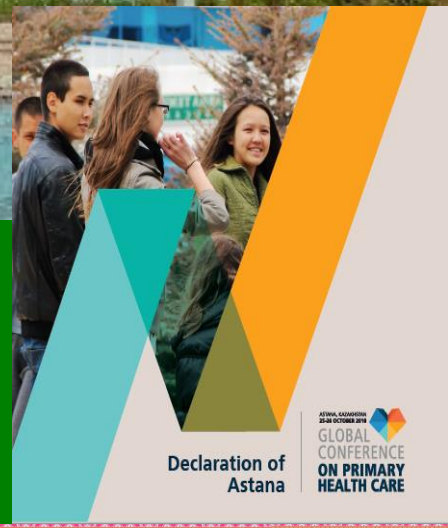
Primary Health Care

Alma Ata to Astana ...



Sequence

- Primary Health Care
- PHC - Alma Ata to Astana
- Astana Declaration – Vision and draft Operational Framework
- PHC M&I - Intro

What is PHC? New consensus

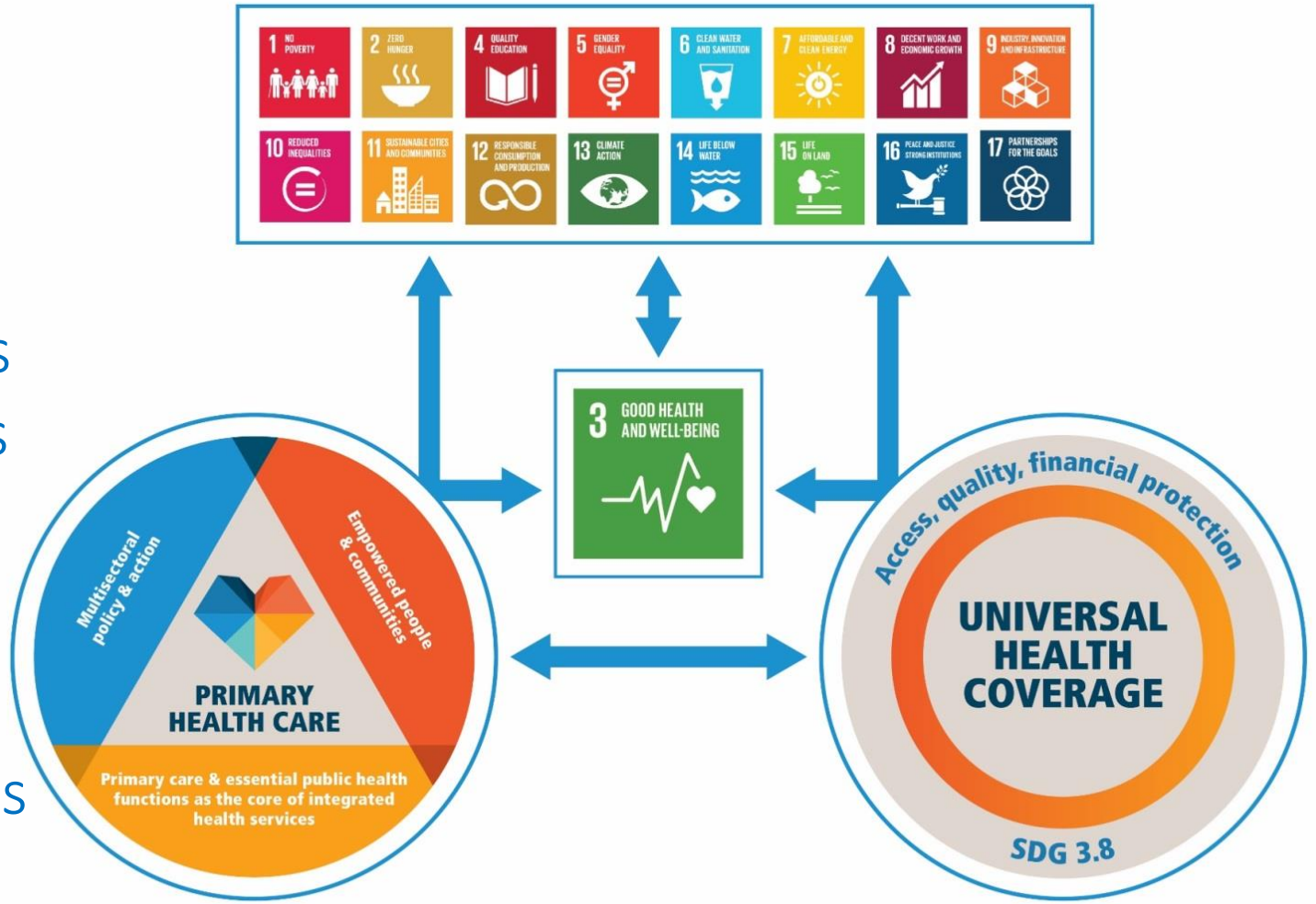
A whole-of-society approach to health that aims to ensure the highest possible level of health and well-being and their equitable distribution by focusing on people´s needs and preferences (as individuals, families, and communities) as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment

PHC is critical

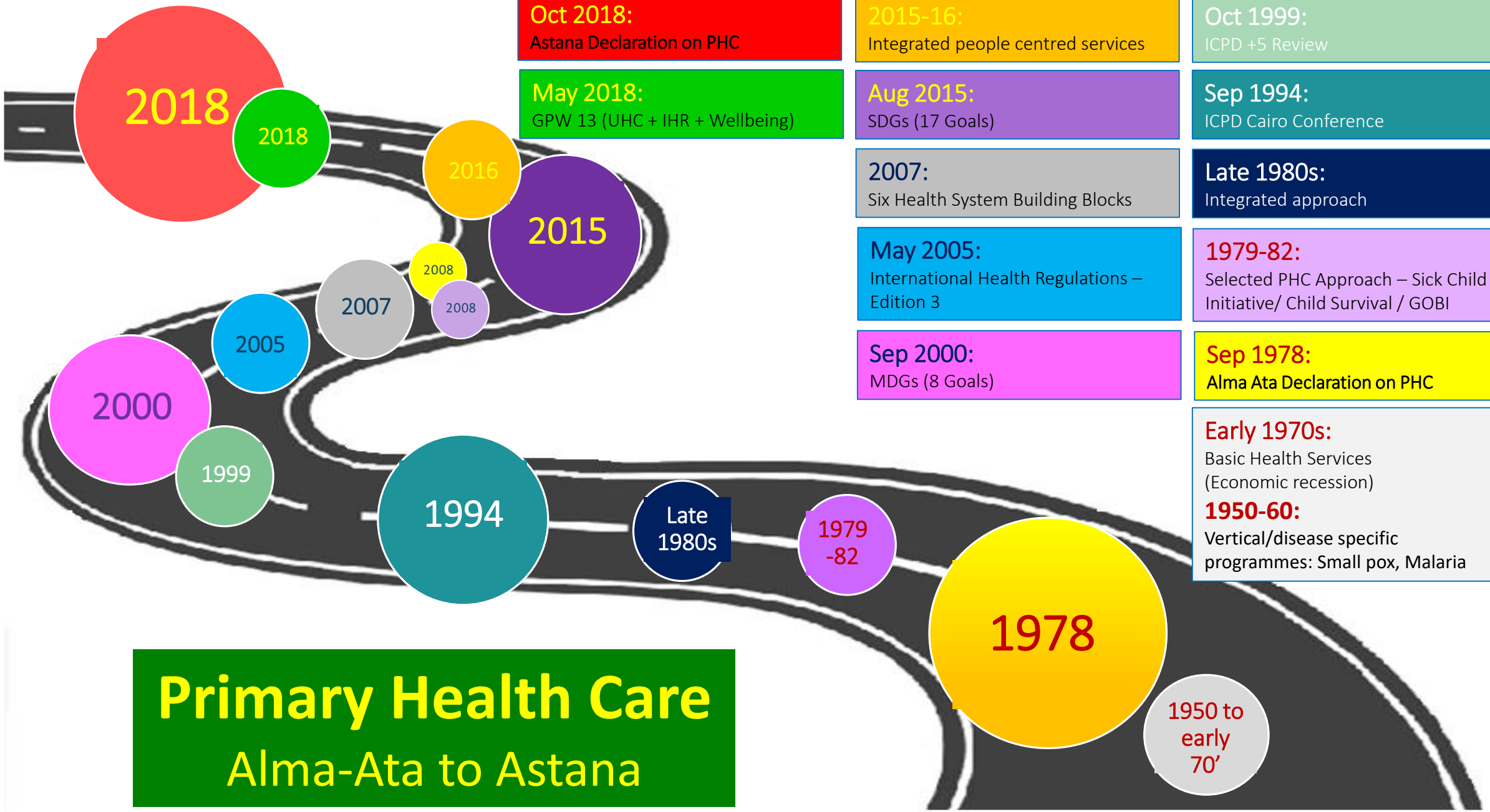
1. PHC allow the health system to adapt and respond to complex & changing world

2. PHC has proven to be a highly effective & efficient way to address the main causes of, and risk factors for, poor health and handling the emerging challenges that may threaten health

3. UHC and the health-related SDGs can only be sustainably achieved with a stronger emphasis on PHC



Health for All



Oct 2018:
Astana Declaration on PHC

May 2018:
GPW 13 (UHC + IHR + Wellbeing)

2015-16:
Integrated people centred services

Aug 2015:
SDGs (17 Goals)

2007:
Six Health System Building Blocks

May 2005:
International Health Regulations – Edition 3

Sep 2000:
MDGs (8 Goals)

