



Primary Health Care Vital Signs

Improvement starts with better data



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Executive Summary

Meeting the complex health and development challenges of the 21st century requires strong primary health care. At its core, primary health care is about promoting the health and wellbeing of people and communities, and providing the conditions they need to survive and thrive.

Despite its tremendous potential to save and improve lives, primary health care is often the weakest link in a country's approach to improving the health of its people. Half the world's population still doesn't have access to essential health services, the majority of which can be delivered through strong primary care.

Improving primary health care requires better data. Despite growing recognition that measurement is the first step to improvement, the majority of countries around the world do not have reliable information on what primary health care looks like in their communities. Without knowing if facilities are accessible, diagnoses are accurate, policies are effective, and funding is adequate, decision makers looking to strengthen primary health care are faced with an incredibly difficult – if not impossible – task.

The Primary Health Care Vital Signs Profile provides a snapshot of the strength of primary health care in low- and middle-income countries. In 2018, PHCPI partnered with several "Trailblazer" country governments to develop and launch the first set of Vital Signs Profiles. By collaborating with PHCPI to develop a Vital Signs Profile, these governments are leading the way to collect more and better data on primary health care.

About the Primary Health Care Performance Initiative

The Primary Health Care Performance Initiative (PHCPI) – a partnership of the Bill & Melinda Gates Foundation, World Bank Group and World Health Organization, in collaboration with Results for Development and Ariadne Labs – aims to transform the global state of primary health care, starting with better measurement. PHCPI works with policymakers, donors, advocates and development partners around the world to ensure that the benefits of strong primary health care reach all people and communities.

Each Vital Signs Profile provides answers to some of the most critical questions about what primary health care looks like in a country. How much does the country spend on primary health care? Does the country have policies that prioritize primary health care, and are these

policies supported by accountable and engaged leaders? Is the care people receive of high quality? Does the system reach the most marginalized and disadvantaged groups in society?

The next step is for policymakers, donors, advocates and citizens to use this information to improve primary health care. Policymakers and donors can use the information in the Vital Signs Profile to pinpoint priorities for improvement and make the case for additional investment in primary health care, and advocates and citizens can use data to track changes over time and hold leaders accountable.

At the same time, we still need more and better data on primary health care. The Vital Signs Profile is an important first step to making information on primary health care more

accessible, but ultimately, each Profile is only as accurate as the underlying data that goes into it. The process of developing the first round of Vital Signs Profiles revealed that many countries still do not collect enough quality data on primary health care, especially when it comes to service delivery or the capacity of the system to deliver quality care. In other cases, data exists, but is not globally comparable – making it harder for decision makers to use the information to drive improvements.

PHCPI aims to improve the global state of primary health care through a two-pronged approach: ensuring both that more and better data on primary health care is available, and that it is used to make decisions that improve people's lives. We are eager to collaborate with new partners who share our vision and mission.



Health for all begins with strong primary health care

In recent decades, countries around the world have made huge strides in improving the health of people and communities. Fewer children are dying in the early years of life, smallpox is a disease of the past, and the end of polio is finally in sight.

Many of the world's most impressive health victories have been possible because of innovations like vaccines and medicines that have helped us combat infectious diseases. Since the turn of the millennium, more than 20 million lives have been saved because of the measles vaccine alone.¹ Deaths from malaria have dropped by 60 percent and AIDS-related deaths have been cut in half.²

Yet the approach that has gotten us to this point will not be sufficient to make the next leap in the years ahead. Now the world is facing new challenges posed by the growing burden of noncommunicable diseases, the globalization of health threats, and increased pressures from urbanization and rising health care costs. Addressing today's global health challenges requires more than a single vaccine or pill pack – it requires a reliable source of health care in communities to which people can turn at every stage of life.

Three years ago, world leaders endorsed a vision of “health for all” when they committed to achieving universal health coverage – the idea that everyone can access essential health services at a cost they can afford – as part of a new global agenda for sustainable development. Momentum for universal health coverage has been propelled by growing recognition that the vast majority of today's global health challenges stem from a shared obstacle: under-resourced, fractured health systems that prevent people and communities from getting the care they need.

