



IMPROVEMENT STRATEGIES MODEL: HIGH QUALITY PRIMARY HEALTH CARE: COMPREHENSIVENESS

Led by: **BILL & MELINDA
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CORE PRINCIPLES OF PRIMARY HEALTH CARE

High-quality primary health care systems consistently deliver services that are trusted and valued by the people they serve and improve health outcomes for all. (1-4) High-quality primary health care is the outcome of strong service delivery and the result of well organized and managed services, backed by a strong system and adequate inputs, such as human resources, infrastructure, and drugs and supplies. This module focuses on what systems, policies, and infrastructure should be in place to ensure the delivery of high-quality primary health care services. Within the PHCPI framework, five core functions underpin high-quality care delivery in primary health care systems. These include first contact accessibility, coordination, continuity, comprehensiveness, and person-centeredness. (2,5) Improving the delivery of these functions is central to obtaining the benefits of person-centered primary care systems. (2,4,6)

High-quality care is often least accessible to the most vulnerable groups, and therefore ensuring the delivery of high-quality primary health care involves taking into account the wide array of individual and/or community socioeconomic characteristics—including poverty, gender, sex or sexual identity, caste, ethnicity, age, and race. (4) These social determinants may have a significant impact on the delivery of care within or between countries, and improvement may require concomitant efforts to improve social disparities.

FIRST CONTACT ACCESSIBILITY

High-quality primary health care can meet 90% of population health needs (1,2) and should be the first point of contact or entry-point to the health system for most health needs, most of the time. To be an effective first point of contact, primary health care must consistently delivery services that users trust, value, and can easily access.

CONTINUITY

Continuity refers to a long-term healing relationship between a person and his or her primary care provider or care team over time. Continuity creates an environment in which patients experience discrete health care events as coherent, connected, and consistent with their medical needs and personal context throughout their life course. There are at least three types of continuity considered to be important for primary care (7): Relational continuity - An ongoing therapeutic relationship between a patient and one or more providers; Informational continuity - The use of information on past events and personal circumstances to make current care appropriate for each individual; and Management continuity - The extent to which services delivered by different providers are timely and complementary such that care is experienced as connected and coherent. It can also be thought of as a consistent and coherent approach to the management of a health condition that is responsive to a patient's changing needs.

COMPREHENSIVENESS

Comprehensiveness refers to the provision of holistic and appropriate care across a broad spectrum of health problems, age ranges, and treatment modalities. (2,8,9) High-quality primary health care treats the 'whole' person within their family, cultural, and community context - delivering a wide range of preventive, promotive, disease-management, and rehabilitative services. (10,11) To address an individual's full range of needs - taking into account the political, economic, social, and environmental determinants of health - a wide scope of services must be available and integrated across levels of care and between the health and non-health sectors.

COORDINATION

Coordinated care is an integrating function that includes appropriate management of care between providers and across levels of care and time. (2,10,12) High-quality primary health care is coordinated around a person's needs and preferences throughout treatment and across various care sites. Coordination ensures appropriate follow-up treatment, minimizes the risk of error, and prevents complications. Coordination of care often requires proactive outreach on the part of health care teams as well as systems for informational continuity.

PERSON-CENTEREDNESS

Person-centered care is organized around the comprehensive needs of people rather than individual diseases. It engages and empowers people in full partnership with health care providers in promoting and maintaining their health. Person-centered care considers a patient's social, career, cultural, and family priorities as important facets of health. Understanding system performance from the perspective of the user of the system is critical to assessing overall function as well as improvement initiatives.

HIGH QUALITY PRIMARY HEALTH CARE: WHAT ARE THE KEY PRINCIPLES?

The following principles should be prioritized simultaneously to improve the design of health systems that promote high-quality primary health care.