Oct 1999:
ICPD +5 Review

Sep 1994:
ICPD Cairo Conference

Late 1980s:
Integrated approach

1979-82:
Selected PHC Approach – Sick Child Initiative/ Child Survival / GOBI

Sep 1978:
Alma Ata Declaration on PHC

Early 1970s:
Basic Health Services (Economic recession)

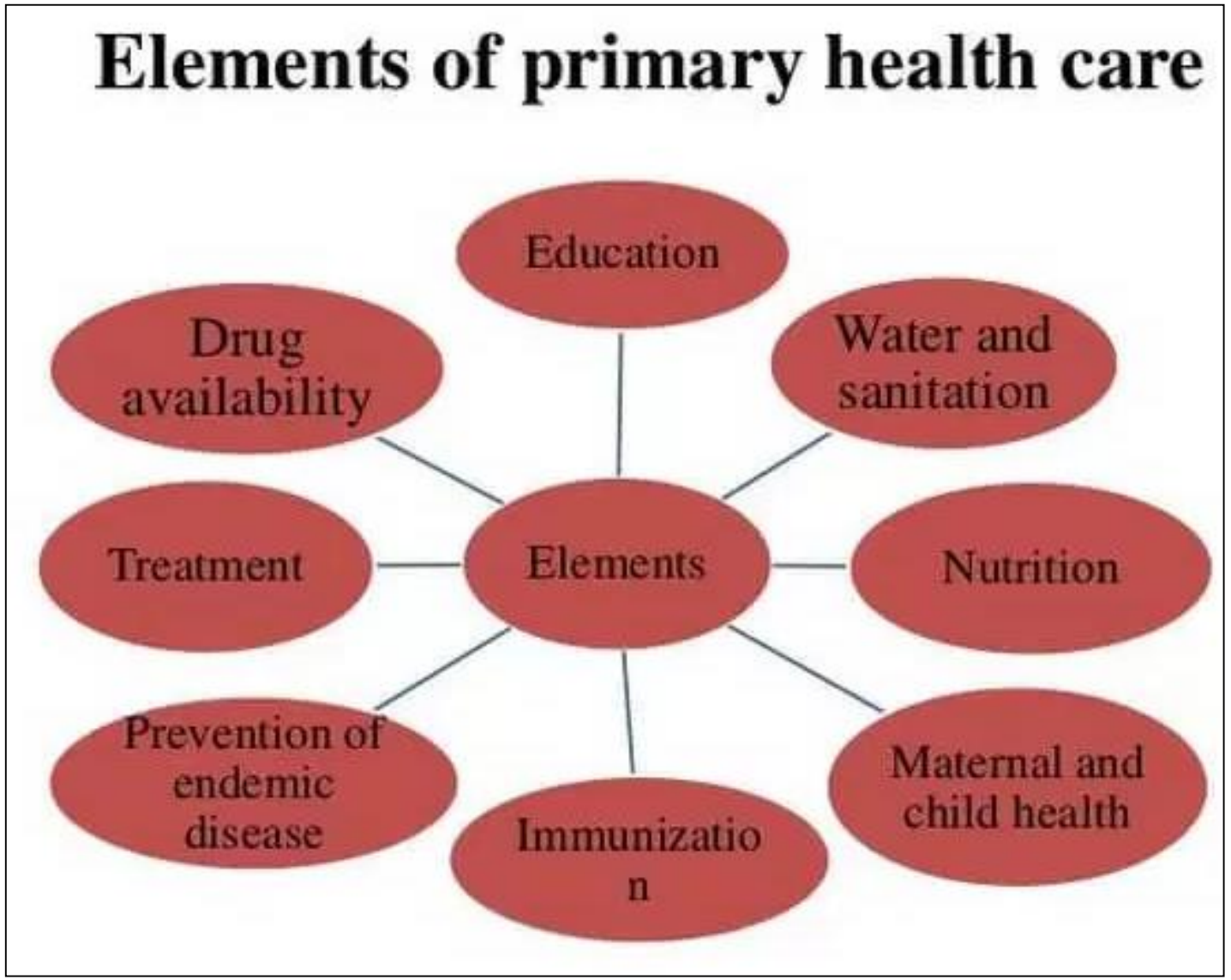
1950-60:
Vertical/disease specific programmes: Small pox, Malaria

Primary Health Care
Alma-Ata to Astana

Alma-Ata (1978) PHC Approach

Four Basic Principles

1. Universal accessibility and coverage in relation to need;
2. Community and individual involvement and self-reliance;
3. Inter-sectoral action for health;
4. Appropriate technology and cost-effectiveness



ICPD (1994) & ICPD+5 (1999)

Four Related Goals - ICPD

1. Universal education (closing the gender gap) in primary and secondary education
2. Universal access to primary health care (reduction in infant & child mortality)
3. Universal access to a full range of comprehensive sexual & RH care services, including family planning (reduction in maternal mortality)
4. Increased life expectancy

New Four Areas in ICPD+5

1. Education and literacy
2. Reproductive health care and unmet need for contraception
3. Maternal mortality reduction
4. HIV & AIDS

Discussions led to Nine International Development Goals

Millennium Development Goals

MDGs

- Nine development goals identified
- One goal missed out
- Declaration called "Millennium Development Goals"
- Approved by 189 nations and 147 heads of state, gathered at the UN Millennium Summit - 2000
- Baseline 1990; Target 2015

Goals

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. **Reduce child mortality**
5. **Improve maternal health**
6. **Combat HIV & AIDS, malaria and other diseases**
7. Ensure environmental sustainability
8. Develop global partnership

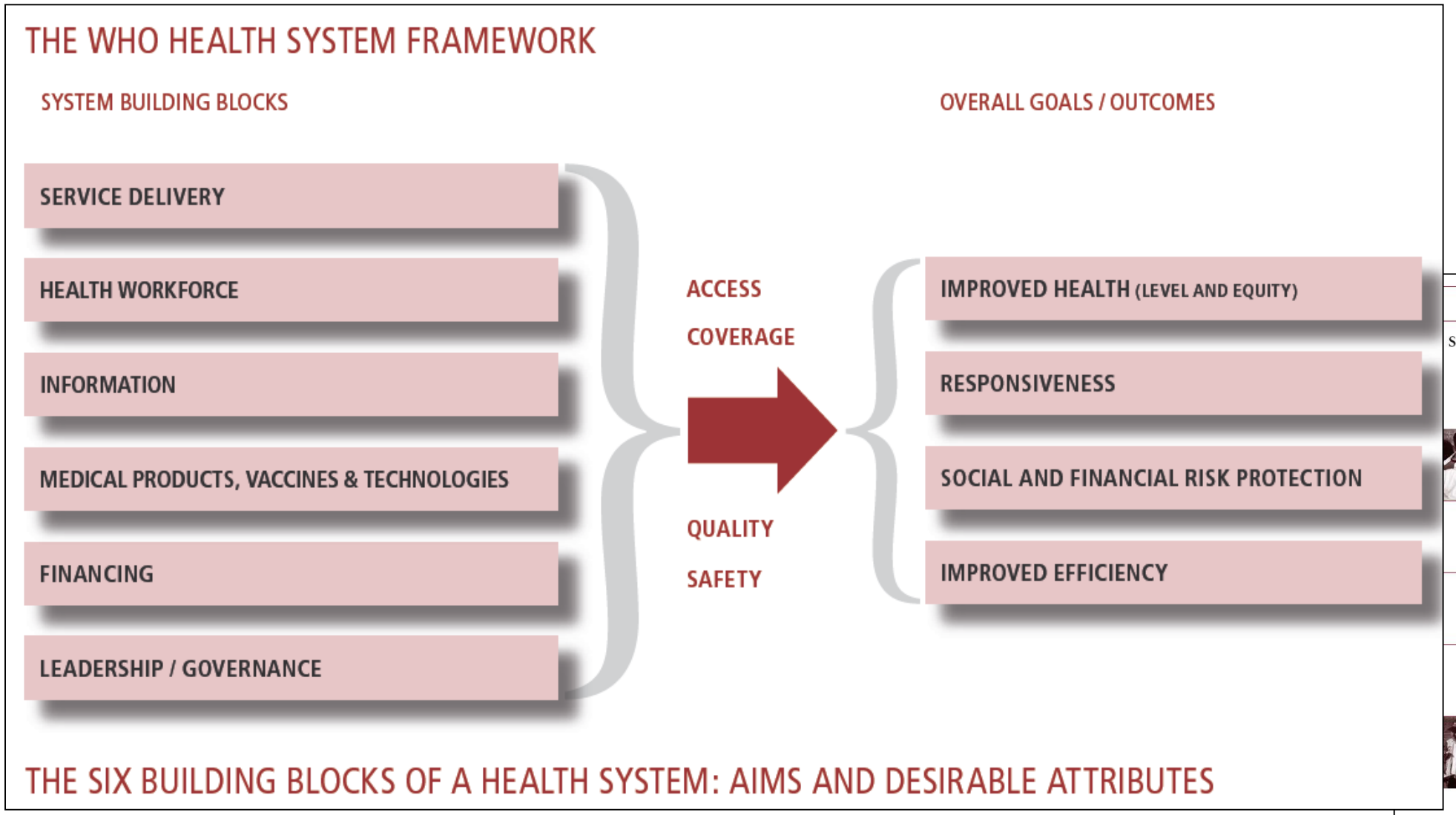
International Health Regulations -3 (2005)

