Deep Dive – Access

Access

This subdomain measures whether patients have affordable, timely access to a PHC facility that is geographically convenient. The basic structural availability of facilities is a starting point for understanding effective service delivery and is measured under inputs in the Facility Infrastructure module. By contrast, this subdomain is considered from the point of view of the patient when trying to access care or at the point of care. By this definition, in order for services to be considered accessible, patients must face no actual or perceived barriers to receiving services. Ensuring access from the users’ perspective can help enable patients to receive the right care at the right place at the right time. Access is a linchpin in improving primary health care, even if services are present and high quality at the point of care, if users experience barriers to accessing and using it, outcomes will not improve. The delivery of high quality and appropriate care is discussed in Provider Competence. The component of access which relates to issues of equity, stigma and acceptability of care are also critical but addressed within Patient-Provider Respect and Trust and Person-Centered Care.

What could your country achieve by focusing on access?
Access is a foundational component of Service Delivery

System
- Governance & Leadership
  - Primary Health Care Policies
  - Quality Management Infrastructure
  - Social Accountability
- Health Financing
  - Payment Systems
  - Spending on Primary Health Care
  - Financial Coverage
- Adjustment to Population Health Needs
  - Surveillance
  - Priority Setting
  - Innovation & Learning

 Inputs
- Drugs & Supplies
- Facility Infrastructure
- Information Systems
- Workforce
- Funds

 Service Delivery
- Population Health Management
  - Local Priority Setting
  - Community Engagement
  - Empowerment
  - Proactive Population Outreach
- Facility Organization & Management
  - Team-based Care Organization
  - Facility Management
  - Capability & Leadership
  - Information Systems Use
  - Performance Measurement & Management Outreach

 Access
- Financial
- Geographic
- Timeliness

 Outputs
- High Quality Primary Health Care
  - First Contact Accessibility
  - Continuity
  - Comprehensiveness
  - Coordination
  - Person-centered
- Effective Service Coverage
  - Health Promotion
  - Disease Prevention
  - RMNCH
  - Childhood Illness
  - Infectious Disease
  - NCDs & Mental Health
  - Palliative Care

 Outcomes
- Health Status
- Responsiveness to People
- Equity
- Efficiency
- Resilience of Health Systems

Social Determinants & Context (Political, Social, Demographic & Socioeconomic)
What is Access?

Access is a measure of whether, from the user’s perspective, patients can reach a PHC facility and receive services in a manner that is affordable, timely, and geographically convenient.

Even if services are present and of high quality at the point of care, if users experience barriers to accessing and using these services, patient health outcomes will not improve.
What can my country achieve by focusing on Access?

**System**
- Governance & Leadership
- Health Financing
- Adjustment to Population Health Needs

**Inputs**
- Drugs & Supplies
- Facility Infrastructure
- Information Systems

**Service Delivery**
- Population Health Management
- Facility Organization & Management
- Availability of Effective PHC Services

**Outputs**
- High Quality Primary Health Care
- Effective Service Coverage

**Outcomes**
- Health Status
- Responsiveness to People
- Equity
- Efficiency
- Resilience of Health Systems

Social Determinants & Context (Political, Social, Demographic & Socioeconomic)
Strategies to improve Access

**Access** is a measure of whether, from the user’s perspective, patients can reach a PHC facility and receive services in a manner that is affordable, timely, and geographically convenient.

**Financial Access**
Strategies to improve Access

Access is a measure of whether, from the user’s perspective, patients can reach a PHC facility and receive services in a manner that is affordable, timely, and geographically convenient.

Financial Access

Geographic Access
Access is a measure of whether, from the user’s perspective, patients can reach a PHC facility and receive services in a manner that is affordable, timely, and geographically convenient.

Strategies to improve Access

- **Financial Access**
- **Geographic Access**
- **Timeliness**
How do I assess my performance?

Use the information in the Vital Signs Profile to help determine relevant areas of improvement.