PERSON-CENTEREDNESS

While there are many supply-side considerations for first contact access at the system and organizational-level, services that are acceptable (trusted and of-value) from the patient perspective will make it more likely that patients will seek services. Person-centeredness is an important function for improving the capacity of PHC systems to deliver services that are trusted and valued by patients. Person-centered health-systems engage people as equal partners in promoting and maintaining their health in a way that integrates the existing cultural context such as attitudes, beliefs, and concerns. However, in order to be empowered users of the health system, patients must have the ability to make informed decisions and participate in their own care. While there are a varying degrees of improvements to be made to achieve person-centered health systems to the fullest extent, a minimum level of acceptability (trust and value placed in the system) must be in place for primary health care to be utilized as the first point of contact.

PRIMARY HEALTH CARE AS THE FIRST POINT OF CONTACT

The capacity of PHC to effectively serve as the first point of contact hinges on the consistent delivery of high-quality comprehensive care that is trusted and valued by users. However, comprehensive care will not in itself translate to better health outcomes if it is not utilized as first contact care. In order for patients to receive high-quality primary health care, primary care facilities must be both accessible, (facilities are physically present and accessible to populations in terms of geographic proximity, cost, and convenient hours of operation and waiting times) and acceptable (trusted and valued by users). From the system level, this is influenced by the creation and enforcement of national standards and guidelines (across private and public sectors), the skill and motivation of the primary health care workforce, and the availability of inputs, infrastructure, and information systems. From the patient-perspective, utilization is influenced by contextual factors at the individual and local level, including social and cultural norms and beliefs and decision-making capacity. With these foundational elements in place, service delivery activities, such as empanelment and proactive population outreach, help to facilitate primary care as the first point of contact and enable coordination across the continuum of care.

INTEGRATED CARE DELIVERY SYSTEMS

To best meet the complex needs and preferences of populations, primary health care services should be comprehensive. Integrated health service delivery is an approach to strengthening person-centered health systems through the delivery of comprehensive services, coordinated around the needs and preferences of a person throughout their life course and care settings. (13,14) Integrated models that offer a more comprehensive set of skills and services at the frontline (including diagnostic, pharmaceutical, behavioral, and rehabilitative services) can help to increase the efficiency and timeliness of primary health care, increasing the capacity of primary care to serve as the first point of contact (15-17) Integrated models are strengthened by the use of referral networks and interoperable information systems that promote bi-directional communication channels.(18-20)

TOOLS & FRAMEWORKS

This subdomain focuses on the delivery of high-quality primary health care from the perspective of both the user and the system. High-quality primary health care is an outcome within Service Delivery - these functions of PHC are often a result of various elements within System, Inputs, and other components of Service Delivery. The framework below calls for a fundamental shift in the way health services are funded, managed, and delivered to promote universal access to high-quality person-centered care. The framework is adaptable to all countries and health systems.

WHO FRAMEWORK ON INTEGRATED PEOPLE-CENTERED HEALTH SERVICES

The WHO Framework on Integrated People-Centered Health Services proposes five interdependent strategies for the development of responsive people-centered health systems that deliver high-quality, safe, and acceptable services for all. The below strategies are synergistic, a lack of progress in one area may undermine progress in another.

- ▶ **Empowering and engaging people and communities** - This strategy aims to empower individuals (including underserved and marginalized groups) with the opportunities, skills, and resources to make decisions about their own health and be empowered and engaged users of quality health services. It aims to enable communities to be actively engaged in co-producing healthy environments for individuals and be capacitated to delivery informal care that improves the health of communities (training and networks for community health workers, social participation, community delivered care).
- ▶ **Strengthening governance and accountability** - This strategy aims to strengthen governance using a participatory approach to policy formulation, decision-making, and performance evaluation at all levels of the health system. To reinforce good governance, a robust system for mutual accountability across stakeholders and a people-centered incentives system should be in place.
- ▶ **Reorienting the model of care** - This strategy calls for a people-centered approach to primary health care for the design and delivery of efficient and effective services that are holistic, comprehensive, and sensitive to social and cultural needs and preferences.
- ▶ **Coordinating services within and across sectors** - This strategy leverages multisectoral and intersectoral partnerships and the integration of health providers within and across settings and levels of care to promote care coordination. Coordination focuses on improving the delivery of care to better respond to the needs and demands of people.
- ▶ **Creating an enabling environment** - This strategy involves creating an enabling environment to bring all stakeholders together to transform all of these strategies into an operational reality. In order to effect change, this task involves a diverse set of processes in the domains of leadership and management, information systems, quality improvement methods,

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workforce development, legislative and policy frameworks, and health financing and incentives.

