

PHC performance measurement for improvement Monitoring framework and indicators



A VISION FOR PRIMARY HEALTH CARE IN THE 21ST CENTURY Towards surleval health coverage and the suchariable development goals TECHNICAL SERIES ON PRIMARY HEALTH CARE

Primary Health Care (PHC):

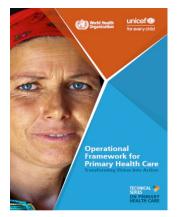
From declaration and vision to implementation

PHC comprehensive approach: 3 components



In 2019, through World Health Assembly (WHA) resolution (<u>WHA72.2 resolution on PHC</u>, 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 APPROACH

PHC LEVERS

PHC RESULTS

Integrated health services with an emphasis on primary care and essential public health functions

Empowered people and communities

Multisectoral policy and action

Strategic Levers

- 1. Political commitment and leadership
- 2. Governance and policy frameworks
- 3. Funding and allocation of resources
- 4. Engagement of communities and other stakeholders

6. Primary

- 5. Models of care
- 6. Primary health care workforce
- 7. Physical infrastructure
- 8. Medicines and other health products
- 9. Engagement with private sector providers
- 10. Purchasing and payment systems
- 11. Digital technologies for health
- 12. Systems for improving the quality of care
- 13. Primary health care-oriented research
- 14. Monitoring and evaluation

Improved access, utilization and quality

Improved participation, health literacy and care seeking

Improved determinants of health





improvement: Monitoring framework and indicators

(Forthcoming, 2021)

PHC performance improvement:

Monitoring framework and indicators

Objective 1:

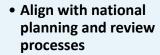
Strengthen country capacities to track and monitor progress in PHC performance improvement



- 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 existing national and global monitoring efforts for health systems, UHC and SDGs
- Provide a comprehensive, coherent approach to monitoring for PHCoriented 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)

communiti

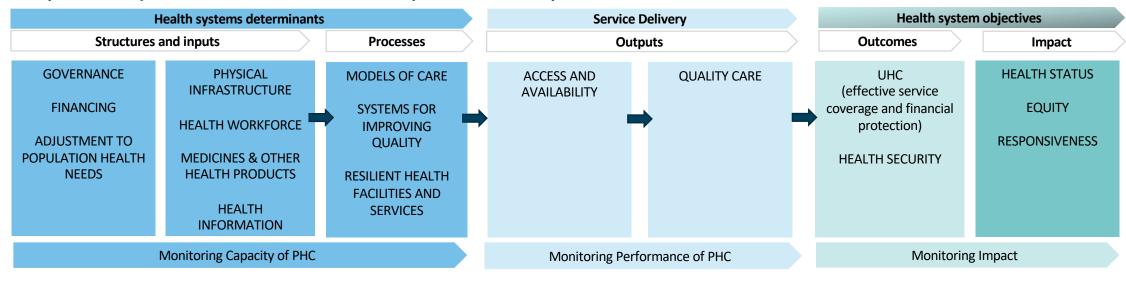
Service Delivery Health System Objectives Health System Determinants [prevention, promotion, treatment, rehabilitation, palliation] **Outcomes Impact UNIVERSAL** HEALTH **HEALTH STATUS COVERAGE** SDG 3 (Effective) Service Health-related SDGs coverage Financial protection **EQUITY HEALTH RESPONSIVENESS SECURITY Monitoring capacity of PHC Monitoring performance of PHC Monitoring impact**

Monitoring Quality, Equity, Resilience

communities

Empowered people &

Stepwise analysis to assess and monitor PHC performance improvement



Are policies oriented to PHC and UHC?

It there a mechanism for community & multi-sectoral engagement?

Has spending on PHC increased?

Are resources allocated to priorities & to reach most vulnerable?

Are health facilities secure, accessible, and meeting standards for WASH?

Is there adequate & trained primary care workforce?

Has availability of medicines, diagnostics and supplies improved?

Have comprehensive service packages been defined?

Are services designed in an integrated way across main delivery platforms?

Are there linkages with community & social services?

Do facilities have quality improvement processes in place?

Do facilities meet resilience criteria?

Has access to services improved?

Has equity in access improved?