Universal health coverage is not a new idea. In 1978, world leaders met in Alma Ata, USSR (now Almaty, Kazakhstan) and committed to prioritize primary health care as the foundation of health for all. Yet forty years later, the world has not delivered on our original promise. A changed political and public health landscape resulted in steering resources toward disease-focused interventions and away from primary health care.

Today, the world is better equipped, informed and committed to make universal health coverage a reality, beginning with strong primary health care. Countries around the world – from Brazil, to Ghana, to Vietnam – have demonstrated that it is possible to rapidly scale up investments in primary health care, inspiring confidence that governments, with the support of donors and development partners, can lead the way toward health for all.

Support for strong primary health care has also expanded far beyond the group of early universal health coverage advocates, presenting a historic opportunity for action. At recent global meetings on HIV/AIDS, noncommunicable diseases and tuberculosis, scientists, advocates and world leaders have recognized that stemming the tide of these epidemics begins with strong health systems that can address people's complex and varied health needs side by side. And in October 2018, forty years after the original Alma Ata Conference, policymakers, patients, donors, advocates and partners from around the world are coming together at the Global Conference on Primary Health Care in Astana, Kazakhstan to recommit to strong primary health care as the foundation and future of health for all.

What's in a Name? Primary Care vs. Primary Health Care

Primary care is a person's first and main point of contact with the health system, connecting patients with trusted health care providers who can address the vast majority of their health needs throughout their lives.

Primary health care is fundamentally about promoting the health and wellbeing of people and communities. Primary health care includes ensuring that people's health needs are addressed through primary care and public health; taking action across sectors to address the factors – including social, economic and environmental influences – that shape people's health throughout their lives; and empowering people to engage in decisions about their own health and the health of their communities.

Strong primary health care saves and improves lives

Strong primary health care:

Saves lives. Countries with strong primary care see fewer children die before their fifth birthday, and more people live longer, healthier lives. In low- and middle-income countries, improvements in primary care have helped reduce under-five mortality by as much as one-third – and projections show that improving primary health care promises to save even more lives in the future.³ A recent study in *The Lancet* found that essential services provided through primary care have the potential to prevent 77% of maternal, child and newborn deaths and stillbirths.⁴

Addresses the majority of people's health needs. Primary care can address the vast majority of people's diverse health needs throughout their lives.⁵ It is the place in her community where a young mother can get family planning services for herself, routine immunizations for her child, antimalarial medicines for her sick relative, and diabetes care for her aging parent.

Provides good value for money. Primary health care can detect, prevent and treat people's illnesses before they spiral out of control, helping to avoid needless suffering. One study recommends that for maximum cost-effectiveness, poor countries should spend nearly 70% of any increase in funding for health on primary health care.⁶ Primary care is also efficient, as it can treat multiple health problems for each person, as opposed to having them seek care from different providers.

Encourages people to get the health care they need. When primary care is strong, patients develop trusted relationships with providers, who can encourage them to get the care they need.⁷ In contrast, evidence shows that when primary care is weak, people avoid seeking care because they lack confidence in the health system. For example, 73% of patients in Mexico cited poor quality health systems as a reason why they did not seek care, and a survey in China found that poor quality of care and lack of trust were among the most common reasons why patients bypassed care in their communities.⁸ Building strong primary care systems can help address these concerns and ensure that patients feel comfortable seeking care both in times of calm and crisis.

Protects countries – rich and poor alike – from outbreaks. In today's world, remote health crises can rapidly and unpredictably become global. Communities with strong primary health care are more resilient and better prepared to detect and stop local outbreaks before they become global pandemics. Recent outbreaks of Ebola, Zika and influenza spiraled out of control when they struck countries and communities that were unprepared to detect and respond to them.¹⁰ Communities with strong primary health care were better able to stem the spread of these diseases, thanks to primary care providers who spotted the warning signs early on and were trusted by their patients to deliver quality care.^{9, 11, 12, 13}