The policies and interventions that stakeholders adopt to achieve the realization of these strategies are context-specific, and as such will need to be developed according to the local context, values, and preferences of the country at the national, regional, and local level. An integrated people-centered approach to service delivery is essential for the achievement of five elements fundamental to universal health coverage:

- ▶ **Equity in access** - Everyone has access to the quality services they need everywhere, every time.
- ▶ **Quality** - Care is safe, effective, timely, and responsive to a comprehensive set of needs at the highest possible standard.
- ▶ **Responsiveness and participation** - Care is coordinated around people's needs and preferences and engages people as equal partners in their health affairs.
- ▶ **Efficiency** - Services are cost-effective and achieve an optimal balance of health promotion and in-and-out patient care to avoid duplication and waste of resources.
- ▶ **Resilience** - Health actors, institutions, and populations are capacitated to prepare for and effectively respond to public health crises.

More information on the Framework on integrated, people-centered approach, including the implementation approach and the role of stakeholders, can be accessed [here](#).

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succeed**COMPREHENSIVENESS**

Comprehensiveness refers to the provision of holistic and appropriate care across a broad spectrum of health problems, age ranges, and treatment modalities. (2,8,9) Comprehensive care should address a wide range of preventive, promotive, chronic, behavioral, and rehabilitative services and include an assessment of a patient’s risks, needs, and preferences at the primary care level. (10,11) Beyond service capacity expansion, comprehensiveness can refer to the integration of preventive, curative, and rehabilitative treatment within primary health care, and an approach to treating the “whole person”, not just a particular organ system or disease.

WHAT IS COMPREHENSIVENESS AND WHY IS IT IMPORTANT?

Comprehensiveness refers to the provision of holistic and appropriate care across a broad spectrum of health problems, age ranges, and treatment modalities. (3-5) Comprehensive care should address a wide range of preventive, promotive, chronic, behavioral, and rehabilitative services and include an assessment of a patient’s risks, needs, and preferences at the primary care level. (6,7) More comprehensive systems are associated with reduced spending, better patient experience of care, and reduced inpatient services utilization. (3,5) Comprehensive primary care systems are essential for the future of sustainable development and the delivery of high-quality primary health care for all. (8,9) Listed below are central questions and considerations stakeholders should consider when planning and implementing system reforms and interventions that prioritize comprehensiveness:

- ▶ Comprehensiveness versus selective primary health care models: what’s the difference and why does it matter?
- ▶ In what ways can systems ensure more comprehensiveness primary health care service delivery?
- ▶ What policies and infrastructure should be in place to support comprehensiveness?

Comprehensiveness should be prioritized alongside first contact accessibility, continuity, coordination, and person-centeredness to improve high-quality primary health care delivery for all. (3,10)

COMPREHENSIVE VERSUS SELECTIVE PRIMARY HEALTH CARE MODELS: WHY COMPREHENSIVE PHC?