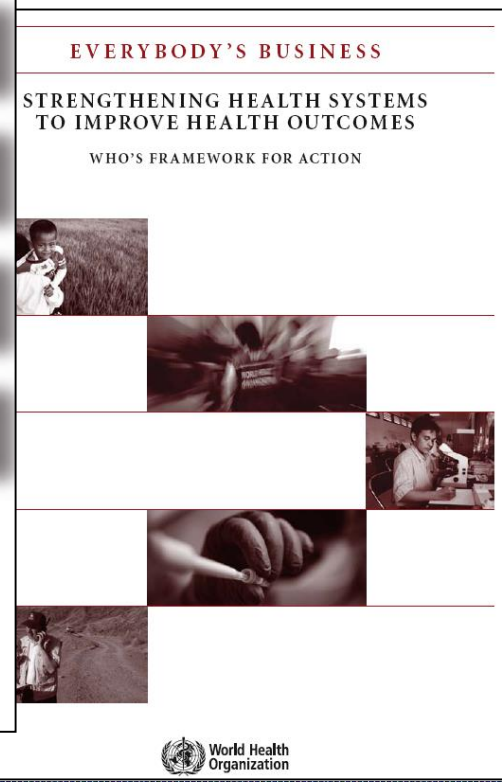
Scope

- From 3 diseases to all public health threats
- From control of borders to containment at source
- From preset measures to adapted response

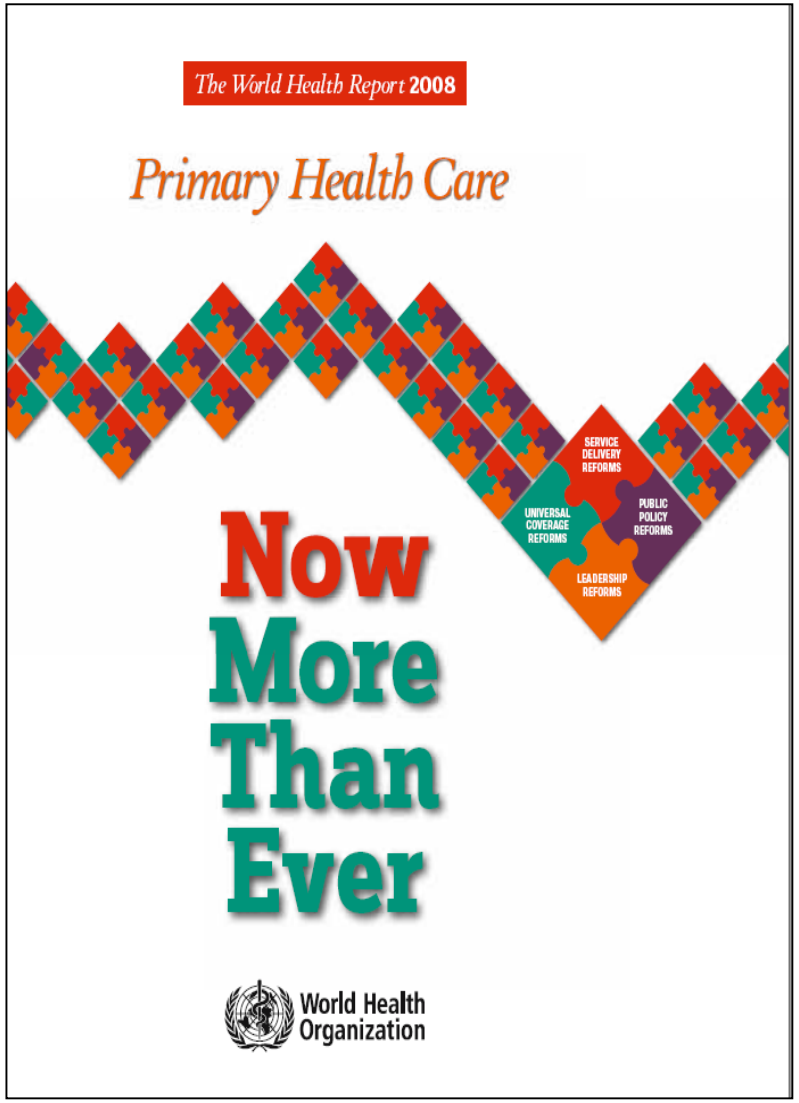
- Prevent, protect, and provide a public health response to the international threat and spread of diseases
- Avoid unnecessary disruption of international travel & trade
- Applicable to health risks - irrespective of origin/ source
- Follow evolution of diseases and factors affecting their emergence and transmission

Health System Building Blocks (2007)



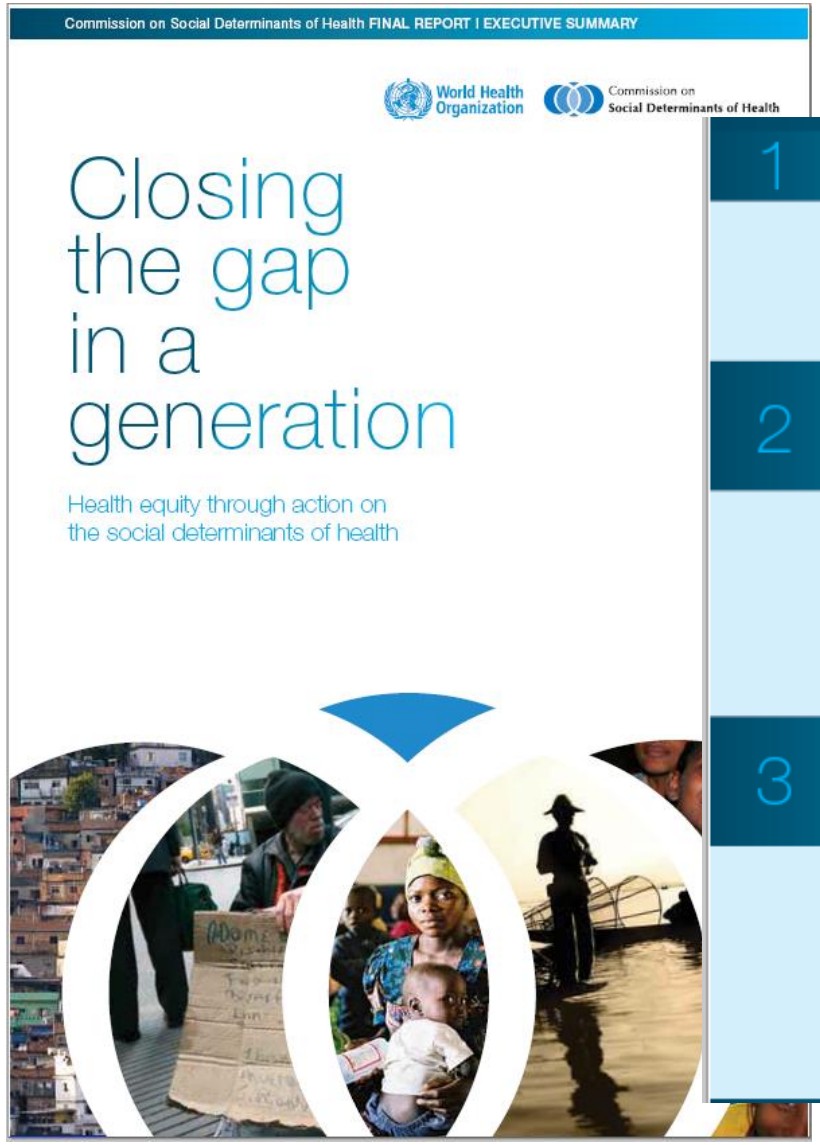


PHC – 30 years after Alma Ata (2008)



The PHC reforms necessary to refocus health systems towards health for all

Social Determinants of Health (2008)



1 Improve Daily Living Conditions

Improve the well-being of girls and women and the circumstances in which their children are born, put major emphasis on early child development and education for girls and boys, improve living and working conditions and create social protection policy supportive of all, and create conditions for a flourishing older life. Policies to achieve these goals will involve civil society, governments, and global institutions.

2 Tackle the Inequitable Distribution of Power, Money, and Resources

In order to address health inequities, and inequitable conditions of daily living, it is necessary to address inequities – such as those between men and women – in the way society is organized. This requires a strong public sector that is committed, capable, and adequately financed. To achieve that requires more than strengthened government – it requires strengthened governance: legitimacy, space, and support for civil society, for an accountable private sector, and for people across society to agree public interests and reinvest in the value of collective action. In a globalized world, the need for governance dedicated to equity applies equally from the community level to global institutions.

3 Measure and Understand the Problem and Assess the Impact of Action

Acknowledging that there is a problem, and ensuring that health inequity is measured – within countries and globally – is a vital platform for action. National governments and international organizations, supported by WHO, should set up national and global health equity surveillance systems for routine monitoring of health inequity and the social determinants of health and should evaluate the health equity impact of policy and action. Creating the organizational space and capacity to act effectively on health inequity requires investment in training of policy-makers and health practitioners and public understanding of social determinants of health. It also requires a stronger focus on social determinants in public health research.