Are comprehensive services available at point of care? Are they meeting minimum standards?

Are services responsive to patient needs?

Is provision of care based on adherence to standards?

Has patient safety improved?

Has service coverage improved?

Are people protected from financial risk?

Have risk behaviours reduced?

Has health security improved?

Have health outcomes improved?

Are populations protected from health emergencies?

Have health inequities reduced?

Are health systems responsive and resilient?

Have policies, investments in PHC capacities resulted in more equitable access to health care, and improved health coverage and outcomes in all people?

Health systems determinants

Structures and inputs

Health system objectives

Outcomes **Impact**

Governance

Political commitment & leadership*

- Health in all policies with multisectoral coordination
- Existence of right to health legislation

Governance & policy frameworks*

- Existence of national health policy oriented to PHC/UHC
- Existence of policy, strategy or plan for improvement of quality and safety
- Existence of health emergency and disaster risk management strategies
- Multisectoral policies for health

Engagement with communities and other multisectoral stakeholders*

- Coordination mechanisms with multistakeholder participation and community engagement
- National, sub-national and local strategies for community participation

Engagement with private sector providers*

Evidence of effective stewardship of mixed health systems

Adjustment to population needs Monitorina and evaluation*

- · Priority setting is informed by data & evidence
- · Existence of an M&E framework for national health plan meeting criteria

PHC oriented research

- Total net ODA to medical research & basic health sector
- · % public research funding for PC research

Financing

Funding and allocation of resources*

- Health expenditure as % of GDP (& PHC-specific)
- Per capita health expenditure on health (& PHCspecific)
- Government PHC spending
- Sources of expenditure on health (PHC-specific)
- Contingency funds available for emergencies

Purchasing & payment systems*

- Appropriate provider payment methods
- Health financing follows established guidelines

Physical infrastructure*

- Health facility density/distribution (by type including primary care, managing authority)
- Availability of basic WASH amenities
- · Availability of power & communications
- · Access to emergency transport for interfacility transfer
- · Bed density (by facility type, ward, managing authority)**

Health workforce*

- · Health worker density & distribution including CHW (by occupation, health facility type, managing authority, location)
- · Accreditation mechanisms for education and training institutions
- National systems for continuing professional development

Medicines & other health products*

- · Regulatory mechanisms for medicines · Availability of essential medicines
- · Availability of with tracer diagnostics
- · Availability of medical devices/essential technologies and other health products
- Functional cold chain

Health information*

Information systems

- Completeness of reporting by facilities (by type including primary care, managing authority)
- · % facilities using comprehensive patient
- · Functional national human resource information system
- National patient registries
- · Completeness of birth registration
- Completeness of death registration

Surveillance

Existence of effective surveillance system

Digital technologies for health*

- National e-health strategy
- · % of facilities using electronic health management information systems
- % facilities using electronic health records

Models of care*

Selection and organization of services

Processes

- Service package developed and meets
- Services included in health benefits package
- Roles and functions of service delivery platforms and settings defined
- Existence of gatekeeping mechanism
- Protocols for patient transfer, referral and counter-referral
- Care pathways for tracer conditions

Management of services

- · Management capability & leadership
- Multidisciplinary team-based organization
- Supportive supervision in place
- Facility budget and FMIS are maintained

Management of population health

- Empanelment/patient list system exists
- · Linkages with community based and social services
- Community engagement in service organization and management
- Proactive population outreach
- Self-management and health literacy in primary care

Systems for improving quality*

- · Regulatory mechanisms for facilities
- % facilities with systems to support quality improvement

Resilient health facilities and services

- % 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

Access and Availability Accessibility, affordability,

Service Delivery [prevention, promotion, treatment, rehabilitation, palliation]

acceptability

- Geographic access to services (primary care & emergency care unit)
- Perceived barriers to access due to (distance, cost, sociocultural)
- Access to emergency surgery
- Access to prehospital emergency care services

Service Availability and Readiness

- % of facilities offering services according to national defined service package
- Provider availability (absence rate)
- · % of facilities meeting minimum standards to deliver tracer services
- · Compliance with IPC measures (% facilities)

