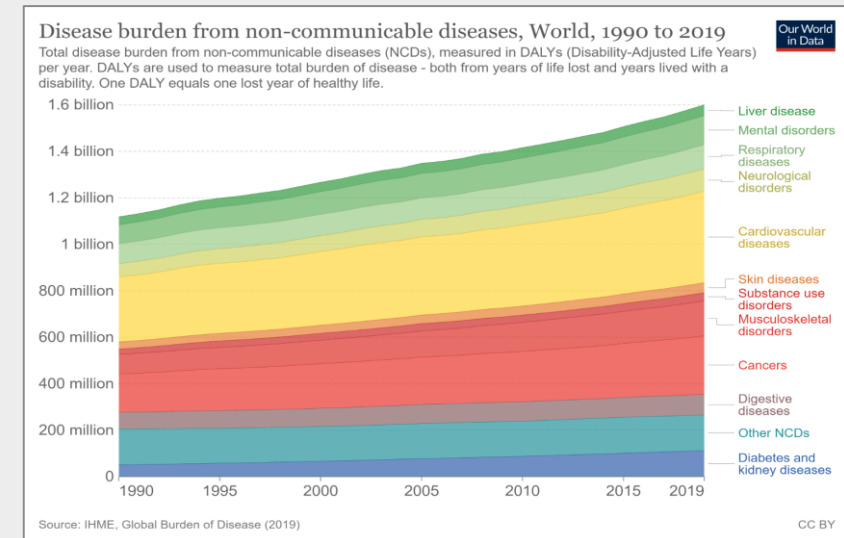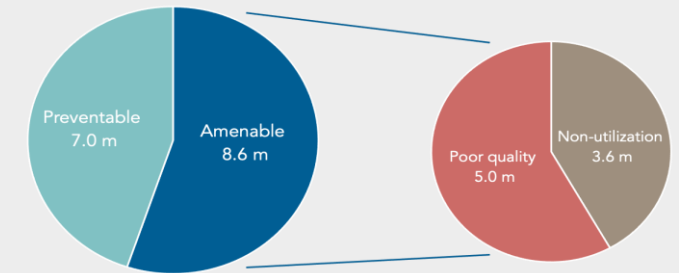 - The COVID-19 pandemic disrupted essential care more in places with weak PHC.

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

5 million deaths are due to poor quality among people using care; 3.6 million from lack of access

Preventable 7.0 m · Amenable 8.6 m · Poor quality 5.0 m · Non-utilization 3.6 m

Disease burden from non-communicable diseases, World, 1990 to 2019

Total disease burden from non-communicable diseases (NCDs), measured in DALYs (Disability-Adjusted Life Years) per year. DALYs are used to measure total burden of disease - both from years of life lost and years lived with a disability. One DALY equals one lost year of healthy life.

Liver disease, Mental disorders, Respiratory diseases, Neurological disorders, Cardiovascular diseases, Skin diseases, Substance use disorders, Musculoskeletal disorders, Cancers, Digestive diseases, Other NCDs, Diabetes and kidney diseases

Source: IHME, Global Burden of Disease (2019)   CC BY

Sources: Krug, Margaret, and Muhammad Pate. 2020. *"The Lancet Global Health</italics> Commission on High Quality Health Systems 1 Year on: Progress on a Global Imperative."*
The Lancet Global Health</italics> 8 (1): E30-E32. https://doi.org/10.1016/S2214-109X(19)30485-1; WHO. 2022. WHO Noncommunicable Diseases Progress Monitor 2022.
https://www.who.int/publications/i/item/9789240047761. World Forum, World Bank; IHME. Global Burden of Disease. https://www.healthdata.org/research-analysis/gbd.
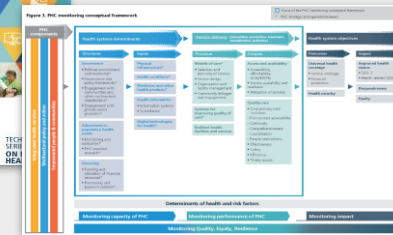
State of Global PHC Measurement:
What We Know and Where the Knowledge Gaps Are

Global PHC measurement efforts to date
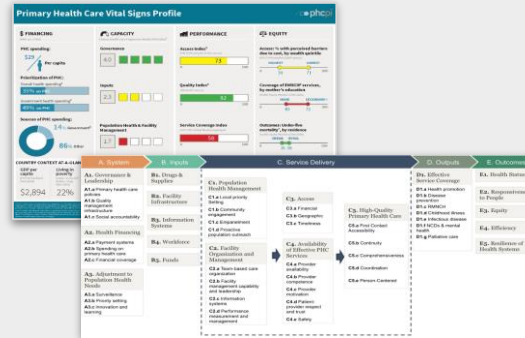
2015

