

The importance of data from Primary Health Care Facilities

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The power of healthcare facility data

Save and improve quality of life



Healthcare facility data help countries to reduce premature mortality

Improve quality of care – HCF data

- Monitor the continuity and line of care
- Improve diagnosis and adherence to treatment
- Improve quality of care of those people living with more than 1 condition (multimorbidity)

People-centered approach

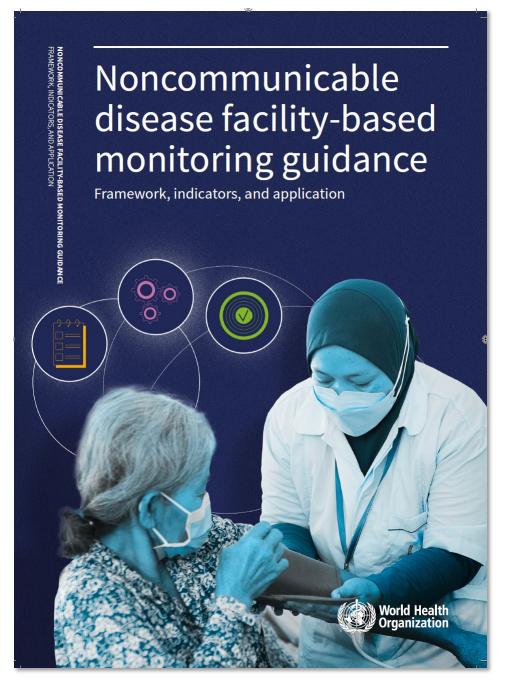
Requires an information system with a peoplecentered approach instead focusing the data collection on individual disease/condition - *interoperability*

Noncommunicable disease facility-based monitoring guidance Framework, indicators, and application

A set of relevant, valid, and feasible standardized indicators to guide recording and reporting of health services data at the primary care level.

22 core indicators and 59 optional indicators for monitoring primary care essential interventions for CVDs including hypertension, as well as diabetes, asthma, COPD, breast cancer, cervical cancer, childhood cancer and other cancers.

Countries can use this framework to strengthen monitoring for NCDs by leveraging existing national health information systems, particularly routine health facility reporting systems and health facility survey systems.









PROGRAMME OBJECTIVES

HYPERTENSION AND CARDIOVASCULAR DISEASES

INPUTS/PROCESSES

System capacity and management

- Availability of hypertension core medicines
- Availability of cardiovascular disease core medicines
- Availability of a functional blood pressure measuring device

Number of health facilities reporting "no stock-out" of CVD/Hypertension core medicines

OUTPUTS

Early detection and diagnosis

- Assessment of cardiovascular disease risk (aged ≥40 years)
- Screening for hypertension among adults as part of routine service
- Hypertension detection from opportunistic screening

Complication assessment

 Assessment for chronic kidney disease among people newly diagnosed with hypertension

OUTCOMES

Disease control

- Blood pressure control among people with hypertension
- Blood pressure control among people with hypertension (follow-up)

Core

Optional

Data sources: routine facility reporting systems; patient information systems/electronic medical records; logistic management information systems; health workforce information systems; health facility assessments/surveys.





PROGRAMME **DETERMINANTS**





PROGRAMME OBJECTIVES

DIABETES

INPUTS/PROCESSES

System capacity and management

- Availability of diabetes core medicines
- Availability of plasma glucose testing
- Availability of Hemoglobin A1c testing

OUTPUTS

Treatment

- Pharmacological treatment among people with diabetes
- Statin therapy among people with diabetes
- Pharmacological treatment for chronic kidney disease among people with diabetes
- Pharmacological treatment for hypertension among people with diabetes

Complication assessment

- Assessment for diabetic chronic kidney disease among people with diabetes
- Assessment for diabetic foot among people with diabetes
- Referral for retinopathy screening among people with diabetes

OUTCOMES

- Glycaemic control among people with diabetes
- Glycaemic control among people with diabetes (follow-up)
- Chronic kidney disease among people with diabetes
- Lower-limb amputation among people with diabetes
- Blindness among people with diabetes







PROGRAMME OBJECTIVES

ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE

INPUTS/PROCESSES

System capacity and management

- Availability of asthma core medicines
- Availability of chronic obstructive pulmonary disease core medicines
- Availability of peak flow meter and mouthpiece

OUTPUTS

Early detection and diagnosis

- Asthma diagnosis using peak flow measurement
- Chronic obstructive pulmonary disease diagnosis using peak flow measurement

Treatment

- Treatment among people with asthma
- Treatment among people with chronic obstructive pulmonary disease

OUTCOMES

- 🕨 Asthma control
- Chronic obstructive pulmonary disease control
- Emergency visit among people with asthma
- Emergency visit among people with chronic obstructive pulmonary disease



System capacity and management

PROGRAMME DETERMINANTS





PROGRAMME OBJECTIVES

BREAST CANCER

INPUTS/PROCESSES

Core

Optional

OUTPUTS

Early detection and diagnosis

- Clinical breast evaluation for early diagnosis of breast cancer among women aged 30–49 years with signs and/or symptoms associated with breast cancer
- Timeliness of referral for breast cancer diagnosis among women aged 30–49 years with associated signs and/or symptoms of breast cancer who had suspicious findings from clinical breast evaluation
- Referral for mammography screening among women aged 50–69 years
- Timeliness of breast cancer confirmatory diagnosis among women aged 30–49 years with suspicious findings from clinical breast evaluation

Treatment

 Timeliness of breast cancer treatment among women aged 30–49 years with suspicious findings from clinical breast evaluation

OUTCOMES







PROGRAMME OBJECTIVES

CERVICAL CANCER

INPUTS/PROCESSES

System capacity and management

- Availability of human papillomavirus testing
- Availability of Pap smear testing
- testing

Availability of visual inspection with acetic acid

Core Optional

OUTPUTS

Early detection and diagnosis

- Cervical cancer screening with high performance test among women aged 30–49 years
- Cervical cancer screening among women aged 30-49 years
- Cervical cancer screening test positivity among women aged 30–49 years
- Cervical cancer rescreening among women aged 30–49 years

Treatment

- Pre-invasive cervical disease treatment among women aged 30–49 years
- Timeliness of referral for cervical cancer diagnosis among women aged 30–49 years with suspicious findings from cervical cancer screening

OUTCOMES







PROGRAMME OBJECTIVES

CHILDHOOD CANCER		
INPUTS/PROCESSES	OUTPUTS	OUTCOMES
System capacity and management	Early detection and diagnosis	Disease control
	Clinical evaluation for early diagnosis of childhood cancer among children with signs and/ or symptoms associated with childhood cancer	
	Timeliness of referral for childhood cancer diagnosis among children with associated signs and/or symptoms of childhood cancer who had suspicious findings from clinical evaluation	
GENERAL CANCERS		
INPUTS/PROCESSES	OUTPUTS	OUTCOMES
System capacity and management	Early detection and diagnosis	Disease control
	Clinical evaluation for early diagnosis of cancer among people with signs and/or symptoms associated with cancer	



CROSS-CUTTING

INPUTS/PROCESSES

System capacity and management

- Availability of trained staff
- Completeness and timeliness of reporting by health facilities
- Facilities receiving supervisory visit

OUTPUTS

Early detection and diagnosis

Loss to follow-up

Treatment

Loss to follow-up

Complication assessment

Loss to follow-up

OUTCOMES



Thank you



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