Sustainable Development Goals

SDGs

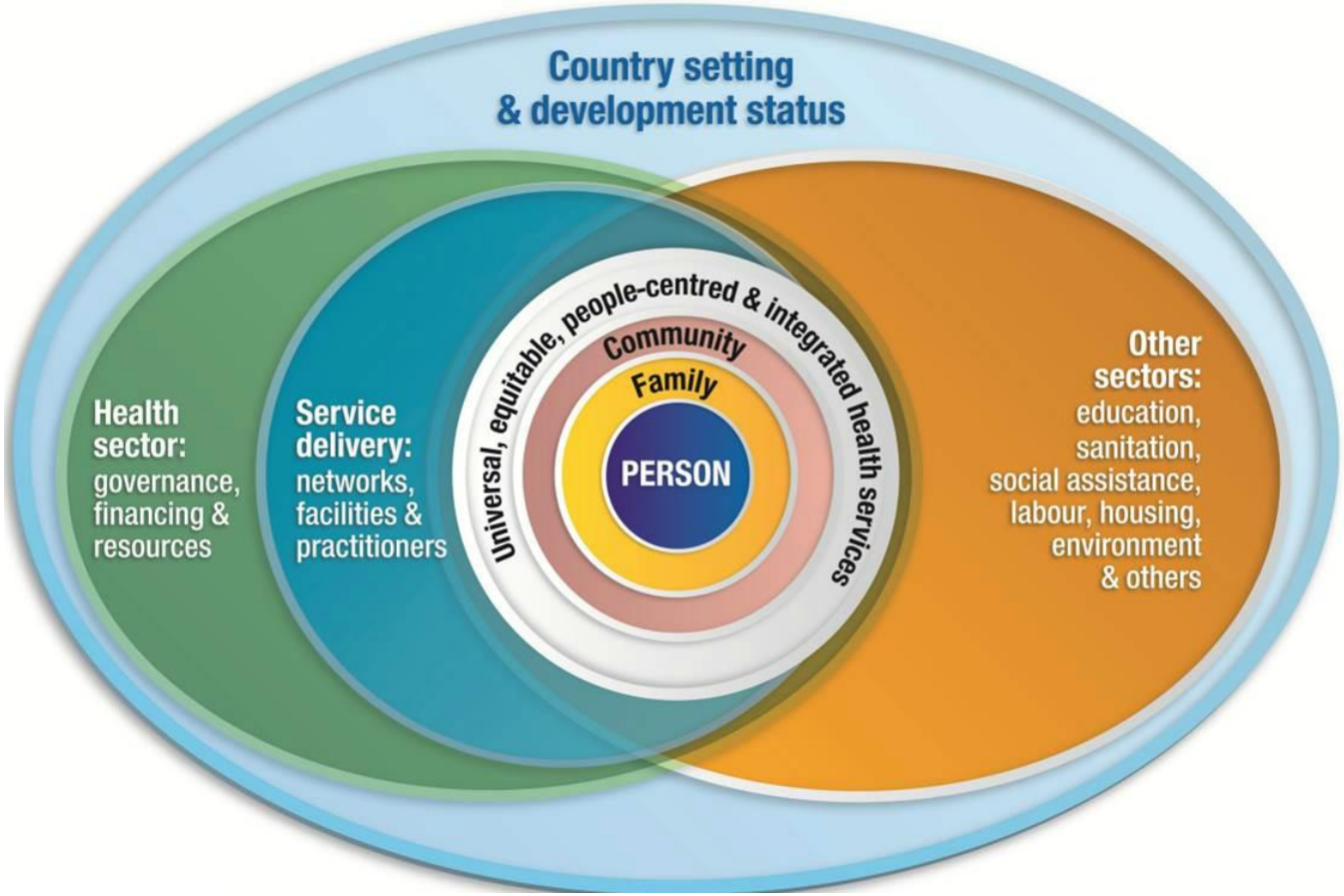
- Follows the MDGs 2015 agenda - progress was mix
- In 2015, 193 countries agreed to the SDGs – the world's action plan for next 15 years
- 17 Goals and 169 Targets
- Comprehensive & Complicated
- All about individual people … country level … global level

Principles

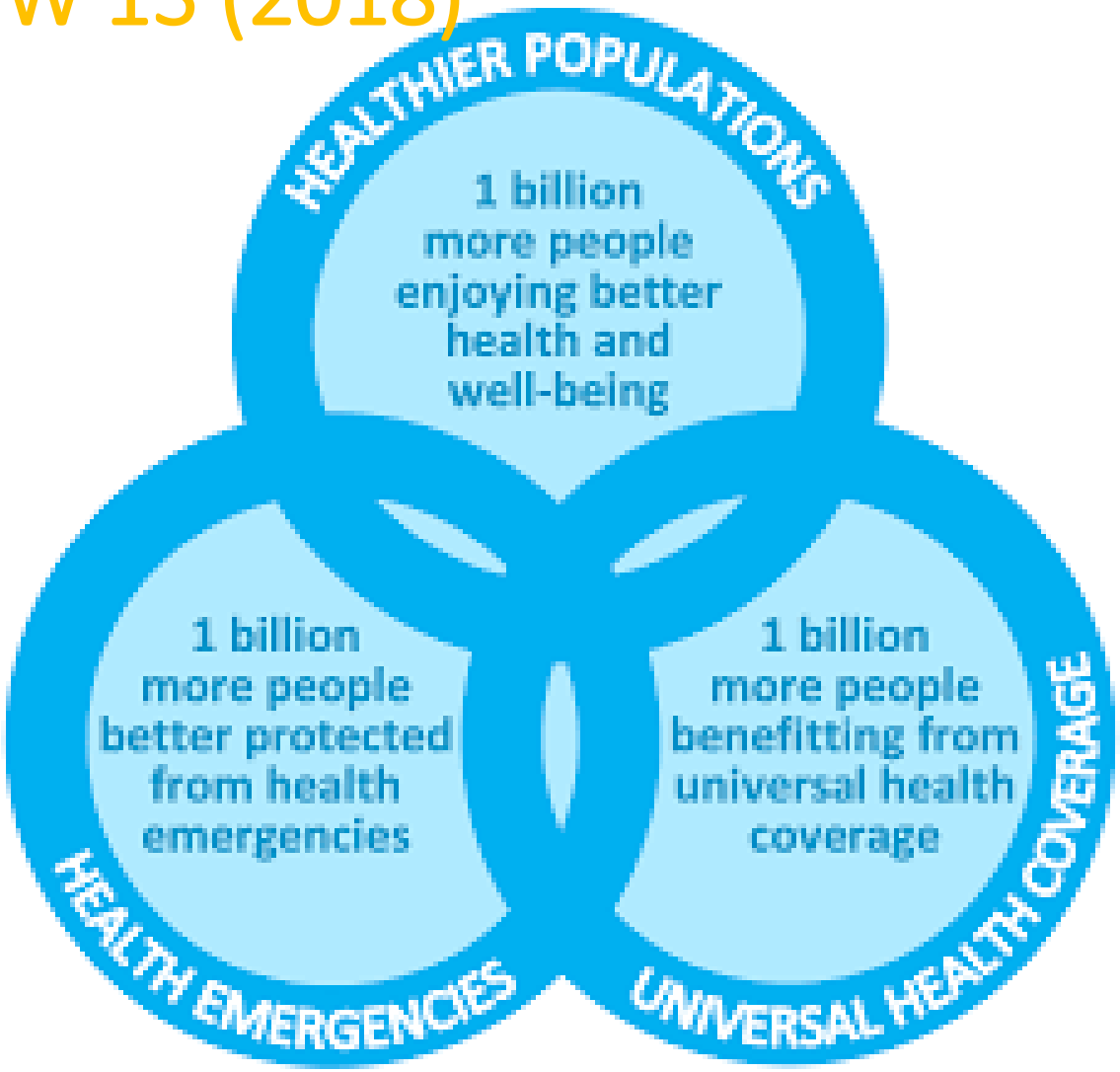
1. "**Universal**" – apply to all countries
2. "**Integrate all 3 dimensions** of sustainability" – Economic development, Social progress and Environmental protection
3. "**Leave No One Behind**" – most vulnerable and hardest to reach
4. "**Participation of All**" – International/ National/ Local dialogue, Civil society, Private sector, Academia & Govts

Also…

Integrated People Centred Services (2016)



GPW 13 (2018)



Astana Declaration
on Primary Health Care (Oct 2018)