Helps create a fair and equitable society. Primary health care benefits everyone in a community and is accessible to everyone, rich and poor alike. One study of seven West African nations showed

that investments in primary care made more of a difference in the lives of the poorest people than did other government investments on health.¹⁴ Primary health care programs like Brazil's Family Health Programme and Mexico's Seguro Popular Initiative have led to significant health gains among the most disadvantaged groups in society.^{15, 16}

Improving primary health care starts with better measurement

Despite widespread agreement about the power of primary health care to save and improve lives, it remains far from the reality for most people. Half the world's people still lack access to essential health services, the majority of which can be delivered through strong primary care.¹⁷ Every year, 8.6 million people die from conditions that are treatable by primary care and the rest of the health system.⁸

While these results are sobering, they are not necessarily surprising, given that primary health care is sorely underfunded. Financing for health has historically focused on programs for individual diseases and secondary and tertiary health care, with less attention to primary health care.^{14, 18} New projections highlight the urgency of changing this reality: to achieve global health goals by 2030, the world needs to spend up to an additional \$211 billion on primary care every year.¹⁹ While most low- and middle-income countries will be leading the way to finance and deliver primary health care in the years ahead, the donor community still has

an important role to play, particularly in supporting global public goods like better information and knowledge-sharing.²⁰

It is this reality that inspired the Bill & Melinda Gates Foundation, World Bank Group and World Health Organization, in partnership with Ariadne Labs and Results for Development, to launch the Primary Health Care Performance Initiative (PHCPI) – a partnership dedicated to transforming the global state of primary health care. PHCPI works with policymakers, donors, advocates and development partners around the world to ensure that the benefits of strong primary health care reach all people and communities.

PHCPI starts by focusing on an underappreciated aspect of primary health care: measurement. There is growing recognition that achieving global health and development goals requires more and better data than what is available today.²¹ Recognizing the importance of measurement for improvement, various initiatives – including for family planning, gender equality and nutrition – have taken steps to improve data on their specific priorities.^{22, 23, 24} Yet overall, global health data has remained fragmented and organized by disease, with data on health systems – and especially primary health care – lagging furthest behind.^{8, 25}

PHCPI aims to close this critical gap in primary health care measurement. Better data on primary health care is urgently needed to:

Drive improvements. Policymakers and health system managers need quality data to gauge the strengths and weaknesses of primary health care

in their countries, learn from the experiences of others, and ultimately drive the reforms needed for their particular contexts. Information about where systems are strong and weak can also help donors decide where to direct their resources for maximum impact.

Make the case for greater investment.

Policymakers and donors are more likely to finance what they can measure. Better data on primary health care gives policymakers and donors the information they need to track the impact of their investments over time, helping to make the case for increased investment.

Support civil society and citizens to hold leaders accountable.

Advocates and citizens can use data on primary health care to draw attention to problems, hold leaders accountable to their commitments, and call for the specific policy and financing reforms needed to achieve health for all. Better access to information also empowers people and communities to demand the quality care they need and engage in policy and planning dialogues about primary health care.

Recognizing the many benefits of quality data, PHCPI seeks to catalyze a global shift in primary health care measurement and improvement by:

Measuring what matters. Historically, most data on primary health care has focused on tracking inputs into the system – details like the total number of health workers, medicines and supplies available. While this information is important, it is not enough for decision makers to evaluate how well primary health care works in practice.



Inputs do not answer many of the most important questions. Do mothers and children get the care they need and want? Are providers trained to deliver high-quality care? Are medicines on the shelves at health facilities – and do they actually get to the people who need them?

That is why a major focus of PHCPI's work is supporting countries to collect more and better data on service delivery – the interactions between patients and their providers that influence whether people get the quality care they need, when they need it.

Making data accessible. National data systems and donor reporting requirements generate an avalanche of health information in many countries around the world, yet these rarely give countries a complete picture of what is – and is not – working in primary health care. Lack of coordination between different data sources and tools is also a major challenge, making it difficult for governments and donors to understand how a

system is performing over time or how one might be performing compared to another. This means that even if they increase spending on primary health care or make policy reforms, they are in the dark about whether these changes actually result in more people getting quality care.

To make data more accessible, PHCPI works to compile and present information in a way that is easy for policymakers, donors and advocates to understand. Where possible, we also provide data that is globally or regionally comparable – making it easier for decision makers to learn from the experiences of other countries and apply relevant insights.

