



**World Health
Organization**

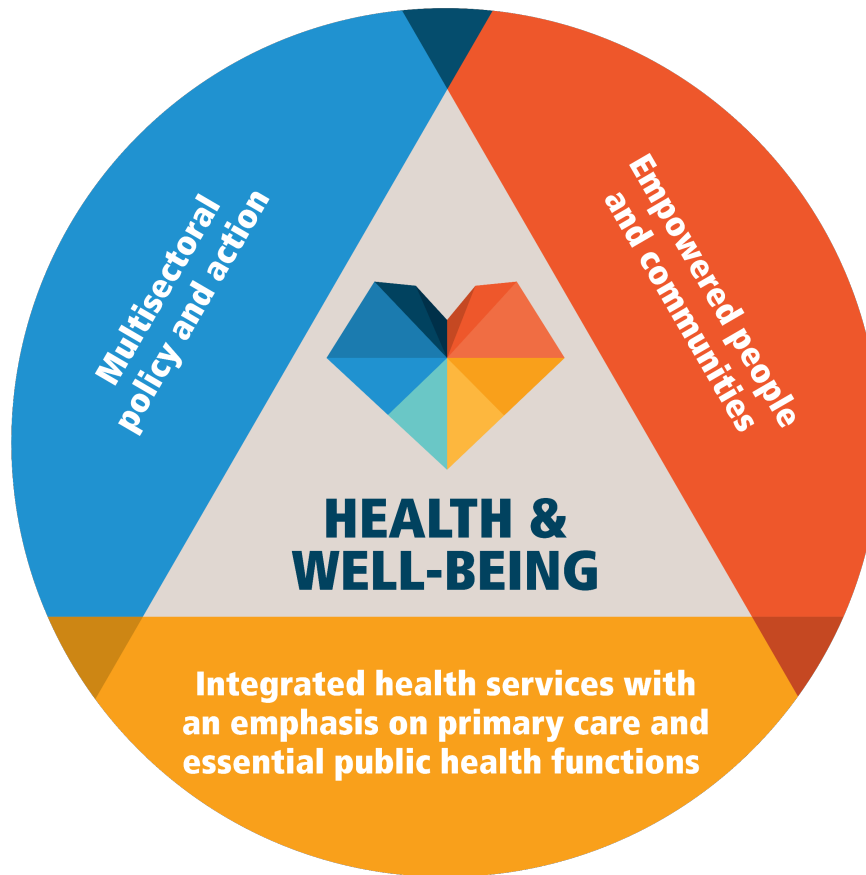
PHC performance measurement for improvement

Monitoring framework and indicators



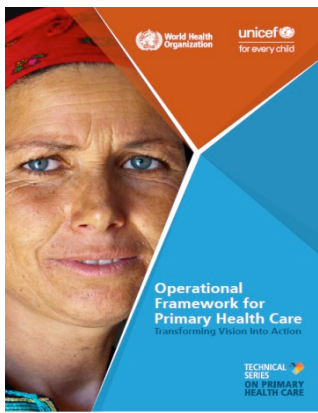
Primary Health Care (PHC): From declaration and vision to implementation