Many PHC services in LMICs are organized through vertical programs that selectively target a specific health condition as a result of the widespread implementation of the selective primary health care model by national governments and aid agencies. (9,11) With a disease-focused, selective model, selective primary health care emerged as an alternative approach or “interim strategy” to the comprehensive primary health care model (proposed at Alma Ata) that was considered by some to be too idealistic and expensive. (9,12)

There are several shortcomings to the selective approach, including a lack of emphasis on building sustainable and equitable health systems and infrastructure and the lack of integrated management of health conditions and health services that leads to redundancy and waste to overburden already fragile health systems. (9,13)

Consequently, selective primary care models fundamentally undermine the ability of health systems to achieve universal coverage to comprehensive high-quality primary health care services. (8,9,14) In order to effectively and equitably meet the health needs for all, countries must invest in the development of person-centered primary care systems that deliver comprehensive, coordinated, continuous services with primary care as the first point of contact. (15) System-wide action on the

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delivery of comprehensive, person-centered primary health care is essential for the future of sustainable development and achievement of universal health care. (8,9,16,17) More information on high-level policies, social accountability mechanisms, and quality management infrastructure to promote a system-wide commitment to high-quality primary health care will be discussed in **Governance and Leadership**, forthcoming.

IN WHAT WAYS CAN SYSTEMS ENSURE THE DELIVERY OF MORE COMPREHENSIVE PRIMARY HEALTH CARE SERVICES?

As put forth by the Astana Declaration, all individuals should enjoy the right to health - defined as a state of physical, mental, and social well being. In order to address the comprehensive needs of an individual - including the economic, social, and environmental determinants of health - services must be wide in scope and integrated across and beyond the health sector. (18-20) To promote universal access to high-quality comprehensive services, health systems should strive to facilitate coordination efforts that both enhance the capacity and infrastructure of primary care (such as through integrated health service delivery and multisectoral action discussed below) and empower individuals and communities to participate in health promotion. (18)

INTEGRATED HEALTH SERVICES DELIVERY

Integrated health service delivery is an approach to strengthening people-centered health systems through the promotion of comprehensive, coordinated services across the continuum of care. (21); (22) Integrated care models serve to adapt to the complex needs of individuals, their families and communities to promote the equitable delivery of services.(23,24) To meet the complex needs of people and strengthen integrated health service delivery, integrated care models deliver care through community-based coordinated multidisciplinary teams across sectors and levels of care. (8,21,25)

Integrated models that offer a more comprehensive set of skills and services at the frontline (including diagnostic, pharmaceutical, behavioral, rehabilitative services) can help to increase the efficiency and timeliness of primary health care (16,26,27) Integrated models help to promote continuity and coordination through the use of referral networks and strong health information technology systems that promote communication channels among levels of care.(28-30) More information on different models and approaches to integrated care can be found [here](#) and in the [WHO Framework on Integrated, People-Centered Services](#).

In communities where it is difficult to access routine and reliable care, integrated care models that deliver comprehensive care during single point of care interactions may be particularly useful, especially for patients with complex conditions. Standardized and simplified guidelines and training materials that allow for task-shifting and referral networks between frontline workers and facilities help to equip multidisciplinary care teams with the competencies to provide higher quality comprehensive and coordinated care to low-resource communities that face limited opportunities for prevention, treatment, and management of diseases. (31) The [WHO Integrated Management of Adolescent and Adult Illness modules](#) and the [WHO Package on Essential Noncommunicable Disease Interventions for Primary Health Care in Low-Resource Settings](#) offer important implementation plans for integrated care strategies (with emphasis on chronic diseases) with lessons on providing equitable, efficient, and cost-effective care through the provision of comprehensive services. Additionally, A case study about the Integrated Care Cascade in Malawi is included in the **What Others Have Done** section of comprehensiveness.

Across all integrated care delivery models, it is imperative to engage strategies that are cost-effective and efficient in the use human, financial, and physical resources (especially for the discovery and management on complex conditions) and coordinated with the broader health system.