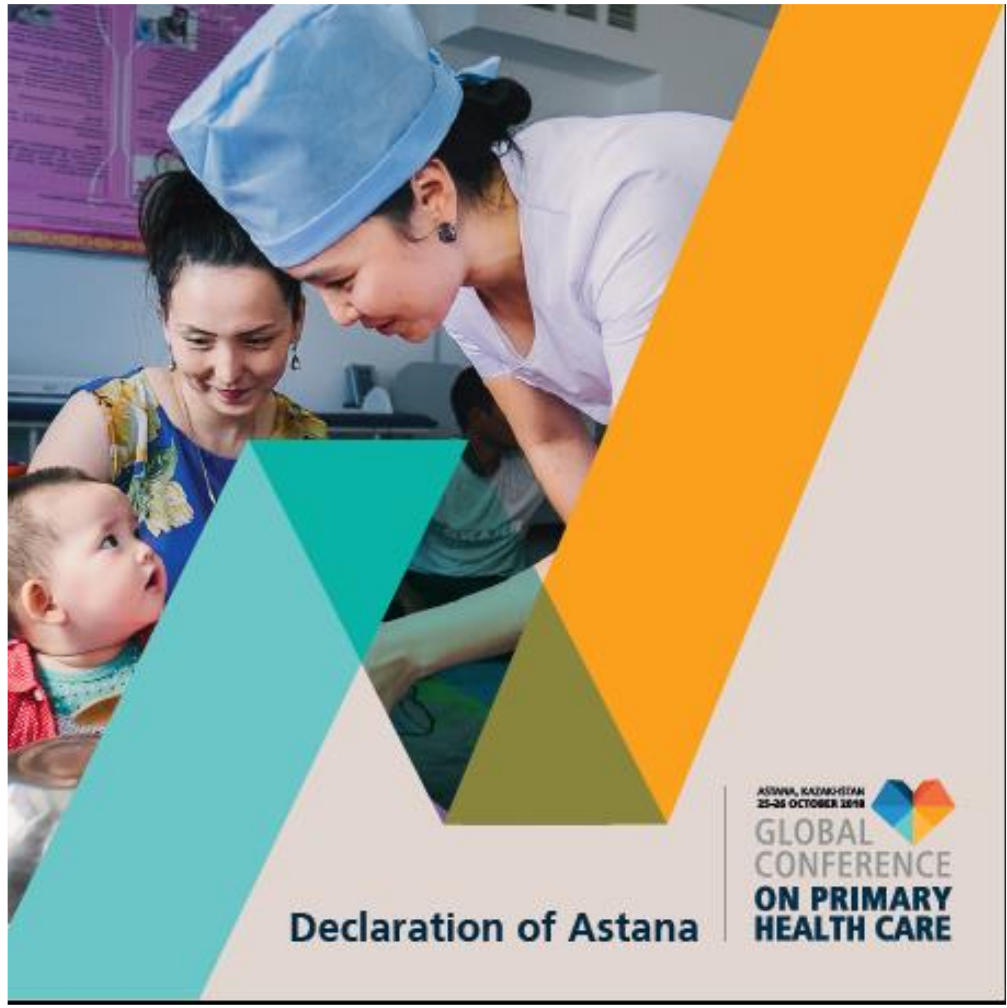
Vision

Government & Societies – prioritize and protect people's health and well-being, at both population and individual levels, through strong health systems

PHC and health services – high quality, safe, comprehensive, accessible, available and affordable for everyone and everywhere provided with compassion, respect and dignity by health professionals who are well-trained, skilled, motivated and committed

Enabling and health-conducive environments – in which individuals and communities are empowered and engaged in maintaining their health & well-being

Partners and stakeholders – aligned in providing effective support to national health policies, strategies and plans



Commit to

Make bold political choices for health across all sectors

Build sustainable Primary Health Care

The Success of PHC will be driven by:

- Knowledge & capacity building
- Human resources for health
- Technology
- Financing
- Empower individuals and communities
- Align stakeholders support to national policies, strategies and plans

All act in solidarity and coordination

Periodically review the implementation

TOWARDS A GLOBAL ACTION PLAN FOR HEALTHY LIVES AND WELL-BEING FOR ALL

in process of development

Align

Align and coordinate our work better to reduce duplicate and inefficiencies

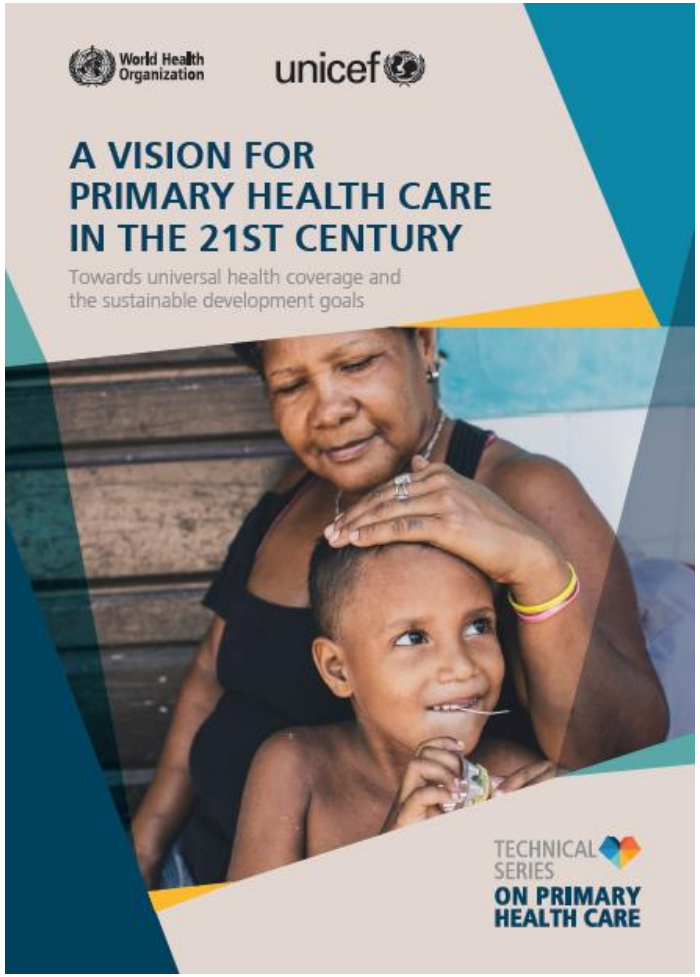
Accelerate

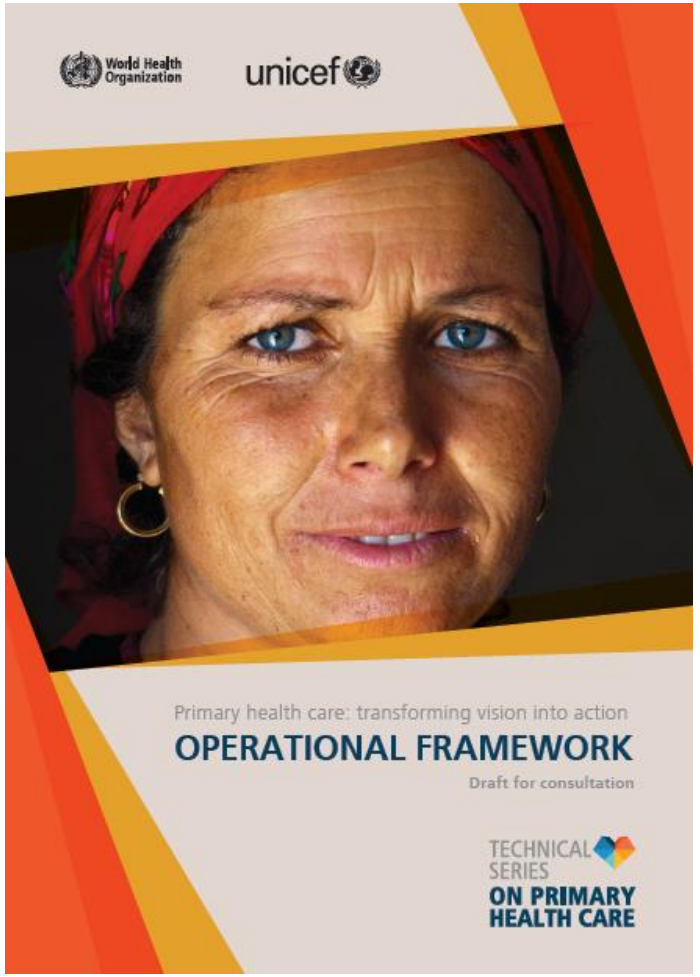
7 cross-cutting areas where more innovative, synergistic efforts can significantly accelerate progress in global health

1. Sustainable financing
2. Primary Health Care
3. Community and civil society engagement
4. Determinant of health
5. R&D, innovation and access
6. Data and digital health
7. Innovative programming in fragile and vulnerable states and for disease outbreak response

Account

Develop a common framework for assessing results and linking investments more closely to results





Next Steps: From Declaration to Implementation

Declaration of Astana

A Vision for primary health care in the 21st century

Making the case for PHC

- The economic case
- Health outcomes case
- Responsiveness case

Operational Framework

From vision to action

- Health in All Policies / Multisectoral Action
- Empowering individuals, families & communities
- PHC Health workforce
- Strategic purchasing
- The private sector
- Quality in PHC
- Digital technologies
- Integrating health services
- Integrating public health & primary care
- The role of hospitals in PHC
- Antimicrobial resistance
- PHC and health emergencies
- Rural primary care

Three Components of PHC

A: Primary care and essential public health functions as the core of integrated health services

- A. Personal services
- B. Population-based services

B: Multi-sectoral policies and actions

C: Empowered people and communities

- A. People and communities as advocates
- B. People and communities as co-developers of health and social services
- C. People as self-carers and caregivers