PHC comprehensive approach: 3 components

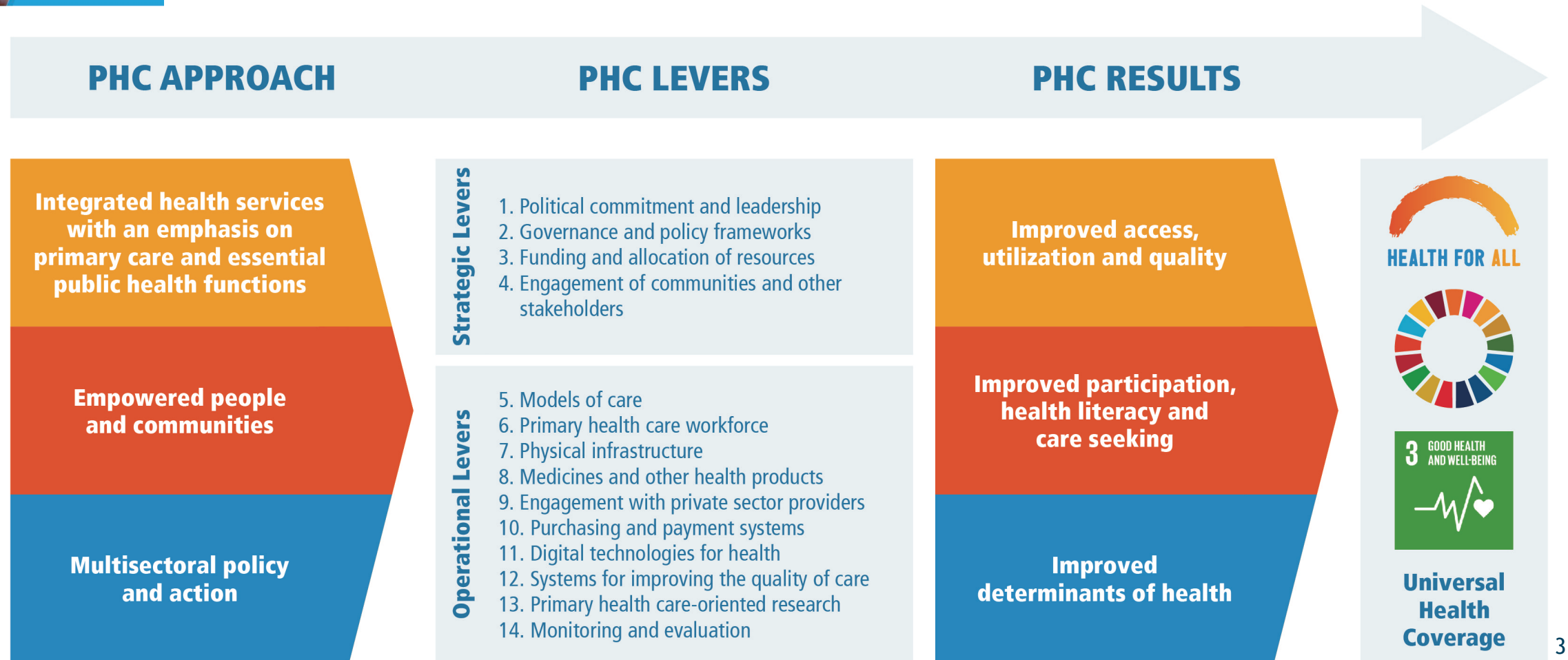


In 2019, through World Health Assembly (WHA) resolution ([WHA72.2 resolution on PHC](#)), Member States:

- ☐ Welcomed the Declaration of Astana, reinforcing commitments to strengthen a PHC approach for accelerated progress on UHC & SDGs
- ☐ Called upon WHO to:
 - ☐ Develop an operational framework for PHC to support country efforts to translate this vision into action
 - ☐ Develop a measurement framework to support monitoring progress in PHC strengthening
 - ☐ Report regularly to WHA on progress made in strengthening PHC globally



Operational Framework for Primary Health Care (WHO & UNICEF, 2020 - [view publication](#))



PHC performance improvement: Monitoring framework and indicators

Objective 1:

Strengthen country capacities to track and monitor progress in PHC performance improvement

- Provide a menu of indicators to respond to country contexts & system maturity
- Support countries to assess, plan, manage and prioritize actions and interventions for PHC strengthening, based on operational and strategic levers
- Address under-measured domains in PHC

Objective 2:

Align PHC monitoring with national and global monitoring frameworks for UHC & SDGs


- Align with national planning and review processes
- Align with existing national and global monitoring efforts for health systems, UHC and SDGs
- Provide a comprehensive, coherent approach to monitoring for PHC-oriented health systems strengthening