PROACTIVE COMPREHENSIVE CARE: INTEGRATING PUBLIC HEALTH AND PRIMARY CARE

One such model to promote comprehensive person-centered care integrates public health into primary care.(32) Leveraging the strengths of both primary care and public health holds the potential to increase efficiency gains and opportunities to combine available resources to a mutual benefit. (33) The [WHO Technical Series on Primary Care](#) outlines **six models to achieve integration** between public health and primary care. These models are adaptable to different health systems and can be implemented individually or in combination, listed below:

- ▶ Public health professionals integrated into primary care
- ▶ Public health services and primary care providers working together
- ▶ Comprehensive and proactive benefit packages that include public health
- ▶ Primary care services within public health settings
- ▶ Building public health incentives into primary care
- ▶ Multidisciplinary training of primary care staff in public health

While not all of the five core functions of public health (surveillance, monitoring preparedness for response, health protection, health promotion, and disease prevention) can be fully integrated into primary care, there are considerable gains to be made for primary care to take on a more proactive role in contributing to public health interventions, especially in the realms of health promotion and disease prevention.(34)

SKILLED WORKFORCE

As discussed in first-contact accessibility, there is a substantial global shortage of skilled health workers appropriately trained to deliver comprehensive care. (41) A workforce competent in comprehensive PHC (preventive, promotive, chronic, behavioral, and rehabilitative) must exist and be appropriately distributed both in quantity and cadre as a precondition for ensuring universal access to high quality and comprehensive services. Presence of poorly trained staff in some cases may be worse than no staff at all. When a patient of any type shows up to a PHC facility, there needs to be: a facility with minimum equipment, methods, and medications to diagnose and treat a wide range of problem (especially those most common the local community), staff who are skilled at diagnosing and managing a broad spectrum of problems (including patients with multiple problems i.e. multi-morbidities) and providing preventive services, and a referral system that can effectively transfer care or solicit expert support (i.e. specialists) in managing the small number of problems that fall out of scope of what primary care can manage. Strategies for strengthening the health workforce will be discussed in more detail in Improvement Strategies in the Inputs domain, **Workforce** (forthcoming). The case study on Malawi's Integrated Care Cascade in the **what others have done section of comprehensiveness** showcases one innovative approach to addressing the complex burden of disease in the primary care setting through integrated care models and diverse care teams. Stakeholders can find more information on looking to skill-mix (assembling a diverse team of providers) as a potential solution to overcoming workforce shortages and providing high-quality care in the [Team-Based Care Organization](#) module and the World Health Organization's [Global strategy on human resources for health: workforce 2030 report](#).

MULTISECTORAL ENGAGEMENT AND SOCIAL ACCOUNTABILITY

As a part of building comprehensive primary care systems, it is essential for primary care services to meet the complex needs and demands of the entire population. Intersectoral action in health promotes comprehensiveness by engaging other services and sectors directly and indirectly involved in the health of people and communities across the continuum of sectors engaged in primary health care delivery. (9,35-37) Multisectoral and intersectoral collaboration help to contribute to more comprehensive policies by taking on a systematic approach to the promotion of health and well-being

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a priority across sectors. (37) Stakeholders can access more information on the design of multi and intersectoral policies for overall health and well-being and sustainable development in the [WHO Health in All Policies Framework](#). The accompanying [Health in all Policies Training manual](#) offers comprehensive training materials to facilitate the engagement and implementation of the HiAP approach across sectors.

To foster productive partnerships and actionable policies, strong political-commitment and mechanisms for social accountability must be in place. (38) Encouraging broader social participation in the policy process (such as citizen groups and media platforms) helps to strengthen accountability across sectors and forge collaborative partnerships for comprehensive initiatives. (37) More information on multi and intersectoral engagement and social accountability can be found in the [WHO report on multi-sectoral and intersectoral action for health and well-being for all](#) and in **Social Accountability**, forthcoming.

WHAT POLICIES AND INFRASTRUCTURE SHOULD BE IN PLACE TO SUPPORT COMPREHENSIVENESS?

COMPREHENSIVE COMMUNITY-BASED POLICY DRIVERS

Comprehensive primary health care is supported by policies and infrastructure that promote integrated service delivery, local priority setting, and the skills and capacity of a workforce to provide a comprehensive set of services. (9,15,17,39) The EBALS teams in Costa Rica are a great example of leveraging community-based approaches to simultaneously meet comprehensive social and primary health needs. The Costa Rican community-oriented team-based model of primary care delivery combines preventive and curative care to provide comprehensive primary health to all. More information on the Costa Rican model can be found in the report: [Building a Thriving Primary Health Care System: The Story of Costa Rica](#).