2018

2022

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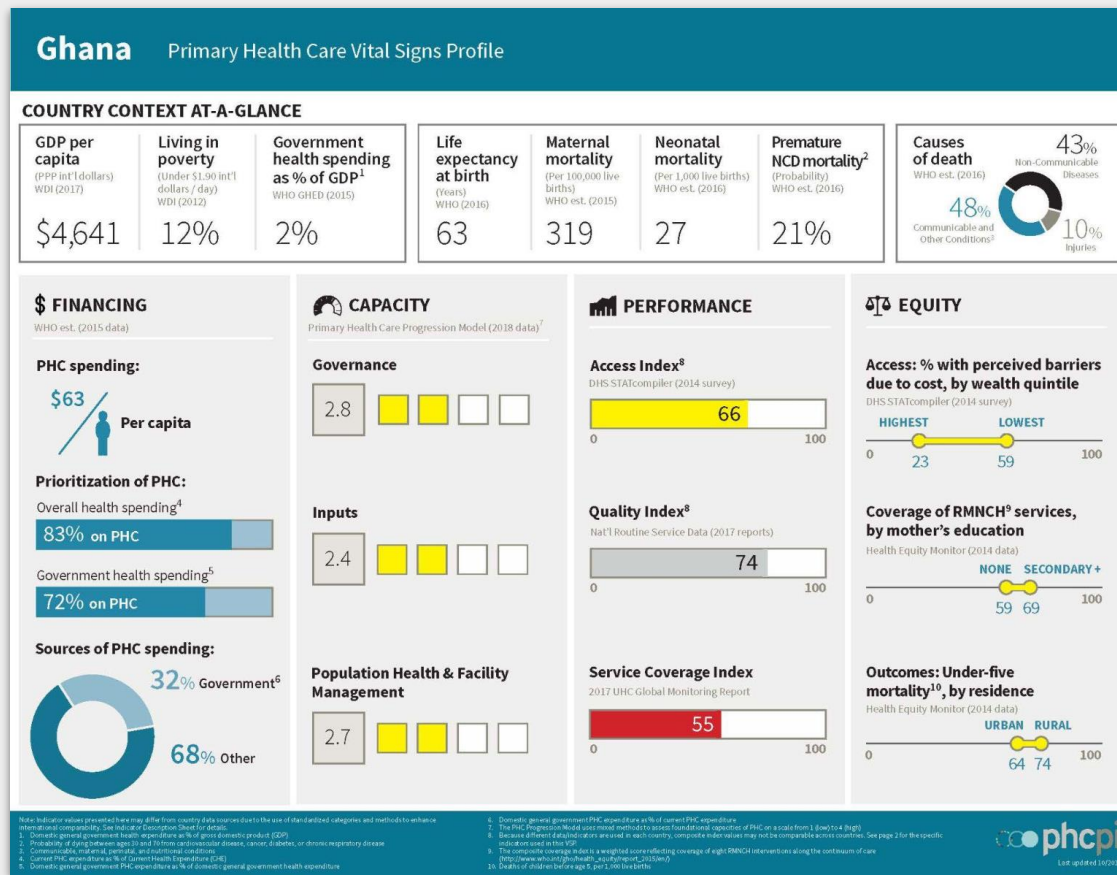
Ghana's national PHC Vital Signs Profile illuminated the need for improvements in **capacity**, **access**, and **coverage** of PHC services.

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.

6. Critical inputs–infrastructure, logistics, and supply systems.

7. Intersectoral convergence for PHC.

8. Research, knowledge, and innovation.

9. Information systems and intelligence built on PHC implementations.

phcpi

Using national measurement for policy action, investment, and health systems innovation during the COVID-19 pandemic in Mozambique

| MOZAMBIQUE	SCORE
GOVERNANCE	2.3
Governance and Leadership	2.2
Measure 1: Primary health care policies (1/2)	
Measure 2: Primary health care policies (2/2)	
Measure 3: Quality management infrastructure	
Measure 4: Social accountability (1/2)	
Measure 5: Social accountability (2/2)	
Adjustment to Population Health Needs	2.3
Measure 6: Surveillance	
Measure 7: Priority setting	
Measure 8: Innovation and learning	
INPUTS	1.6
Drugs and Supplies	1.0
Measure 9: Stock-out of essential medicines	
Measure 10: Basic equipment availability	
Measure 11: Diagnostic supplies	
Facility Infrastructure	1.0
Measure 12: Facility distribution	
Measure 13: Facility amenities	
Measure 14: Standard safety precautions and equipment	
Information Systems	1.7
Measure 15: Civil Registration and Vital Statistics	
Measure 16: Health Management Information Systems	
Measure 17: Personal care records	
Workforce	1.5
Measure 18: Workforce density and distribution	
Measure 19: Quality assurance of primary health care workforce	
Measure 20: Primary health care workforce competencies	
Measure 21: Community health workers	
Funds	3.0
Measure 22: Facility budgets	
Measure 23: Financial Management Information System	
Measure 24: Salary payment	
POPULATION HEALTH AND FACILITY MANAGEMENT	2.1
Population Health Management	2.0
Measure 25: Local priority setting	
Measure 26: Community engagement	
Measure 27: Empanelment	
Measure 28: Proactive population outreach	
Facility Organization and Management	2.2
Measure 29: Team-based care organization	
Measure 30: Facility management capability and leadership	
Measure 31: Information system use	
Measure 32: Performance measurement and management (1/2)	
Measure 33: Performance measurement and management (2/2)	

Measurement

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.

13
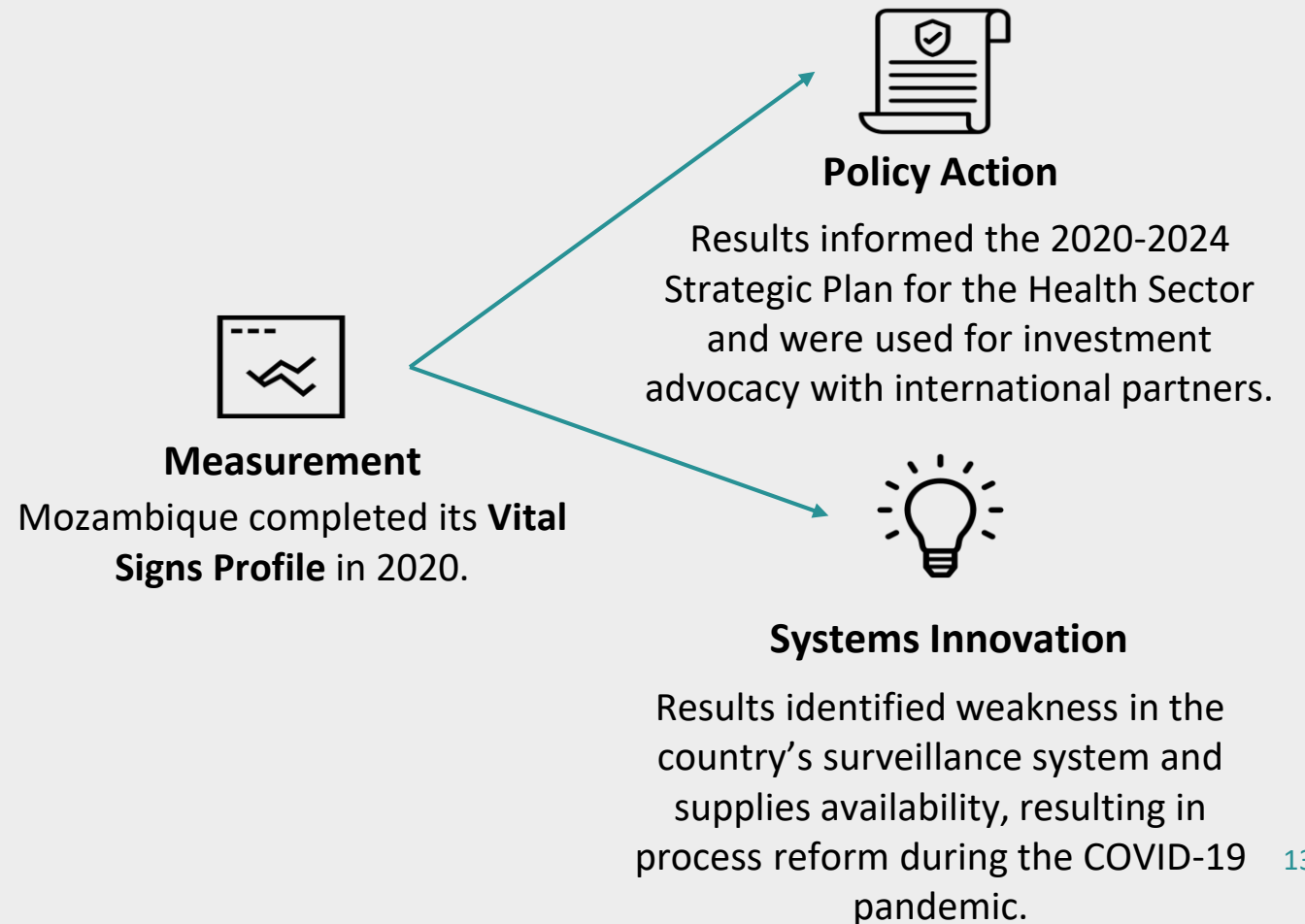
WHO/UNICEF PHCMFI consolidates previous learning and provides a framework for measuring PHC systems at the national level. It purposefully includes areas not yet well measured.