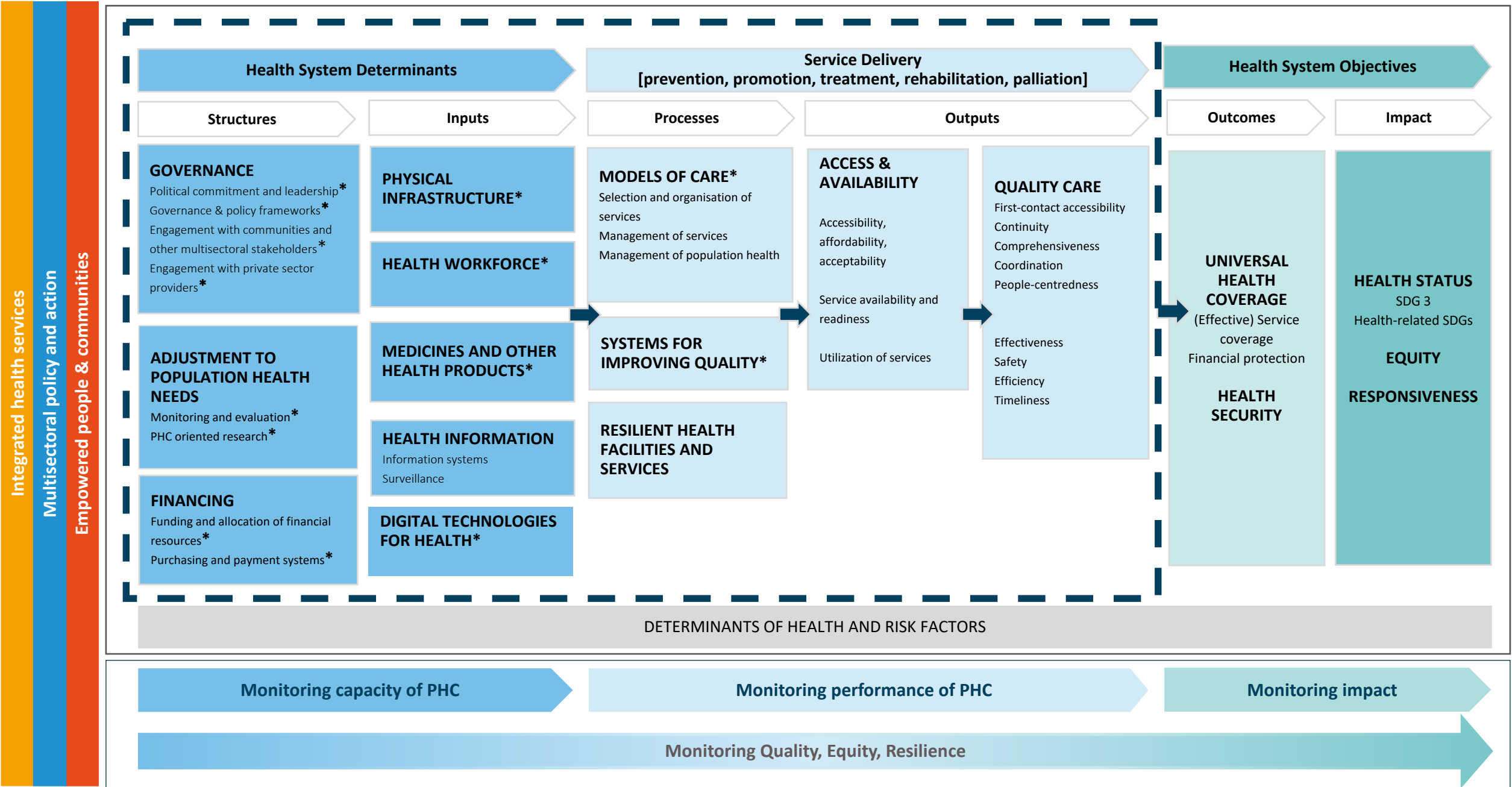
Objective 3:

Support global tracking of progress in strengthening PHC within context of UHC

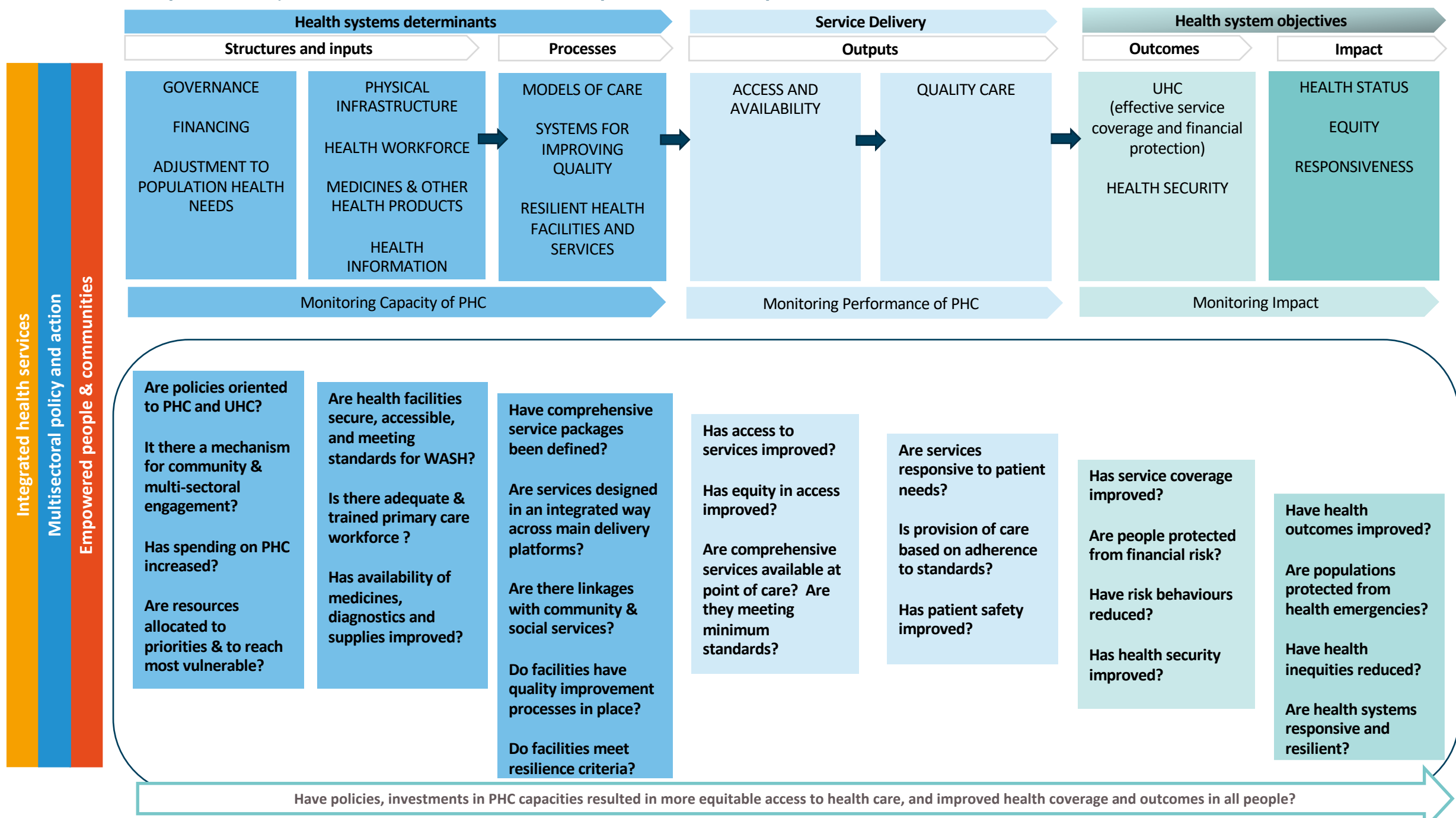
- Recommend parsimonious set of indicators for regional and global reporting
- Support development of first PHC report (2021 and 2022)