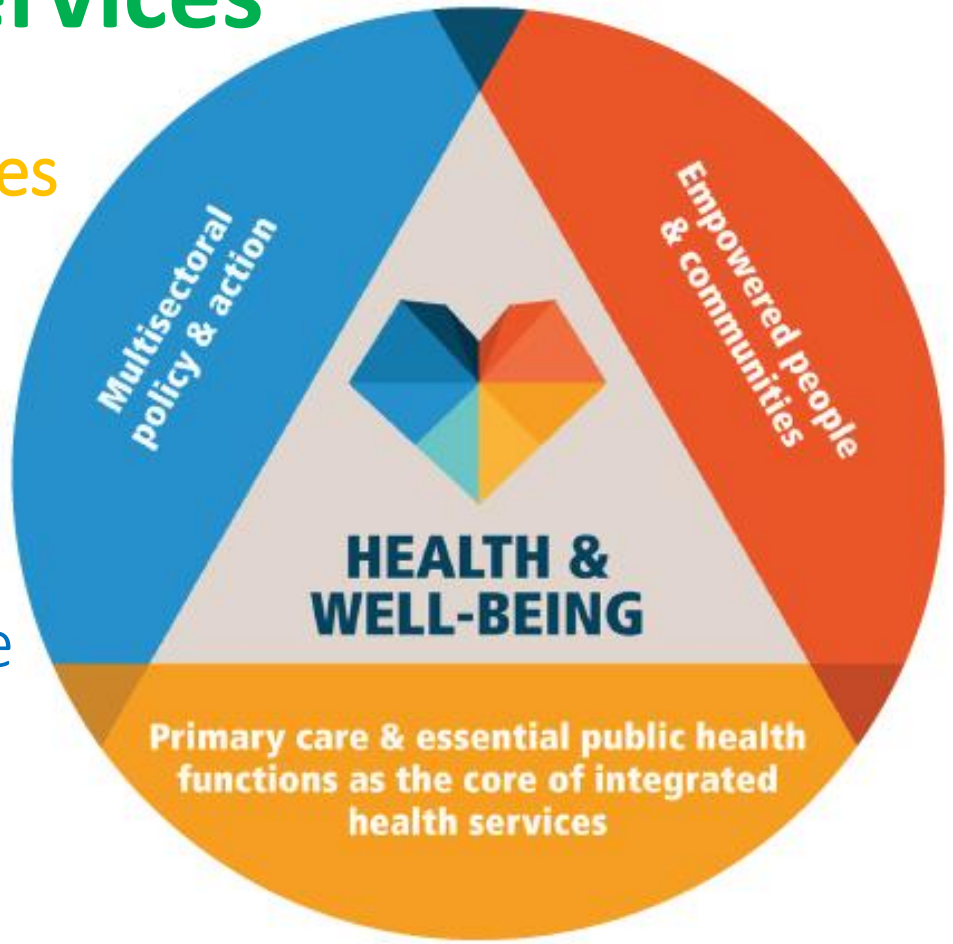
A. Primary care and essential public health functions as the core of integrated health services

A. Personal services

- First contact
- Comprehensiveness
- Continuity
- Coordination
- Person centeredness

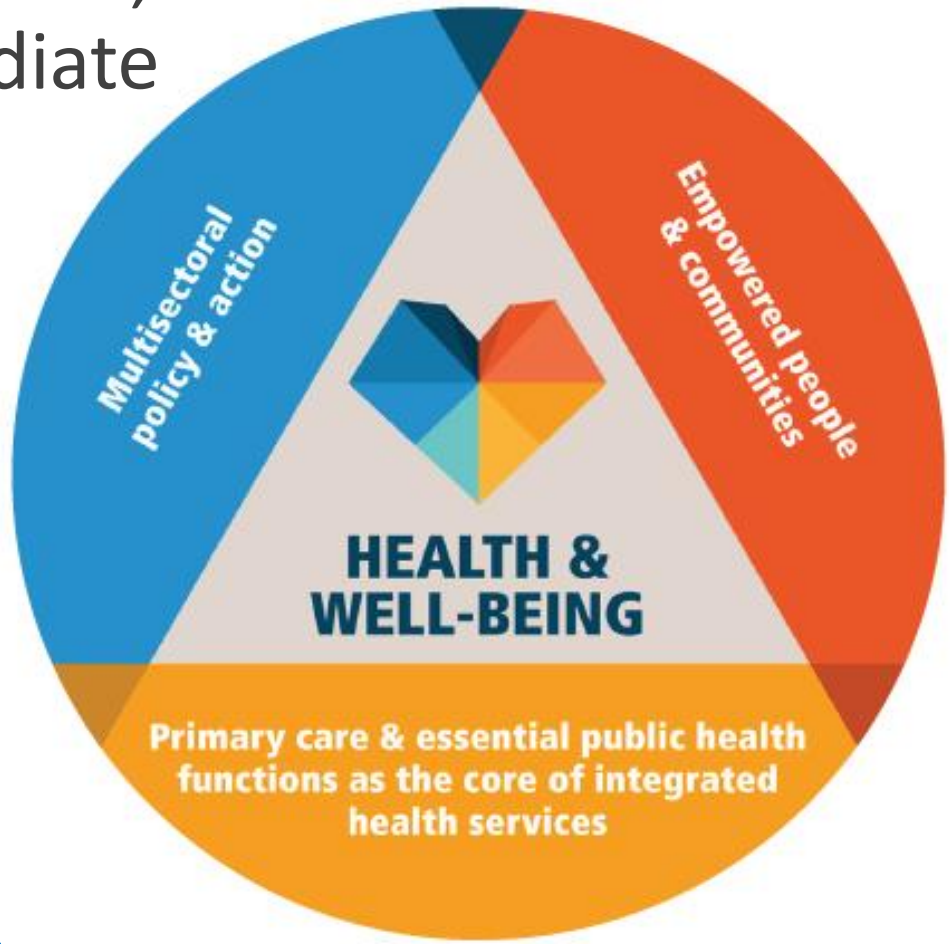
B. Population-based services

- Health protection
- Health promotion
- Disease prevention
- Surveillance and response
- Emergency preparedness



B. Multi-sectoral policies and action

Social, economic, environmental, determinants, and commercial factors - outside the immediate influence of health sector



The **Disease Control Priorities project (DCP3)** has identified 71 key multi-sectoral interventions for health, grouped in four categories:

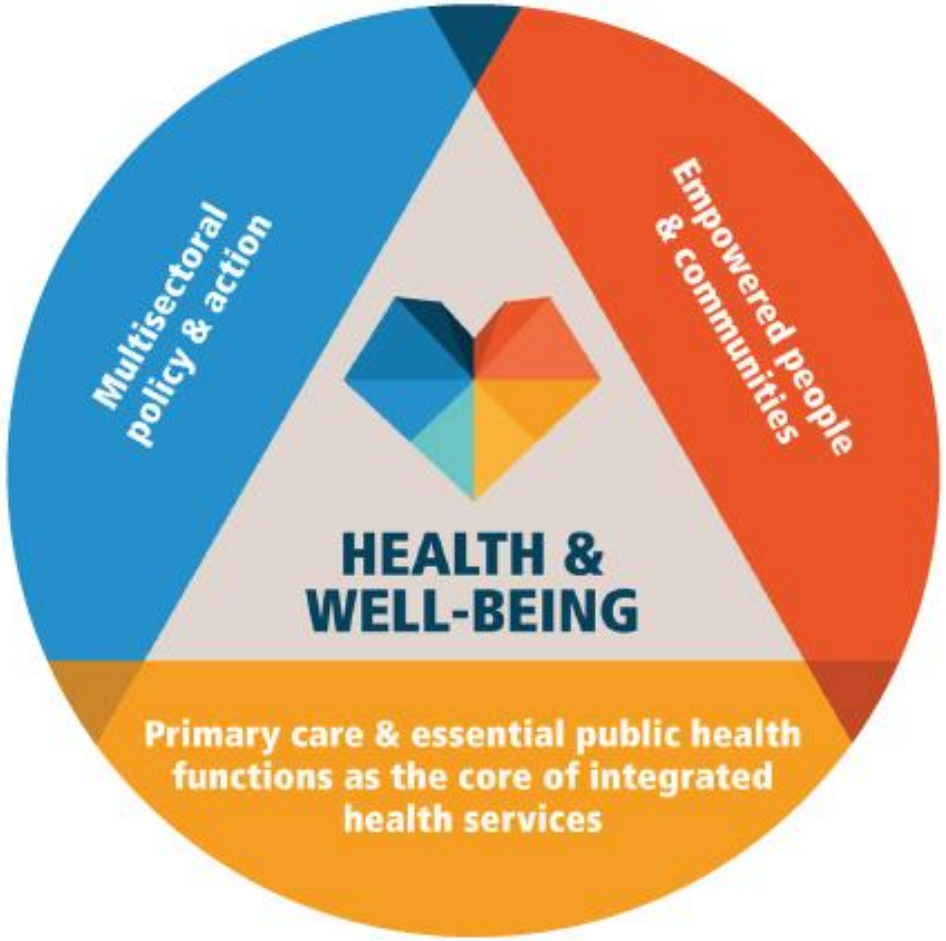
1. Fiscal measures, such as taxes and subsidies
2. Laws and regulations
3. Changes in the built environment
4. Information, education, and communication campaigns

C. Empowered people and communities

1: People and communities as advocates

2: People and communities as co-developers of health and social services

3: People as self-carers and caregivers



Health System Levers for Action

Governance, policy, and finance levers

A. Political commitment and leadership
B. Governance and policy frameworks
C. Adequate funding and equitable allocation of resources

Operational levers

A. Engaging community to jointly define problems & solutions and prioritize actions
B. Models of care that prioritize primary care and public health functions
C. Ensuring the delivery of high quality and safe health care services
D. Engaging with private sector providers
E. The primary health care workforce
F. Physical infrastructure, and appropriate medicines, products, and technologies
G. Digital technologies
H. Purchasing and payment systems
I. Primary health care oriented research
J. Monitoring and evaluation

Each Lever –

- Introduction
- Actions & Interventions
- Monitoring and Metrics
- Case study

Lever (s)	Indicator (s)	Source (s)
A: Political commitment & leadership	A comprehensive national health sector policy, strategy or plan with goals and targets that includes all three components of a PHC approach exists and has been updated within the last five years	Review of relevant strategies/ policy
B: Governance & policy frameworks	Inclusion of PHC orientation in national health policies, strategies or plans	Review of the most recent national health policy, strategic plan
	Legitimization of the governance role and accountability to communities in national policy dialogue and the resulting policy frameworks	Review of minutes of policy dialogues and of the resulting policy frameworks
	Adoption of a Health in All Policies approach	Relevant government documents