Ensuring that better measurement translates into improvement. To ensure that better data translates into stronger primary health care, PHCPI brings together countries and practitioners to share learning experiences, and develops case studies and strategies that countries can use to address critical gaps in primary health care.

Introducing the Primary Health Care Vital Signs Profile

The Vital Signs Profile is a new measurement tool that policymakers, donors, advocates and citizens can use to better understand, and ultimately improve, primary health care around the world. It provides a unique snapshot of primary health care in individual countries, shining a light on where systems are strong and where they are weak.

The Vital Signs Profile provides answers to some of the most critical questions about primary health care:



Financing

How much does my country spend on primary health care? What are the sources of funding?



Capacity

Governance: Does my country have policies that prioritize primary health care?

Inputs: Does my primary care system have enough drugs, supplies and health care providers?

Population Health & Facility Management: Do primary care facilities respond to the specific needs of their communities? Are they managed well?



Performance

Access: Are people able to get the care they need, without financial or geographic barriers standing in the way?

Quality: Is the care people receive of high quality? Is it safe and delivered by trained health care providers?

Coverage: Are people receiving essential primary health care services?



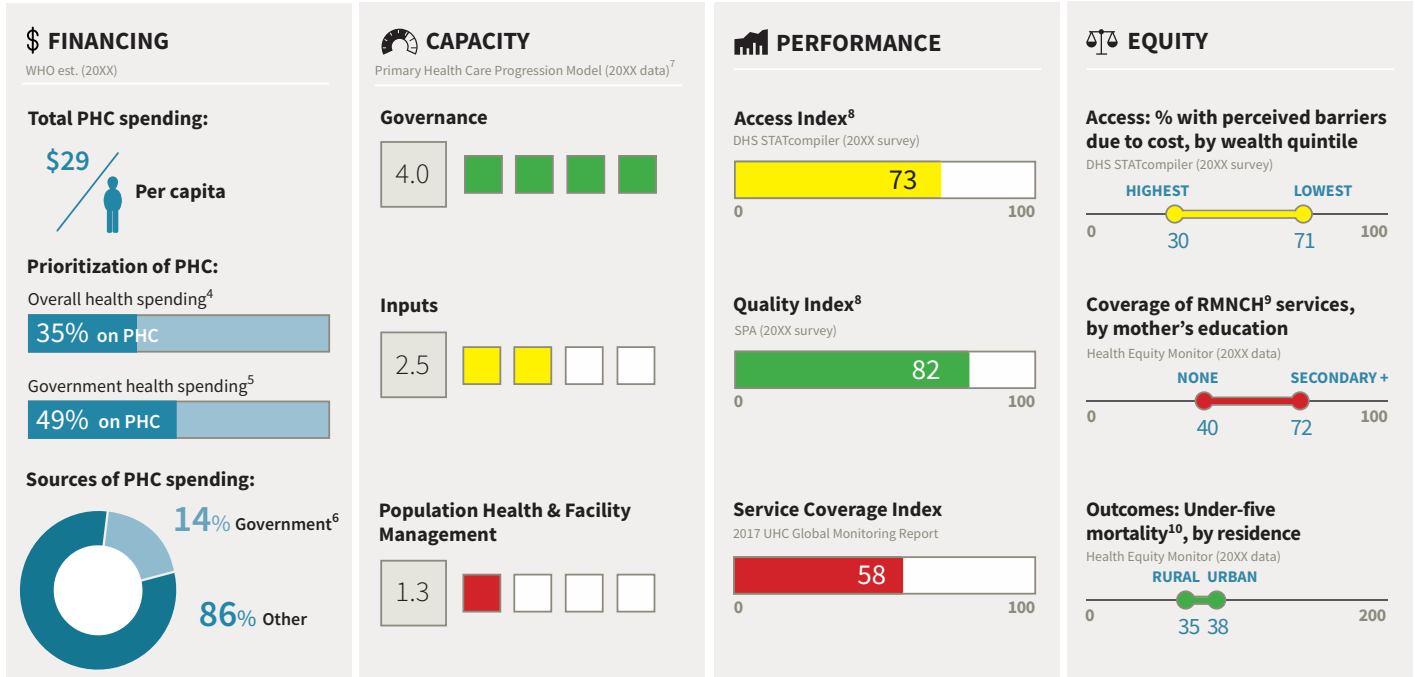
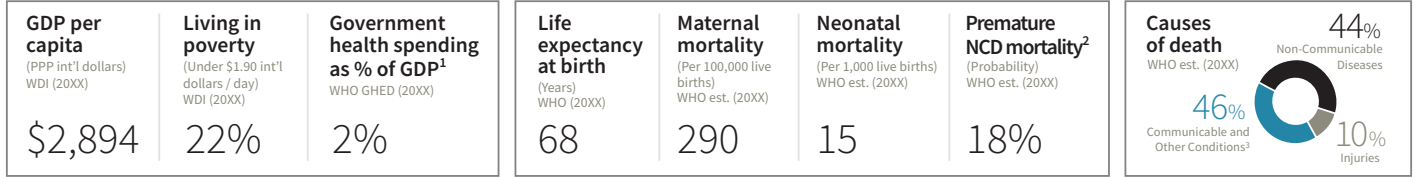
Equity