Completion of a Vital Signs Profile gives countries a holistic understanding of PHC strengths and weaknesses, a critical first step in the measurement for improvement pathway.
Planning for improvement in your context

The guidance and recommendations described within the Access module are not intended to provide a one-size-fits all solution. The considerations involved in planning and implementing strategies will depend on your local context.

Sample activities

- Consider implementation challenges and approaches in other country contexts
- Understand how the features of your health system, such as how decisions get made and the role of the private sector, will impact your improvement plans
- Identify key elements that need to be in place to support improvements
- Use the guiding questions in the Improvement Strategies to spur thinking about Access in your country context and stimulate ideas for improvement
- Start to develop an improvement plan
How to approach improving Access

- **Financial Access**
  - Address financial barriers to care; financial barriers may include prohibitive user fees, out-of-pocket (OOP) payments, or transportation or childcare costs. Financial access is patient-focused and ensures that patients do not need to use significant financial resources to access care.

- **Geographic Access**

- **Timeliness**
How to approach improving Access

Financial Access

Address financial barriers to care; financial barriers may include prohibitive user fees, out-of-pocket (OOP) payments, or transportation or childcare costs. Financial access is patient-focused and ensures that patients do not need to use significant financial resources to access care.

Geographic Access

Ensure patients do not face barriers in distance, transportation, or other challenges to receive care. Geographic access also relates to allocation of resources, equity, and investments in infrastructure.

Timeliness
How to approach improving Access

- **Financial Access**: Address financial barriers to care; financial barriers may include prohibitive user fees, out-of-pocket (OOP) payments, or transportation or childcare costs. Financial access is patient-focused and ensures that patients do not need to use significant financial resources to access care.

- **Geographic Access**: Ensure patients do not face barriers in distance, transportation, or other challenges to receive care. Geographic access also relates to allocation of resources, equity, and investments in infrastructure.

- **Timeliness**: Support timely access to services, within reasonable waiting times. Facility operation hours match patients’ schedule and availability such that patients need not sacrifice other obligations (e.g. childcare or work) to seek care.
Learn from what others have done

Health Financing Pilot Program | Afghanistan
Improvements in the health delivery system led to 44 million annual visits and improvements in health indicators.

Health Sector Development Program (HSDP) | Mongolia
The HSDP, implemented in 1997, led Mongolia to achieve universal PHC and to make improvements in health indicators.
In 2003, the Ministry of Public Health designed a Basic Package of Health Services (BPHS) to encompass all basic PHC needs, such as RMNCH, Childhood Illness, and NCDs.

## Afghanistan: At-a-glance context

<table>
<thead>
<tr>
<th>GDP per capita ($PPP)</th>
<th>Human Development Index</th>
<th>Life expectancy at birth</th>
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</table>

<table>
<thead>
<tr>
<th>Percentage of population living in rural areas</th>
<th>Percentage of population living under $1.90 per day</th>
<th>Population</th>
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<tbody>
<tr>
<td>75%</td>
<td>--</td>
<td>38M</td>
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Learn from what others have done: Afghanistan

Why reforms were needed

• In the aftermath of political conflict in the early 2000s, Afghanistan was left with poor health outcomes due to destruction of infrastructure and loss of workforce.

• In 2002, the maternal mortality ratio was 1600 per 100,000 live births, the highest ever recorded. The infant and child mortality rates were 165 and 257 per 1000 live births, respectively.¹

• Additionally, less than 10% of the population lived within a one hour walking distance to a facility.

• Health services in Afghanistan were also fragmented: In 2002, 80% of the services were delivered by international organizations or national NGOs with a focus on vertical programs, leading to significant gaps in primary care services and inequitable distribution.