Utilization

- · Utilization per capita (primary care/outpatient visits, emergency unit visits, inpatient admissions)
- · Leading diagnoses for outpatient/primary care
- · Leading inpatient diagnoses at discharge

Quality care

Outputs

First-contact accessibility

 Admissions for ambulatory care sensitive conditions

Continuity

- · Patients who report having a regular health provider
- Drop-out rates (ANC8, DTP3, ART)

Comprehensiveness

- · Visits managed in primary care without referral Coordination
- · Shared care plans (% of providers with shared care plans with specialists)

People-centredness

- · Patient reported experiences
- · Community perception, knowledge and access to information

Effectiveness

- 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 rate
- Cancer stage at diagnosis (by cancer)

- · Adverse events reported (incl medication related harm)
- Prescribing practices
- Avoidable 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)**

Efficiency

- · Provider caseload
- Hospital readmission rate for tracer conditions
- Bed occupancy**

Timely access

- Waiting time (for appointment)
- · Coverage of timely emergency resuscitation [at first level hospitals]
- Waiting time to elective surgery (for tracers)*

Outcomes

Impact

Monitoring impact

Monitoring capacity of PHC

Monitoring Quality, Equity, Resilience

UHC (service coverage)

Average service coverage

Immunization coverage

TB treatment coverage

ART coverage

Tobacco use

Financial protection

IHR/SPAR capacity

and reporting

Health security

ITN use

Care-seeking for pneumonia

Households with basic sanitation

Availability of essential medicines

Mean fasting plasma glucose

Cervical cancer screening

Skilled birth attendance

Number of people requiring

Coverage of interventions for

AMR blood stream infections

Patterns of antibiotic consumption

Population with large/impoverishing

household expenditure on health

Proportion of vulnerable people in

fragile settings provided with EHS

Timeliness of emergency detection

Number of cases of poliomyelitis

Child stunting/wasting/overweight

Safely managed water and sanitation

No. of people affected by disasters

caused by wild poliovirus

Risk factors and behaviours

Child development

Trans fats policy

Alcohol consumption

Obesity (adults and children)

Intimate partner violence

Violence against children

Clean household fuels

Informed sexual choice

Mean particulates

interventions against NTDs

substance-abuse disorders

Prevalence of raised blood pressure

Demand for family planning satisfied

Health systems determinants

Structures and inputs

Governance Political commitment & leadership

- Health in all policies with multisectoral coordination
- Existence of right to health legislation (UHC inclusive of PHC)

Governance & policy frameworks

- · National health policy oriented to PHC/UHC
- National quality policy and strategy embedded/linked to NHP
- Health emergency preparedness and response plans (all hazards)

Engagement with communities and other stakeholders

- Coordination mechanisms with multistakeholder participation and community engagement
- National strategy for community participation

Engagement with private sector providers

Legal and regulatory frameworks to engage with private sector

Financing

Funding and allocation of resources

- Health expenditure as % of GDP (& PHC- Health information* specific)
- Per capita health expenditure on PHC & total health
- Government PHC spending % of government health spending
- Sources of health expenditure (& PHCspecific)

Adjustment to population needs Monitoring and evaluation/priority setting

- Priority setting is based on data & evidence
- Existence of an M&E plan for national health plan

PHC oriented research

- Total net ODA to medical research & basic health sector
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- Systems for innovation and learning in PHC

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Health system objectives

Outcomes

Impact

status

- · Life expectancy
- incidence
- · Probability of premature death
- Maternal
- Neonatal
- mortality rate
- due to air
- Mortality rate due to unsafe
- Mortality rate from
- · Road deaths
- New HIV
- · TB incidence

Responsiveness

Monitoring impact

Improved health

- Healthy life expectancy

- from NCDs
- mortality rate
- mortality rate Under-five
- Mortality rate pollution
- WASH
- unintentional poisoning
- Suicide mortality
- infections
- Routine/emergency vaccine coverage Malaria incidence
 - Hepatitis B · Cancer incidence

Equity · Within-country inequalities reduced

Monitoring capacity of PHC

Monitoring performance of PHC

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.



PHC performance measurement for improvement: Monitoring framework & indicators

Online consultation: Summer 2021

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Thank you