Lever (s)	Indicator (s)	Source (s)
	Inclusion of multi-sectoral actions to address social, economic, environmental and commercial determinants of health in national health strategies or policies	Review of relevant strategies or policies
	Indicators of progress on relevant social, economic, environmental and commercial determinants of health e.g. 3.5.2, 3.6.1, 3.9.1, 3.9.2 etc.	Varies by indicator
C: Adequate funding and equitable allocation of resources	Per capita current PHC expenditure (US dollars)	• National health accounts analysis • Public health sector expenditure review • Health expenditure and utilization survey
	Percentage of current government health spending dedicated to PHC	

Lever (s)	Indicator (s)	Source (s)
A: Engaging community to jointly define problems & solutions	Community boards are established which provide input to policy makers and ensure a Health in All Policies approach is adhered to	
B: Models of care that prioritize PHC & public health functions	Explicit adoption of a set of process and outcome indicators for monitoring PHC-oriented performance	Ministry of Health
	Percentage of admissions for ambulatory care sensitive conditions	Hospital information systems
	Percentage of visits to primary care	• Population-based health surveys • Routine facility information systems

Lever (s)	Indicator (s)	Source (s)
	Percentage of visits managed in primary care without referral to higher level of care	• Population-based health surveys • PHC records
	Proportion of the population registered (empanelled) with a primary care provider	Administrative systems
	Existence of functional referral and counter referral system between primary and referral levels of care	Ministry of health
C: Ensuring the delivery of high quality and safe health care services	Percentage of ambulatory care sensitive admissions	Routine administrative hospital data
	Presence of quality improvement and assurance processes in the national health plan	Ministry of health
	Percentage of health service users who rate their primary care practice as safe	Survey of PHC service users

Lever (s)	Indicator (s)	Source (s)
	Presence and use of unique patient identification number	• Ministry of health • Facility surveys
	Individual patient records	Ministry of health
	Percentage of facilities that regularly assess the patient experiences or satisfaction	Facility surveys
	Percentage of facilities that undertake routine service improvement activities	Facility surveys
	Patients reporting having been involved in decisions about care or treatment by their regular (or any) provider	Population-based health surveys
D: Engaging with private sector providers	Participation of the private sector in key national policy-making bodies	Records of meetings of key national policy-making bodies

Lever (s)	Indicator (s)	Source (s)
	Percentage of key health services delivered in the public and private sectors	Demographic and health surveys & multi-indicator cluster surveys
	Percentage of private providers included in routine health information systems	Routine data from the health management information system compared with private sector assessment
	Additional consideration should be given to using qualitative techniques to assess changes in public–private collaboration over time	
E: PHC workforce	Health workforce density and distribution	• Health workforce information system • National health workforce accounts

Lever (s)	Indicator (s)	Source (s)
	Existence of national or subnational standards for inter-professional education in accreditation mechanisms	
	Existence of national systems for continuing professional development	
F: Physical infrastructure, and appropriate medicines, products, and technologies	Primary care infrastructure of adequate quality (proxy indicator clean water availability)	Health facility assessment
	Reliable access to essential drugs and vaccines	Essential medicine monitoring reports
	Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis	
	Health facility density	

Lever (s)	Indicator (s)	Source (s)
G: Digital technologies	Availability of a national eHealth strategy	Publication records
	Percentage of health facilities using electronic health records	Facility records, health management information system
	Telehealth programmes operating nationally	Global Observatory for eHealth
H: Purchasing and payment systems	The average amount of resources (allocation, payment or claims) paid per person per month, quarter or year for the PHC package	• Ministry of health, district health office or facility records • National health management information system
	Proportion of health workforce paid through strategic purchasing (blended payment systems)	

Lever (s)	Indicator (s)	Source (s)
I: PHC oriented research	Percentage of public research funding devoted to PHC research	Ministry
	Percentage of publicly funded research projects with patient and public involvement	Ministry
	Percentage of research outputs on PHC-relevant topics	Bibliographic databases
J: Monitoring and evaluation	Completeness of reporting by facilities	Routine health information system
	Proportion of children aged under 5 years whose births have been registered with a civil authority, by age	National population-based survey (or CRVS)
	Percentage of deaths that are registered (with age and sex)	CRVS system (or national population-based survey)

Lever (s)	Indicator (s)	Source (s)
	Frequency of national multi-stakeholder reviews of performance	Meeting records
	High-quality analytical report on progress and performance produced annually	

A revised version of the Operational Framework to be released in 2019

What does PHC mean in 21st Century?

Health systems need to be PHC oriented – There is no need to develop a separate PHC plan or program

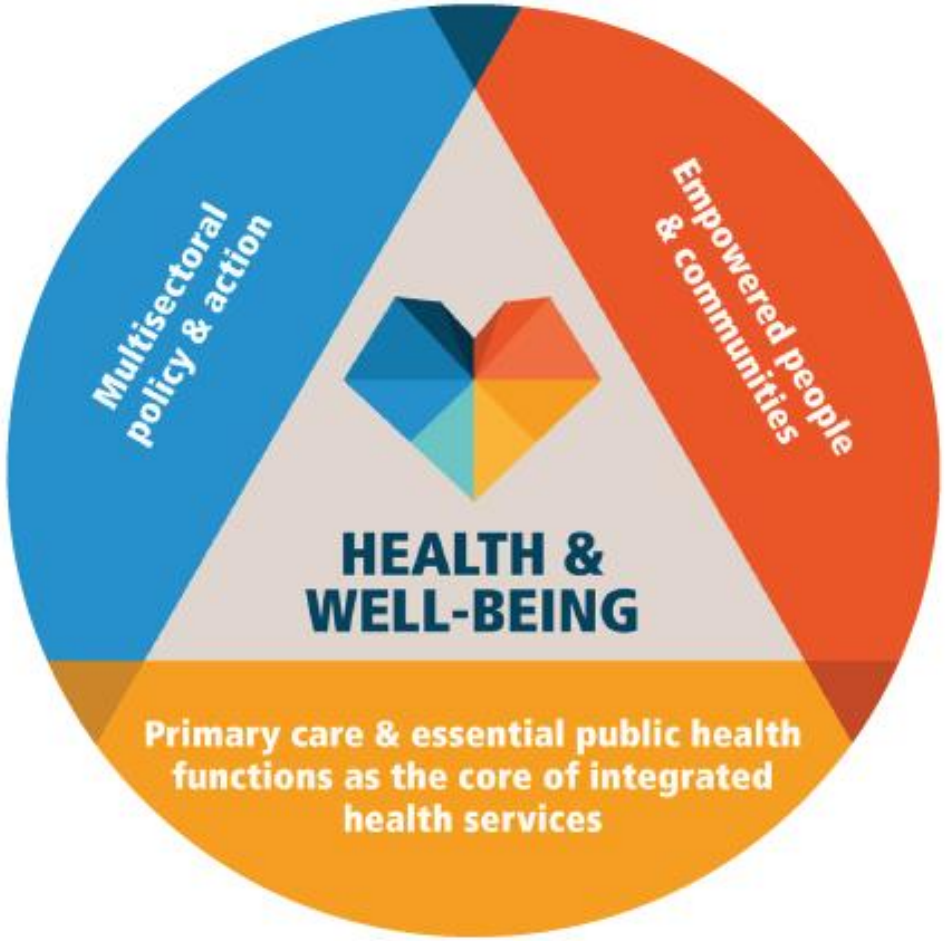
Focus on quality of primary care in addition to improving access and efficiency

Reconfigure primary care to integrate NCDs and mental health care and strengthen existing package of services

Strengthen Essential Public Health Functions – promotion, prevention, protection, preparedness and surveillance

Include multi-sectorality as integral to primary health care and engage relevant sectors as needed

Engage communities, give them voice and **make health systems accountable to communities**