PHC FOR UHC AND SDGs: MONITORING AND EVALUATION CONCEPTUAL FRAMEWORK

 Focus of the PHC M&E framework
* PHC strategic & operational levers



Stepwise analysis to assess and monitor PHC performance improvement



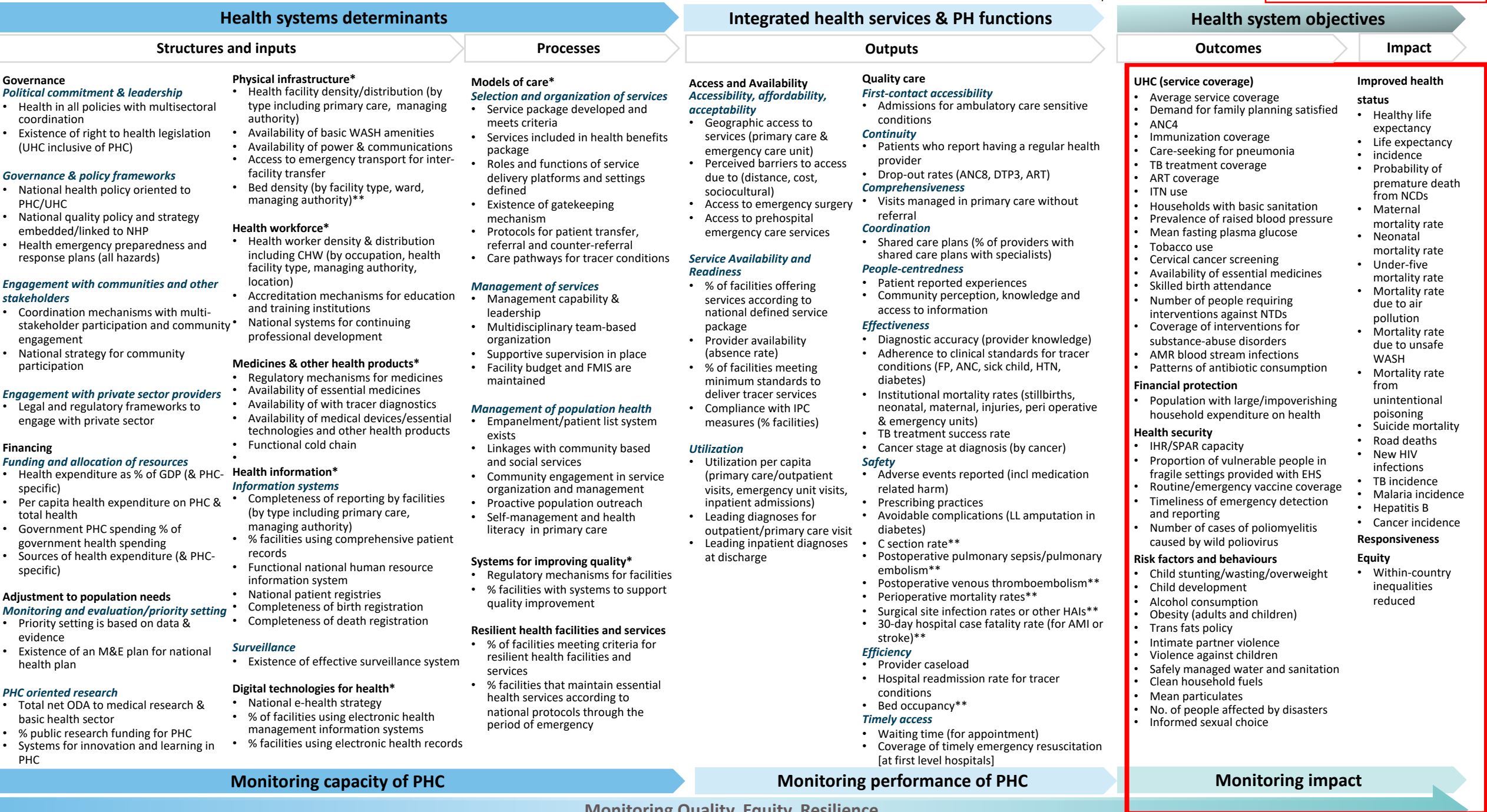
PHC M&E FOR UHC AND SDGS: Menu of indicators