Figure 3. PHC monitoring conceptual framework
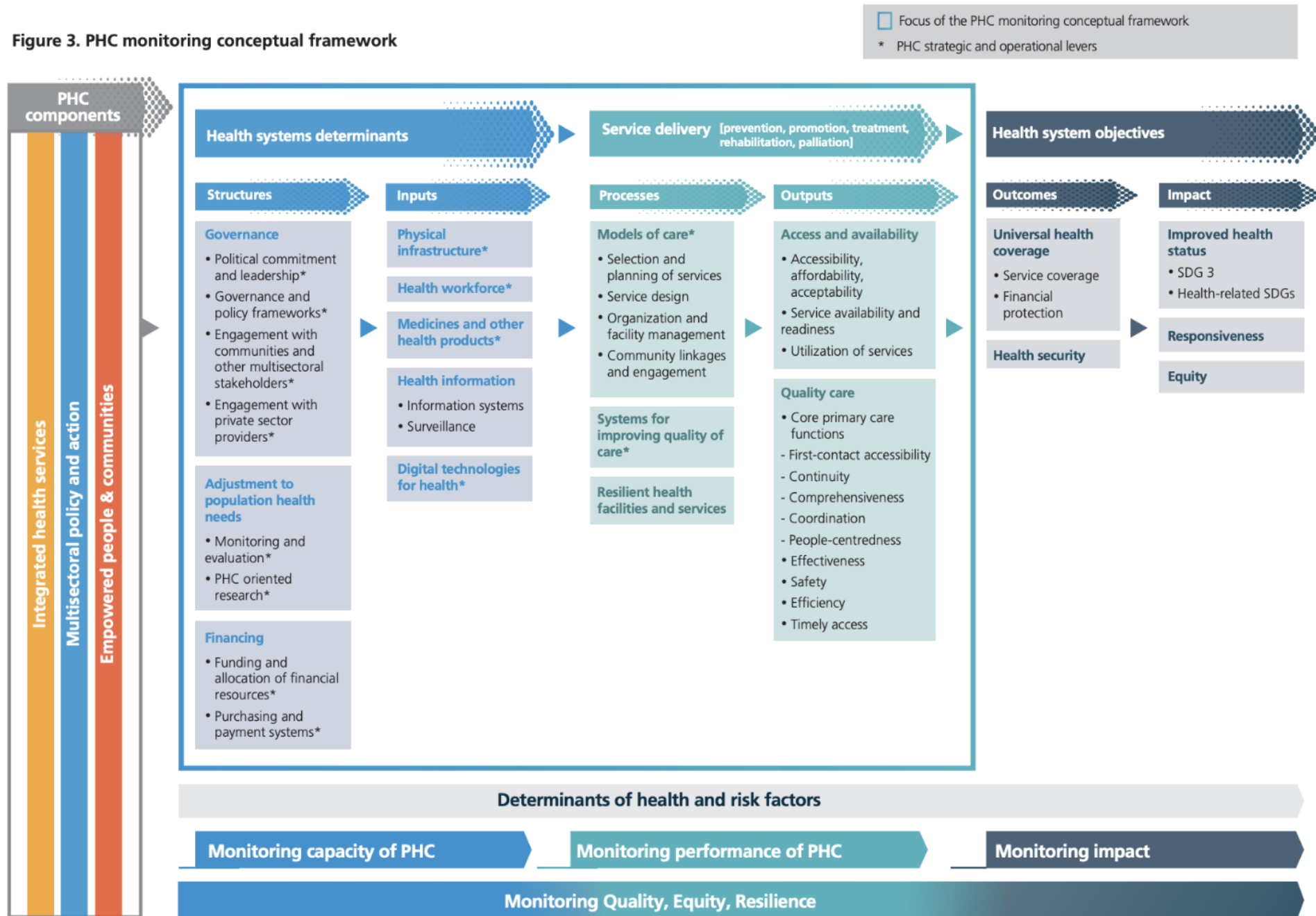
Breakout and Discussion — 10 minutes

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?