Frameworks and strategies for the development of high-quality primary health care policies and infrastructure will be discussed in greater depth in **Governance and Leadership**, forthcoming.

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WHAT HAS BEEN DONE ELSEWHERE TO IMPROVE COMPREHENSIVENESS?

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MALI - INTEGRATED CARE CASCADE

Like many LMICs, Malawi faces a dual burden of communicable and noncommunicable diseases. (40) The population in the Neno District, an extremely rural district in Southern Malawi heavily reliant on subsistence farming, (41,42) face significant geographic and financial barriers to accessing high-quality comprehensive health care. While there are care systems in place - a district hospital, community hospital, and 12 health centers - these systems are marked by a disproportionate allocation of funding and staff to HIV care despite the rising burden of NCDs. As an integrated strategy to address the complex burden of disease and promote a more efficient use of financial and human resources, (43,44) Malawi worked with Partners in Health to leverage the success of the HIV program to improve NCD outcomes. The Integrated Care Cascade is an integrated care management model that integrates HIV and NCD screening and treatment through a coordinated care and referral network between households, communities, and facilities. (45)

As a strategy to increase case finding and provide decentralized access to high-quality care, individuals may undergo either community-based or facility-based screening for HIV, diabetes, hypertension, TB, malnutrition, and family planning needs depending on their mode of entry to the Integrated Care Cascade. At the community level, individuals in remote communities would be screened by a mobile team or a community health worker and at the facility level, outpatients would be screened at the facility before seeing a clinician. From this point, all patients who screen positive for conditions would receive treatment and additional health screening at an Integrated Chronic Care Clinic (IC3) by a centralized clinical team. In efforts to retain patients and promote continuity in rural and remote areas, every household is assigned a community health worker who provides ongoing psychosocial support and supports staff members in making home visits to follow-up on missed appointments and incomplete referrals. (43) While the Integrated Care Cascade is still undergoing rollout, the person-centered approach at the core this strategy is an important example of how to use integrated models to work toward universal coverage of high-quality comprehensive care.

CHILE - CHILE CRECE CONTIGO (CHCC)

In 2006, the release of the document *The Future of Children is Always Today* highlighted widespread conditions of poverty in Chile and its detrimental effects of childhood development. The Presidential Advisory Council for Child Policy Reform, a multidisciplinary political body established in 2006, drew at length from this foundational document to design and implement Chile Crece Contigo (ChCC), a multisectoral public policy addressing the comprehensive nature of childhood development. (46) Through vertical and horizontal coordination mechanisms at the national, local, and communal level, ChCC synergizes the existing structures of Chile's health, education, and social development sectors to expand the reach of the system and scope of activities. What emerged has evolved into a comprehensive, intersectoral, and multicomponent system of social development to help individuals reach their full potential, regardless of socioeconomic status.

ChCC coordinates existing interdependent services and resources across sectors to deliver services at the local level in each of Chile's 345 communes. The implementation of ChCC is flexible based on the characteristics of the local context, exercising local priority setting strategies to best meet the complex needs of individuals and communities. To make use of the usual points of contact and minimize the creation of new institutions, ChCC established the local health system as the public's gateway to services and support, where over 80% of children were already being treated and born. Support is provided by a network of intersectoral teams with clearly defined roles, who can leverage upon the expanded referral network of regional and national agencies for additional support and resources. Teams are supported by an information system that captures the developmental history of

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a child from birth to allow for intersectoral communication and collaboration regarding the use of relevant services and support across sectors. (46)