Learn from what others have done: Afghanistan

Approach

In 2005, the Ministry of Public Health (MoPH) implemented a health financing pilot program to understand the effects of different methods of financial access strategies. The interventions implemented were:

- Standard user fees with fee waivers for specific segments of the population
- Community health funds
- Free services

The MoPH designed a Basic Package of Health Services (BPHS) intended to encompass all basic PHC needs:

- MoPH contracted with NGOs for service delivery
- Each service delivered through the BPHS was mapped to a type of health facility at which it could be provided
- Additions to BPHS since 2005 include the prioritization of mental health and disability services at all facilities


Learn from what others have done: Afghanistan

- In 2008, the MoPH instituted a national ban on user fees for primary care services, and there has been an increase in utilization of services following the removal of user fees and implementation of the BPHS.

- Total annual visits increased from two million to 44.8 million and there was a 4000% increase in skilled birth attendance over seven years.

- The BPHS facilities have seen uptake in information systems and use of data for improvement, with 90% of facilities reporting data in 2011, and 75% of health posts providing routine statistics.

- Health indicators in Afghanistan have improved substantially since 2002:
  - The maternal mortality ratio decreased from 1600 to 327 per 100,000 live births in 2010.
  - Infant and under 5 mortality decreased from 165 to 77 and 257 to 97 per 1000 live births, respectively.

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Mongolia : At-a-glance context

East Asia & Pacific

Upper-Middle Income

Mongolia’s series of policies and financial reforms since 1997 have enabled it to achieve universal PHC.
## Mongolia: At-a-glance context

<table>
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<td>Life expectancy at birth</td>
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<tr>
<td>Percentage of population living in rural areas</td>
<td>32%</td>
</tr>
<tr>
<td>Percentage of population living under $1.90 per day</td>
<td>1%</td>
</tr>
<tr>
<td>Population</td>
<td>3.23M</td>
</tr>
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</table>
Learn from what others have done: Mongolia

Background & why reforms were needed

• Following Mongolia’s shift from a centrally planned economy subsidized by the Soviet Union to a free-market system in the 1990s, government health expenditure declined, and the supply of essential medicines and medical supplies suffered.

• Combined with access barriers due to harsh climate, remote geography, and poor population-wide knowledge and awareness, these spending cuts affected the operations of health care coverage and the quality of health services.

• The centralized health system that Mongolia inherited was weak on primary care, with a large and inefficient hospital network largely inaccessible by its large, remote population and an underdeveloped human resource sector.
Learn from what others have done: Mongolia

Approach

The Health Sector Development Program (HSDP) supported various reforms to improve PHC through the development of a network of PHC facilities:

- PHC facilities are empaneled into designated catchment areas
- Public-funded PHC is delivered to catchment populations by family health centers (urban areas) and soum health centers (rural and remote areas)
- Bagh feldshers, trained mid-level community-based personnel, provide care to nomadic herdsmen families and communities

The Social Health Insurance System established in 1996 helped provide insurance coverage for registered citizens and mobilized health funding, reaching 82.5% population coverage in 2010

- In 2006, PHC facilities transitioned from a partial Health Insurance Fund and State budget system to a full State budget tax-based funding system
Learn from what others have done: Mongolia

- Mongolia’s series of policies and financial reforms have enabled it to achieve universal PHC

- These PHC gains have played an important role in improving Mongolia’s health indicators including:
  - A life expectancy of 69.82 in 2015
  - A drop in its infant mortality rate (IMR) and maternal mortality rate (MMR) to achieve its maternal and child health targets for the Millennium Development Goals

- PHC utilization has increased dramatically among Mongolia’s poor population, with a rate of attendance at SHCs and FHCs two-times that of the wealthiest quintile

- FHCs are readily accessible in urban areas and efforts have been made to develop functional referral networks in rural areas through rural facility mapping and rehabilitation of referral centers and hospitals

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## Recap: Access

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### Inputs
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  - Team-based Care Organization
  - Facility Management Capability & Leadership
  - Information Systems Use
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### Access
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### Outputs
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Social Determinants & Context (Political, Social, Demographic & Socioeconomic)