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.
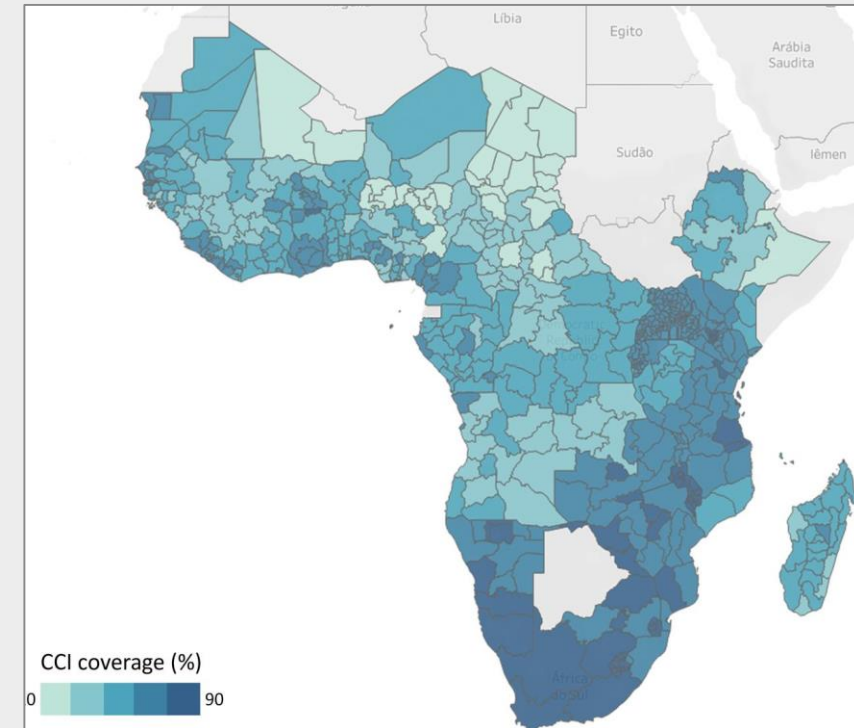
Map of composite coverage index (CCI) by subnational units in 39 countries in sub-Saharan Africa for the most recent household survey.

Sources: Faye, Cheikh Mbacké et al. 2020. "Large and Persistent Subnational Inequalities in Reproductive, Maternal, Newborn and Child Health Intervention Coverage in Sub-Saharan Africa." *BMJ Global* Health 5: e002232; Gaitán-Rossi, Pablo et al. 2022. A Qualitative Assessment of the Essential Health and Nutrition Service Delivery in the Context of COVID-19 in Bangladesh: The Perspective of Divisional Directors. *Healthcare*. 10 (9): 1619. doi: 10.3390/healthcare10091619; Ramadan, Marwa et al. 2023. " Capacity and Quality of Maternal and Child Health Services Delivery at the Subnational Primary Healthcare Level in Relation to Intermediate Health Outputs: A Cross-Sectional Study of 12 Low-Income and Middle-Income Countries." *BMJ Open* 13 (1): e065223. doi: 10.1136/bmjopen-2022-065223.

Successful PHC Systems Deliver the Five Core Functions (5Cs) of High-Quality Primary Care
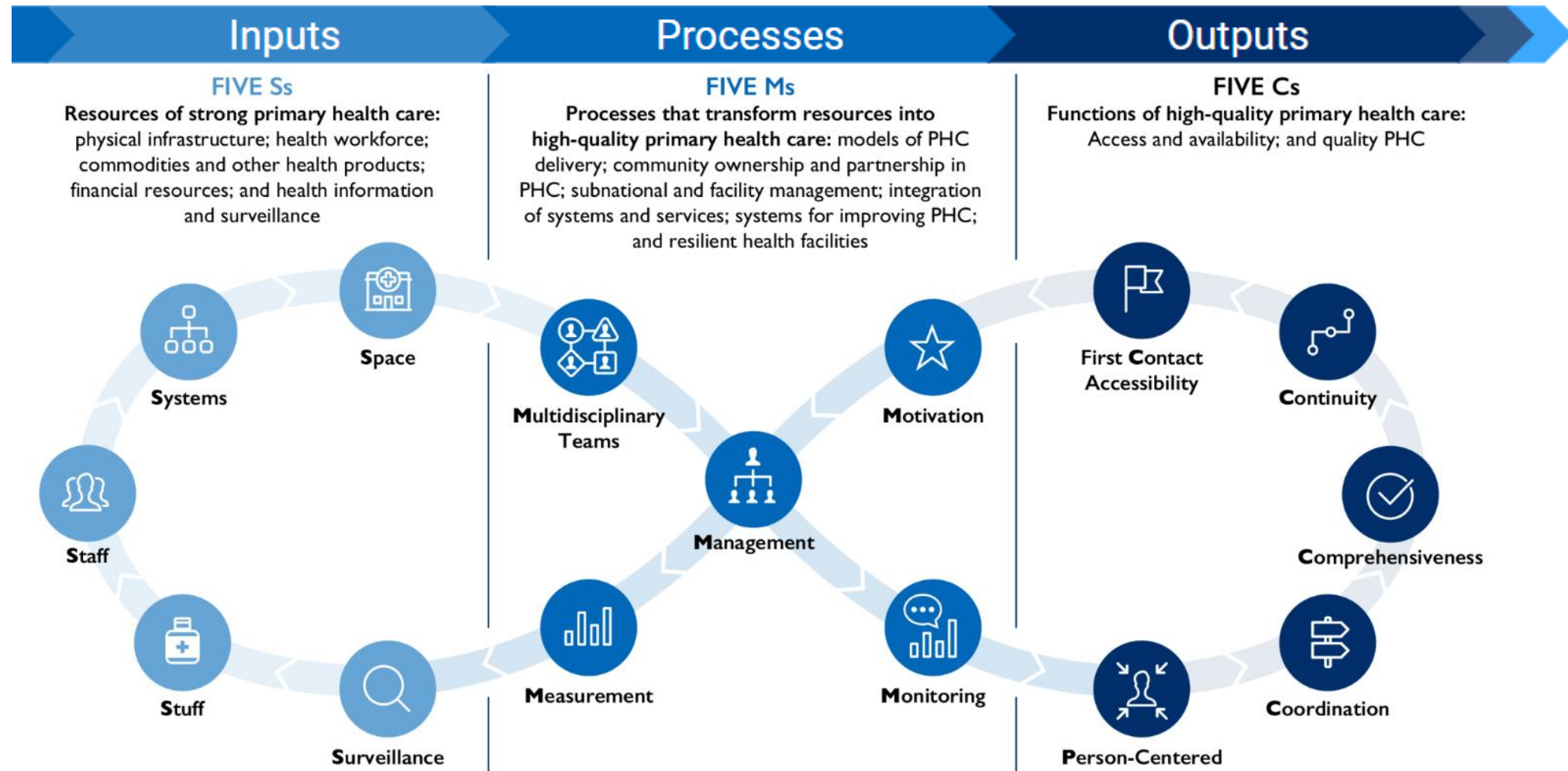
Gaps in **Currently Available** Routine and Subnational Measurement of Key Transformative Processes

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

Multidisciplinary Teams

Motivation

Management

Measurement

Monitoring

- 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).