PHC Measurement & Improvement

Another Stream of work in EMR

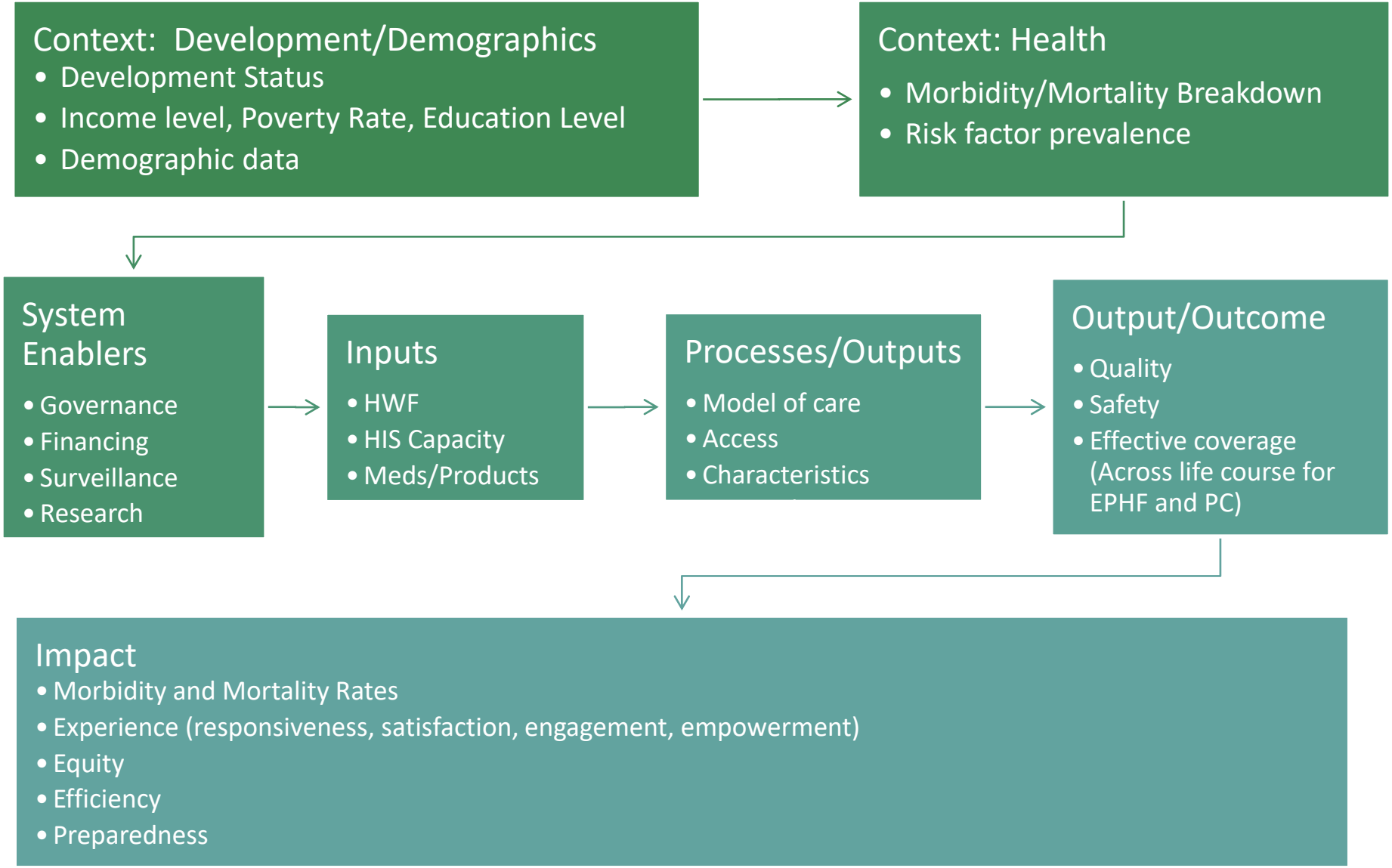
EMR PHC Objectives

- To establish a **common language/ framework** through which to understand PHC and PHC performance
- To **identify and aggregate data** that assesses key aspects of PHC
- To **create tools to better understand and improve primary health care**, tailored to the needs of the EMR countries
- To **identify progress towards and key challenges for performance improvement in PHC**, nationally and regionally
- To **develop PHC improvement plans and strategies** as part of routine policy, planning, management, supervision and service delivery processes.

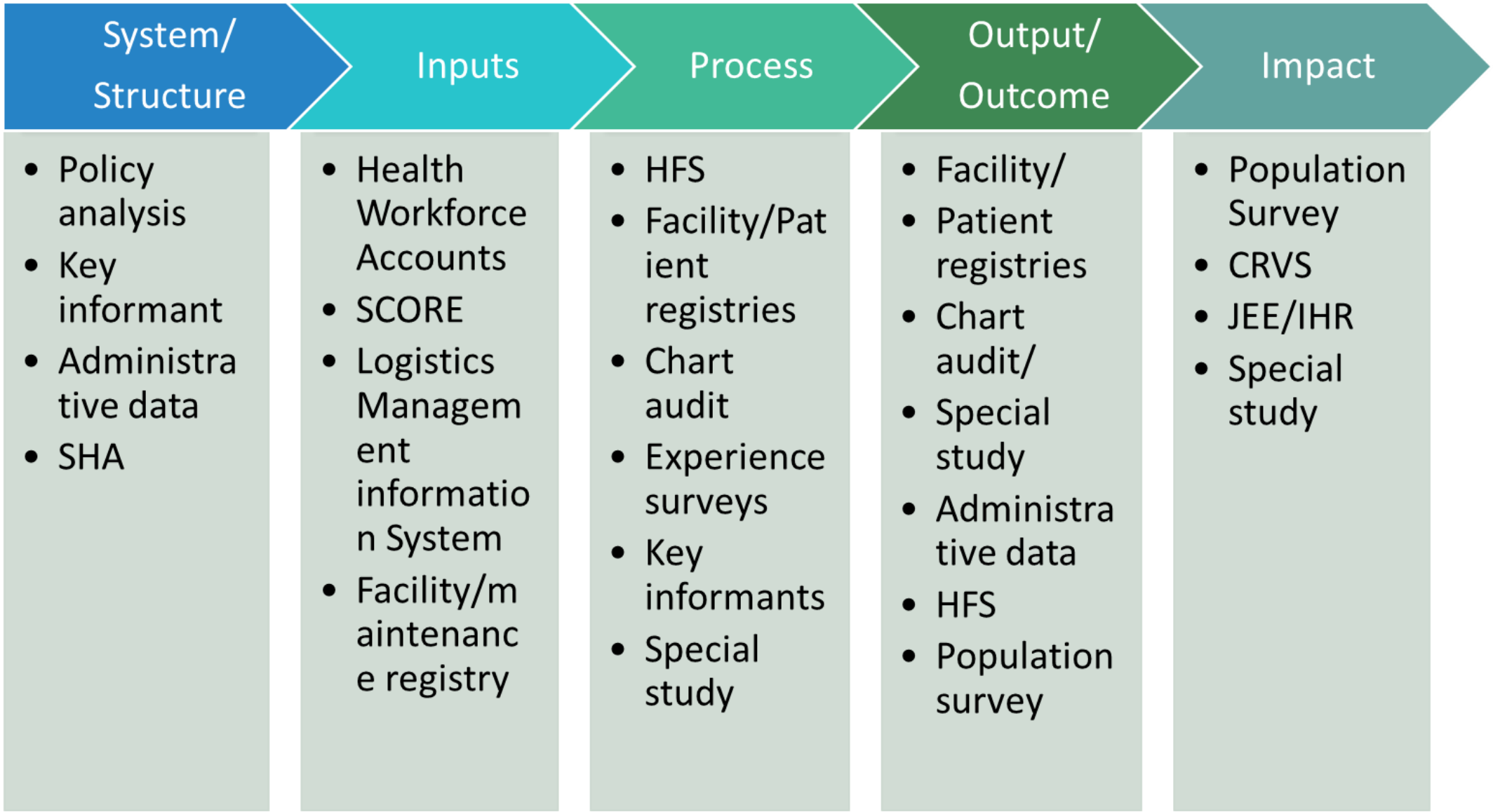
- PHC Country Profile
- PHC MI Vital Signs Profile (VSP)
- Regional PHC performance report

PHC Country Profile

Contents



Data Sources



PHC Vital Sign Profile

Country

Draft Primary Health Care Vital Signs Profile

COUNTRY CONTEXT AT-A-GLANCE

GDP per capita (PPP int'l dollars) WDI (20XX)	Living in poverty (Under $1.90 int'l dollars / day) WDI (20XX)	Government health spending as % of GDP[1] WHO GHED (20XX)
$2,894	22%	2%

Life expectancy at birth (Years) WHO (20XX)	Maternal mortality (Per 100,000 live births) WHO est. (20XX)	Under-five mortality (Per 1,000 live births) WHO est. (20XX)	Premature NCD mortality[2] (Probability) WHO est. (20XX)
68	290	38	18%

Causes of death WHO est. (20XX)

44% Non-Communicable Diseases

46% Communicable and Other Conditions[3]

10% Injuries

$ FINANCING

WHO est. (20XX)

Total PHC spending:

$29 Per capita

Prioritization of PHC:

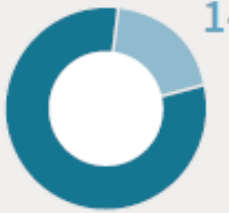
Overall health spending[4]

35% on PHC

Government health spending[5]

49% on PHC

Sources of PHC spending:



14% Government[6]

86% Other

CAPACITY

Primary Health Care Progression Model (20XX data)[7]

Governance

4.0

Inputs

2.5

Population Health & Facility Management

1.3

PERFORMANCE

Access Index[8]

DHS STATcompiler (20XX survey)

73 (0 – 100)

Quality Index[8]

SDI (20XX survey)

82 (0 – 100)

Service Coverage Index

2017 UHC Global Monitoring Report

58 (0 – 100)

EQUITY

Access: % with perceived barriers due to cost, by wealth quintile

DHS STATcompiler (20XX survey)

HIGHEST 30 — LOWEST 71 (0 – 100)

Coverage of RMNCH[9] services, by mother's education

Health Equity Monitor (20XX data)

NONE 40 — SECONDARY + 72 (0 – 100)

Outcomes: Under-five mortality[10], by residence

Health Equity Monitor (20XX data)

RURAL 35 — URBAN 38 (0 – 200)

Next Steps

- Define PHC assessment parameters
- Build a team
- Identify data sources
- Make a data collection plan
- Review and adapt the progression model and PHC Country Profile indicators as needed

- Complete quantitative data mining and document review
- Review data gaps and finalize plans for qualitative data collection
- Conduct qualitative data collection
- Complete internal scoring for progression model

- WHO review
- External review?
- Resolve any discrepancies
- Finalize content of progression model, VSP, and PHC Country Profile

- Design the PHC Country Profile
- Layout VSP including Progression Model


Services
Primary
Community
health
Care
Practice
functions
Principles
Health
opportunities
characteristics
settings
community
course
population
countries
delivered
organisation
outcomes
objectives
extent
evaluate
critically
providers
practical
enable
identify
Australia
change
address
groups
expected
different
impact
needs
also
care

Thank you