* PHC strategic & operational levers
** hospital-oriented indicators

PHC capacity and performance indicators

Health systems determinants		Service Delivery [prevention, promotion, treatment, rehabilitation, palliation]			Health system objectives		
Structures and inputs		Processes	Outputs		Outcomes	Impact	
<p>Governance <i>Political commitment & leadership*</i></p> <ul style="list-style-type: none">Health in all policies with multisectoral coordinationExistence of right to health legislation <p><i>Governance & policy frameworks*</i></p> <ul style="list-style-type: none">Existence of national health policy oriented to PHC/UHCExistence of policy, strategy or plan for improvement of quality and safetyExistence of health emergency and disaster risk management strategiesMultisectoral policies for health <p><i>Engagement with communities and other multisectoral stakeholders*</i></p> <ul style="list-style-type: none">Coordination mechanisms with multi-stakeholder participation and community engagementNational, sub-national and local strategies for community participation <p><i>Engagement with private sector providers*</i></p> <ul style="list-style-type: none">Evidence of effective stewardship of mixed health systems <p>Adjustment to population needs <i>Monitoring and evaluation*</i></p> <ul style="list-style-type: none">Priority setting is informed by data & evidenceExistence of an M&E framework for national health plan meeting criteria <p><i>PHC oriented research</i></p> <ul style="list-style-type: none">Total net ODA to medical research & basic health sector% public research funding for PC research <p>Financing <i>Funding and allocation of resources*</i></p> <ul style="list-style-type: none">Health expenditure as % of GDP (& PHC-specific)Per capita health expenditure on health (& PHC-specific)Government PHC spendingSources of expenditure on health (PHC-specific)Contingency funds available for emergencies <p><i>Purchasing & payment systems*</i></p> <ul style="list-style-type: none">Appropriate provider payment methodsHealth financing follows established guidelines		<p>Physical infrastructure*</p> <ul style="list-style-type: none">Health facility density/distribution (by type including primary care, managing authority)Availability of basic WASH amenitiesAvailability of power & communicationsAccess to emergency transport for inter-facility transferBed density (by facility type, ward, managing authority)** <p>Health workforce*</p> <ul style="list-style-type: none">Health worker density & distribution including CHW (by occupation, health facility type, managing authority, location)Accreditation mechanisms for education and training institutionsNational systems for continuing professional development <p>Medicines & other health products*</p> <ul style="list-style-type: none">Regulatory mechanisms for medicinesAvailability of essential medicinesAvailability of with tracer diagnosticsAvailability of medical devices/essential technologies and other health productsFunctional cold chain <p>Health information* <i>Information systems</i></p> <ul style="list-style-type: none">Completeness of reporting by facilities (by type including primary care, managing authority)% facilities using comprehensive patient recordsFunctional national human resource information systemNational patient registriesCompleteness of birth registrationCompleteness of death registration <p><i>Surveillance</i></p> <ul style="list-style-type: none">Existence of effective surveillance system <p>Digital technologies for health*</p> <ul style="list-style-type: none">National e-health strategy% of facilities using electronic health management information systems% facilities using electronic health records	<p>Models of care* <i>Selection and organization of services</i></p> <ul style="list-style-type: none">Service package developed and meets criteriaServices included in health benefits packageRoles and functions of service delivery platforms and settings definedExistence of gatekeeping mechanismProtocols for patient transfer, referral and counter-referralCare pathways for tracer conditions <p><i>Management of services</i></p> <ul style="list-style-type: none">Management capability & leadershipMultidisciplinary team-based organizationSupportive supervision in placeFacility budget and FMIS are maintained <p><i>Management of population health</i></p> <ul style="list-style-type: none">Empanelment/patient list system existsLinkages with