Source: QuEST. "People's Voice Survey." https://questnetwork.org/peoples-voice-survey.
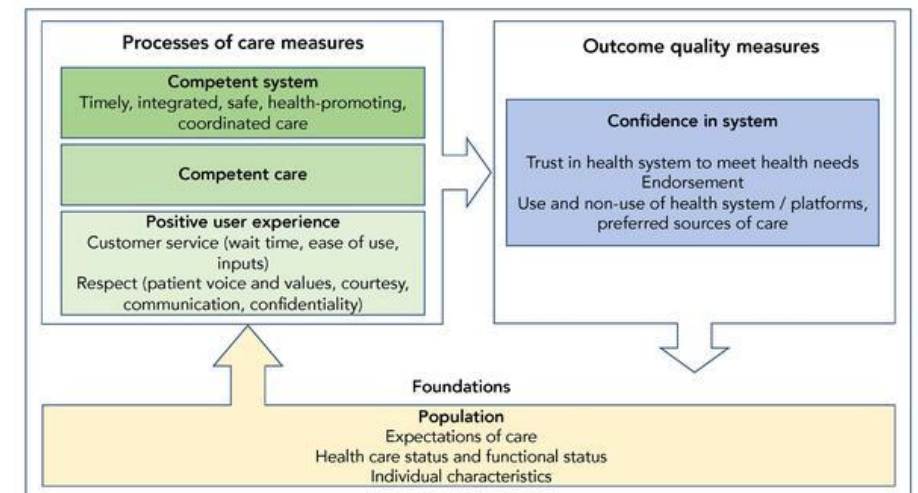
Subnational measurement of the PHC system and use for improvement in Gujarat, India

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.

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

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

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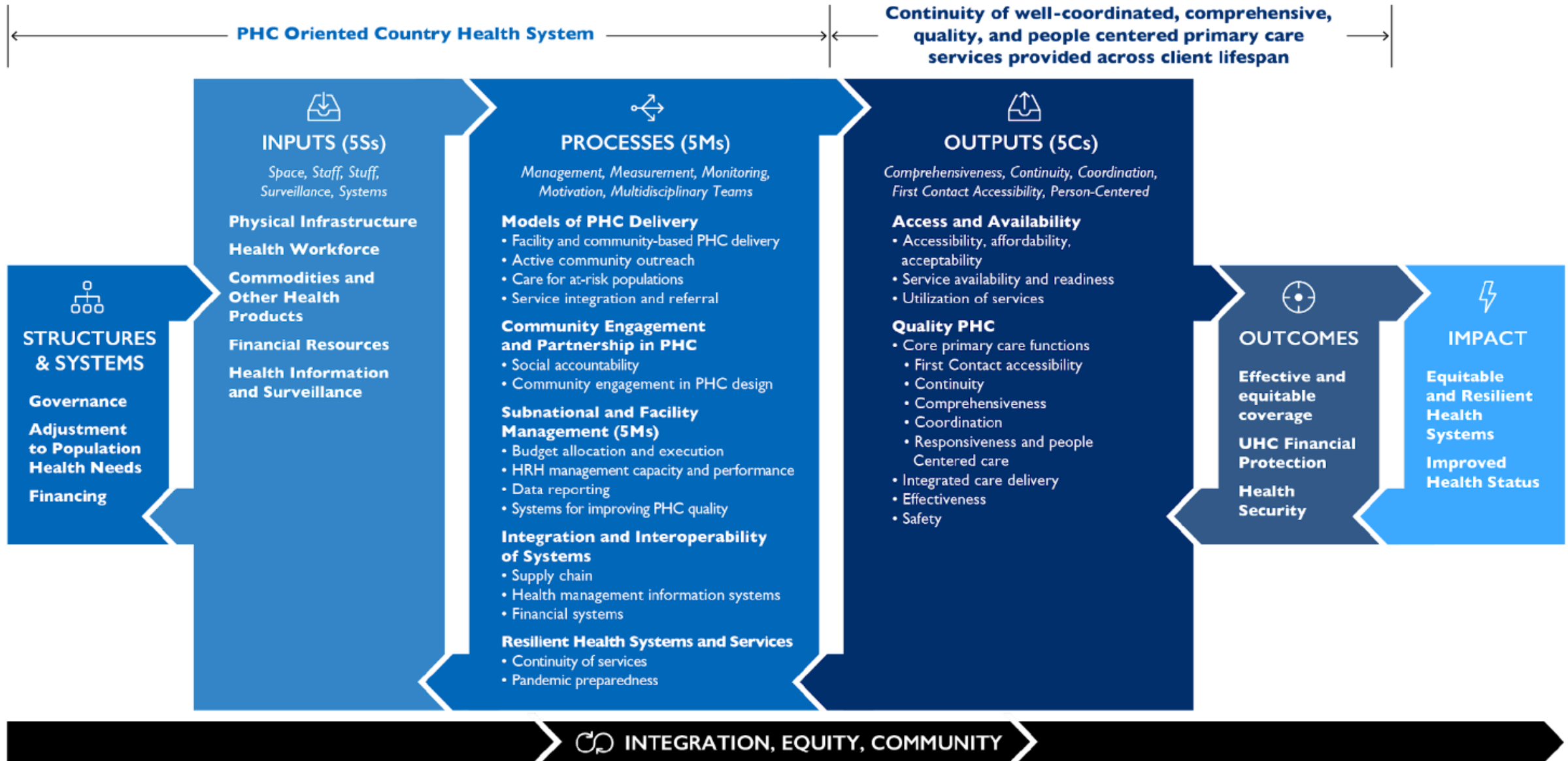
M4A Aligns With Global Measurement Work and Takes It to the Subnational Level