Does my country's primary health care system serve the most marginalized and disadvantaged groups in society? To what extent do factors like income, education level and location influence whether people get the care they need?

Country

Primary Health Care Vital Signs Profile

COUNTRY CONTEXT AT-A-GLANCE



Note: Indicator values presented here may differ from country data sources due to the use of standardized categories and methods to enhance international comparability. See Indicator Description Sheet for details.

- Domestic general government health expenditure as % of gross domestic product (GDP)
- Probability of dying between ages 30 and 70 from cardiovascular disease, cancer, diabetes, or chronic respiratory disease
- Communicable, maternal, perinatal, and nutritional conditions
- Current PHC expenditure as % of Current Health Expenditure (CHE)
- Domestic general government PHC expenditure as % of domestic general government health expenditure
- Domestic general government PHC expenditure as % of current PHC expenditure
- The PHC Progression Model uses mixed methods to assess foundational capacities of PHC on a scale from 1 (low) to 4 (high)
- Because different data/indicators are used in each country, composite index values may not be comparable across countries. See page 2 for the specific indicators used in this SPA
- The composite coverage index is a weighted score reflecting coverage of eight RMNCH interventions along the continuum of care (http://www.who.int/global-health-equity/report_2015/en/)
- Deaths of children before age 5, per 1,000 live births

The Vital Signs Profile is the latest step in PHCPI’s journey to improve primary health care through better measurement. PHCPI’s previous efforts focused on mapping elements of strong primary health care and identifying existing data for these elements. The Vital Signs Profile goes one step further, analyzing a range of quantitative and qualitative data sources to develop new measures for the most important elements of primary health care. As a result, the Vital Signs Profile provides a richer and more detailed picture of what primary health care looks like in different countries than ever before.



Looking forward: A global agenda for better measurement of primary health care

PHCPI and several “Trailblazer” countries partnered to develop and release the first set of Vital Signs Profiles in October 2018. While primary health care looks different in each Trailblazer, these countries have at least one important quality in common: a resolve to better measure, and ultimately improve, primary health care for their people and communities.

The process of developing the first set of Vital Signs Profiles revealed several key insights for countries, advocates, development partners and citizens who are committed to improving primary health care:

Collect more and better data on primary health care. The Vital Signs Profile is an important and innovative tool to measure the strength of primary

health care, and shines a light on aspects of the system that were not measured well before. Yet the tool is ultimately only as good as the underlying data that countries collect.

The process of developing the first set of Vital Signs Profiles revealed that while many countries have data on specific programs and diseases, far fewer collect information about primary health care as a whole – especially when it comes to service delivery and the capacity of the system to deliver quality care. These data gaps mean that the Vital Signs Profiles, while a step in the right direction, still offer an incomplete picture of primary health care.