community based and social servicesCommunity engagement in service organization and managementProactive population outreachSelf-management and health literacy in primary care <p>Systems for improving quality*</p> <ul style="list-style-type: none">Regulatory mechanisms for facilities% facilities with systems to support quality improvement <p>Resilient health facilities and services</p> <ul style="list-style-type: none">% of facilities meeting criteria for resilient health facilities and services% facilities that maintain essential health services according to national protocols through the period of emergency	<p>Access and Availability <i>Accessibility, affordability, acceptability</i></p> <ul style="list-style-type: none">Geographic access to services (primary care & emergency care unit)Perceived barriers to access due to (distance, cost, sociocultural)Access to emergency surgeryAccess to prehospital emergency care services <p><i>Service Availability and Readiness</i></p> <ul style="list-style-type: none">% of facilities offering services according to national defined service packageProvider availability (absence rate)% of facilities meeting minimum standards to deliver tracer servicesCompliance with IPC measures (% facilities) <p><i>Utilization</i></p> <ul style="list-style-type: none">Utilization per capita (primary care/outpatient visits, emergency unit visits, inpatient admissions)Leading diagnoses for outpatient/primary care visitLeading inpatient diagnoses at discharge	<p>Quality care <i>First-contact accessibility</i></p> <ul style="list-style-type: none">Admissions for ambulatory care sensitive conditions <p><i>Continuity</i></p> <ul style="list-style-type: none">Patients who report having a regular health providerDrop-out rates (ANC8, DTP3, ART) <p><i>Comprehensiveness</i></p> <ul style="list-style-type: none">Visits managed in primary care without referral <p><i>Coordination</i></p> <ul style="list-style-type: none">Shared care plans (% of providers with shared care plans with specialists) <p><i>People-centredness</i></p> <ul style="list-style-type: none">Patient reported experiencesCommunity perception, knowledge and access to information <p><i>Effectiveness</i></p> <ul style="list-style-type: none">Diagnostic accuracy (provider knowledge)Adherence to clinical standards for tracer conditions (FP, ANC, sick child, HTN, diabetes)Institutional mortality rates (stillbirths, neonatal, maternal, injuries, peri operative & emergency units)TB treatment success rateCancer stage at diagnosis (by cancer) <p><i>Safety</i></p> <ul style="list-style-type: none">Adverse events reported (incl medication related harm)Prescribing practicesAvoidable complications (LL amputation in diabetes)C section rate**Postoperative pulmonary sepsis/pulmonary embolism**Postoperative venous thromboembolism**Perioperative mortality rates**Surgical site infection rates or other HAIs**30-day hospital case fatality rate (for AMI or stroke)** <p><i>Efficiency</i></p> <ul style="list-style-type: none">Provider caseloadHospital readmission rate for tracer conditionsBed occupancy** <p><i>Timely access</i></p> <ul style="list-style-type: none">Waiting time (for appointment)Coverage of timely emergency resuscitation [at first level hospitals]Waiting time to elective surgery (for tracers)*	Outcomes	Impact
Monitoring capacity of PHC		Monitoring performance of PHC		Monitoring impact			

PHC M&E FOR UHC AND SDGS: Menu of indicators (including outcomes and impact indicators)



Implementing PHC performance measurement at country and subnational level

1. Align PHC monitoring within existing national health sector plans, strategies and review processes.
2. Tailor selection of indicators based on country policies, priorities and maturity of health system.
3. Establish baseline values (e.g. through analysis of existing data and rapid assessments) and set country targets for PHC.
4. Identify and address major data gaps through innovative methods and tools.
5. Strengthen capacities at national and subnational levels in data analysis, communication and dissemination of results.
6. Conduct regular process of policy dialogues to guide actions, interventions and investments for performance improvement and management.



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Organization**

**PHC performance measurement for improvement: Monitoring
framework & indicators**

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Thank you