Figure 3. PHC monitoring conceptual framework
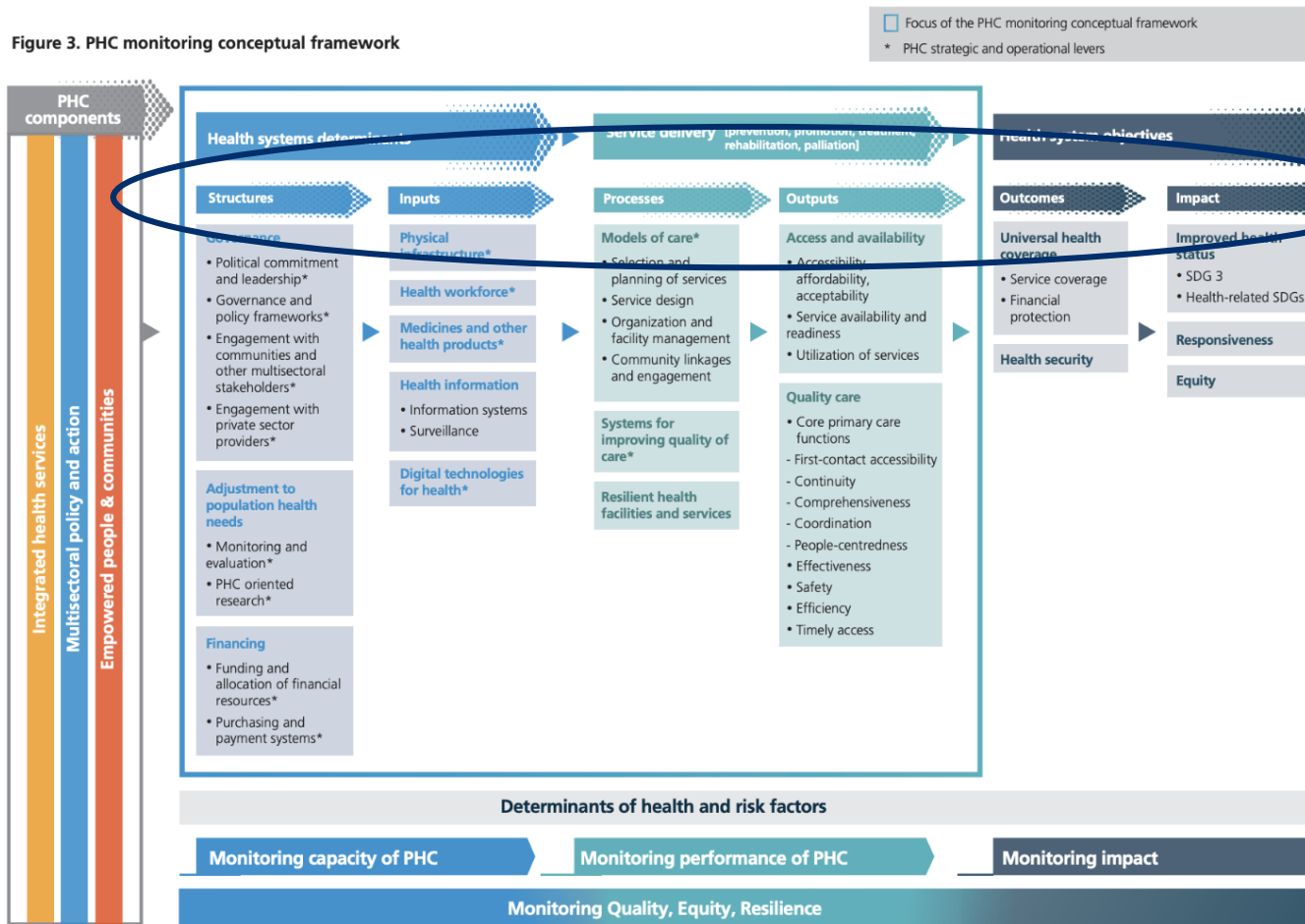
Primary Impact's measurement framework is anchored on the same conceptual categories:

Structures (and Systems)
Inputs
Processes
Outputs
Outcomes
Impact
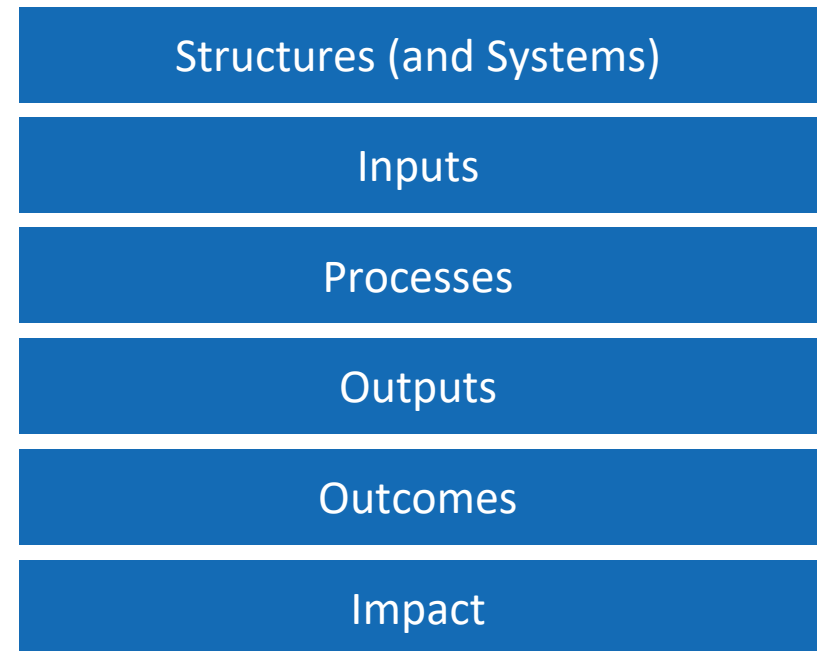
Source: WHO. 2022. "Primary Health Care Measurement Framework and Indicators: Monitoring Health Systems Through a Primary Health Care Lens." https://www.who.int/publications/i/item/9789240044210.