Policymakers, donors, advocates and citizens all have a critical role to play in demanding more

and better data on primary health care. As the underlying data on primary health care improves, it can feed into future iterations of a country's Vital Signs Profile, helping to paint an even more accurate and comprehensive picture of primary health care that can inform policy and financing reforms.

Share innovations and experiences in data collection, use and analysis. In developing the Vital Signs Profiles, PHCPI discovered that countries often have rich and varied sources of data that are relevant to primary health care. Yet much of this data is not globally comparable, making it difficult to draw comparisons across countries and identify relevant lessons.

While PHCPI initially sought to only include globally comparable data in the Vital Signs Profile, this ultimately proved impossible because of significant data gaps. As a result, while each Vital Signs Profile provides valuable country-specific insights, there is a need for further work to make the data comparable and ensure that countries can learn from one another's experiences.

Moving forward, PHCPI is committed to bringing together stakeholders across countries to share innovations and experiences in data collection, use and analysis with one another. While the process of developing a Vital Signs Profile was very different for each Trailblazer, every country emerged from the process with new insights on primary health care that could also benefit others.

Use existing data to improve primary health care. The Trailblazer countries that have partnered with PHCPI to develop a Vital Signs Profile have committed both to collecting more

and better data on primary health care and to using the information they already have to drive improvements. PHCPI encourages governments around the world to follow in the footsteps of the Trailblazer countries and partner with us to develop a Vital Signs Profile – a process that involves compiling and analyzing a range of data sources to shine a light on aspects of primary health care that are otherwise not well-understood.

The next step is to use this information to drive policy and financing reforms and inform planning processes for countries and donors. To help ensure that better measurement translates into improvement, PHCPI has developed the Primary Health Care Improvement Strategies – a set of tools and resources that countries can use to identify specific ways to strengthen their primary health care systems. Advocates and citizens also have an important role to play: they can use existing data to track changes over time, hold leaders accountable to delivering on their promises to achieve health for all, and engage in policy and planning dialogues that inform what primary health care looks like in their communities.

Improving primary health care requires both that more and better data on primary health care is available and that it is used to drive decisions that change people's lives. At PHCPI, we believe that no one party can accomplish this alone. We are eager to work with additional partners who share our mission, including governments, donors, advocates, health system managers, providers, patients and more. Together, we can help create a world where strong primary health care is the reality, not the exception, for every person, family and community.

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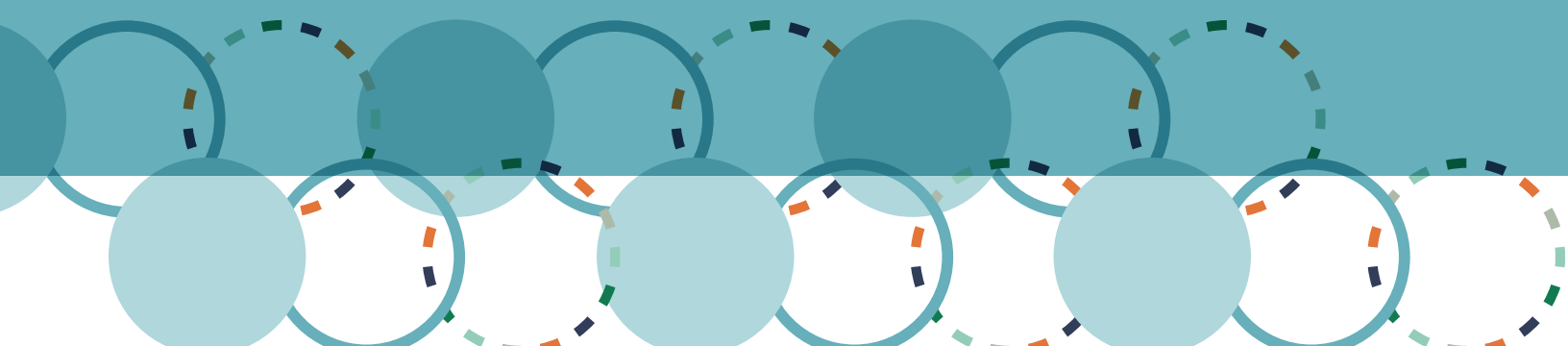
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