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

Figure 3. PHC monitoring conceptual framework
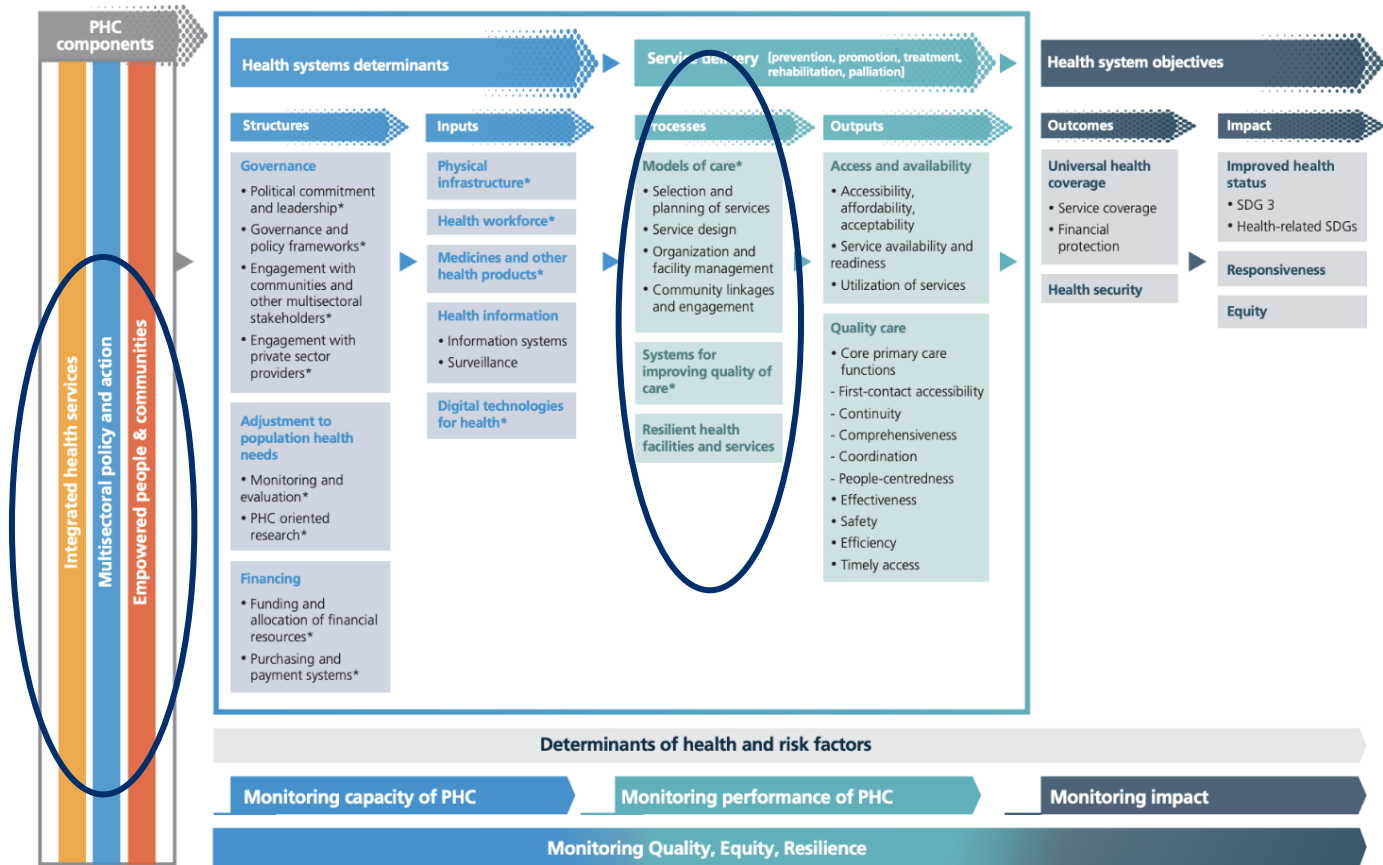
M4A focuses measurement on similar PHCMFI processes. It also elevates **Integrated health services** and **Empowered people and communities** from PHC components to specific areas of measurement within **Processes**.

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:

Available or measurable at the right levels

Leverage existing relevant and timely data

Reflect key inputs, processes, and outputs

Can be disaggregated to assess equity at the subnational level

Better reflect three main levers–integration, workforce, quality and equity–and actionable areas for change

Target new measures for areas not previously captured

Prioritized Core Indicators Span 10 Domains

PHC Oriented Country Health System

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

STRUCTURES & SYSTEMS

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

- Physical Infrastructure
- Health Workforce
- Commodities and Other Health Products

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

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

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

- Access & Availability
- Quality PHC

OUTCOMES
- Effective and Equitable Coverage

IMPACT
- Improved Health Status

Core Indicators Will Capture PHC Status Across Three Levels of the Health System, With Frequency of Data Collection Determined by Measurement Group

Frequency	Measurement Group	Facility	Subnational	National	Total
Baseline + endline	**PHC Foundations** — Areas critical for PHC governance, design, and delivery but not easily changed or directly targeted by USAID's PHC work	2	1	1	**4**
	Measuring for Impact* — Longer-term outcomes and impacts representing the main goals of USAID's PHC work		1	3	**4**
Baseline + endline + Every 6 months	**Monitoring for Change** — Areas USAID can directly or indirectly strengthen for timely change within 3 months to a year	21	2	0	**23**
	Total	**23**	**4**	**4**	**31****

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

Done at baseline.

*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.
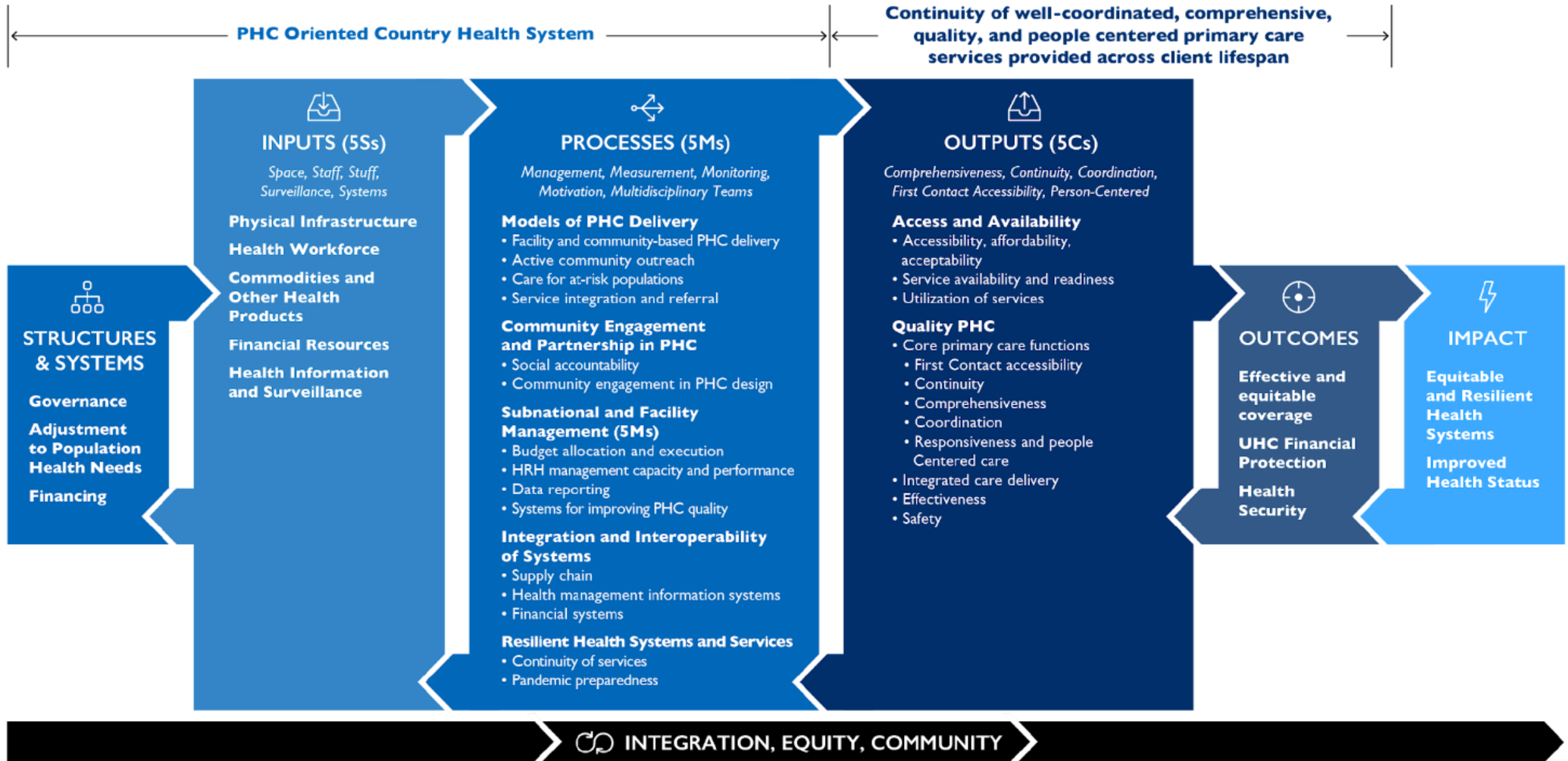
In Summary

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

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

STRUCTURES & SYSTEMS

Governance

Adjustment to Population Health Needs

Financing

INPUTS (5Ss)

Space, Staff, Stuff, 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

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?

We are here

2023											
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

FOUNDATIONAL MEASUREMENT STEPS

Framework development	████										
Indicator and checklist development		████████									
Indicator prioritization				███							
Planning/developing visualizations					████						
Develop data collection platform					████						
Onboard Data Consultants/Leads						███					

FOCUS SNU DATA COLLECTION STEPS

Map MOH processes and data								●──			
Customization of data collection platform									──		
Train IP data collectors									──		
Collect data										──	
Visualize data										──	

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

@USAID_MOMENTUM

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USAID MOMENTUM

Appendix

Recommended core indicators (1 of 2)

ID	Domain	Subdomain	Short Indicator Name	F	SNU	N
IN1	Physical Infrastructure		**Facilities meet core physical infrastructure requirements**	M4C		
IN3	Health Workforce		Health worker vacancy rates	M4C		
IN5A	Commodities and Other Health Products		**Availability of essential medicines**	M4C		
IN5B			**Availability of priority medical equipment and other medical devices (national standards)**	M4C		
P1B	Models of PHC Delivery	Facility and community-based PHC delivery	**Existence of formal Community Health Worker program**			PHC-F
P2A		Active community outreach	**Proactive population outreach occurring**	M4C		
P3			Existence of an Empanelment System which assigns patients to providers and is used for active population outreach	PHC-F		
P5	Community Engagement and Partnership in PHC	Social accountability	Extent to which subnational units and facilities ensure social accountability of PHC to the community served	M4C	M4C	
P6	Subnational and Facility Management (5Ms)	Budget allocation and execution	**Existence of facility budgets and expenditures meeting criteria**	M4C		
P8A		HRH—management capacity and performance	A. Supportive supervision routinely conducted	M4C		
P8B			**B. Provider availability (absence rate)**	M4C		
P8C			*Facility and district management capability and leadership*	M4C	M4C	
P15		Systems for improving PHC quality	Performance measurement and management for PHC quality improvement	M4C		
P16			**Facilities have systems to support quality improvement and safety**	M4C		

Recommended core indicators (2 of 2)

ID	Domain	Subdomain	Short Indicator Name	F	SNU	N
OP1A	Access and Availability	Accessibility, affordability, acceptability	**Geographical access to PHC services**		PHC-F	
OP4	Quality PHC	First-contact accessibility	**Patient-reported experience of first-contact accessibility**	M4C		
OP5A		Continuity	Service gaps between ANC1-ANC4, DPT1/Penta1-DPT3/Penta3	M4C		
OP5B			**Patient-reported experience of service continuity**	M4C		
OP6			Existence of referral completion tracking system (facility)	PHC-F		
OP7		Comprehensiveness	**Patient-reported experience of comprehensiveness**	M4C		
OP8A		Coordination	Completion of referral loops	M4C		
OP8B			**Patient-reported experience of coordination**	M4C		
OP9A		Responsive and people-centered care	**Patient-reported experience of responsiveness and trust in care**	M4C		
OP9B			Facilities have mechanism for patient complaints and feedback	M4C		
OP10		Integrated care delivery	Composite indicator for integrated service delivery	M4C		
OC1	Effective and Equitable Coverage	Coverage	*Health Service Coverage Index**		M4I	M4I
IMP2B	Improved Health Status	Child and maternal deaths prevented	*All-cause U5 mortality rate*			M4I
IMP2D	Improved Health Status		*Women's mortality (15-49)*			M4I