The successes of ChCC serve as an important demonstration of the value of leveraging intersectoral action and community-engagement to achieve the delivery of high-quality comprehensive person-centered services and the realization of the Sustainable Development Goals. Four major contributors to the ongoing success of ChCC hold important lessons for strengthening primary care systems: 1) person-centered design, demonstrated by the focus on the local delivery of services and the social determinants of health, 2) sustainability, exhibiting through the emphasis on leveraging the strengths of existing frameworks and institutions to reduce service overlap and consolidate resources, 3) high-level political commitment, demonstrated by the establishment of a governing body to coordinate and the implement performance assessment measures (including monitoring and evaluation systems), and 4) the creation of a state budget established by law, to reinforce the continuity of the policy through ongoing financial commitment.

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WHAT QUESTIONS SHOULD BE CONSIDERED TO BEGIN IMPROVEMENTS?

The questions below may be a useful starting place for determining whether comprehensiveness is an appropriate area of focus for a given context and how one might begin to plan and enact reforms:

WHEN PATIENTS ACCESS CARE IN FACILITIES, ARE THEY ABLE TO RECEIVE SERVICES FOR A COMPREHENSIVE SET OF NEEDS DURING A SINGLE VISIT?

Comprehensive care should address a wide range of preventive, promotive, chronic, behavioral, and rehabilitative services and include an assessment of a patient's risks, needs, and preferences at the primary care level. In communities where it is difficult to access routine and reliable care, integrated care models that offer comprehensive care during a single visit may be particularly useful, especially for patients with complex conditions. Integrated, comprehensive services will reduce the need for multiple visits and may promote continuity and coordination as well.

IF MULTIDISCIPLINARY TEAMS ARE IN PLACE, ARE THEY MANAGED IN SUCH A WAY THAT PROVIDERS CAN CONTRIBUTE THEIR UNIQUE EXPERTISE TO DELIVER COMPREHENSIVE CARE?

Teams with a diverse set of skills and knowledge are thought to be beneficial for complex tasks, better decisions, more creative solutions, and cross-disciplinary information sharing to foster more comprehensive care. Standardized and simplified guidelines and training materials that allow for task-shifting and referral networks between frontline workers and facilities help to equip multidisciplinary care teams with the competencies to provide higher quality comprehensive and coordinated care to low-resource communities that face limited opportunities for prevention, treatment, and management of diseases.

WHICH (IF ANY) OF THE FIVE FUNCTIONS OF PUBLIC HEALTH (SURVEILLANCE, MONITORING PREPAREDNESS FOR RESPONSE, HEALTH PROTECTION, HEALTH PROMOTION, AND DISEASE PREVENTION) ARE INTEGRATED INTO PRIMARY HEALTH CARE?

Teams with a diverse set of skills and knowledge are thought to be beneficial for complex tasks, better decisions, more creative solutions, and cross-disciplinary information sharing to foster more comprehensive care. Standardized and simplified guidelines and training materials that allow for task-shifting and referral networks between frontline workers and facilities help to equip multidisciplinary care teams with the competencies to provide higher quality comprehensive and coordinated care to low-resource communities that face limited opportunities for prevention, treatment, and management of diseases.

WHAT PROCESSES ARE IN PLACE TO ENSURE THAT THE PRIMARY HEALTH CARE SYSTEM BENEFITS FROM MULTI-SECTORAL ENGAGEMENT AND SOCIAL ACCOUNTABILITY?

As a part of building comprehensive primary care systems, it is essential for primary care services to meet the complex needs and demands of the entire population. Intersectoral action in health promotes comprehensiveness by engaging other services and sectors directly and indirectly involved in the health of people and communities across the continuum of sectors engaged in primary health care delivery. Multisectoral and intersectoral collaboration help to contribute to more comprehensive policies by taking on a systematic approach to the promotion of health and well-being a priority across sectors. To foster productive partnerships and actionable policies, strong political commitment and mechanisms for social accountability must be in place. Encouraging broader social participation

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in the policy process (such as citizen groups and media platforms) helps to strengthen accountability across sectors and forge collaborative partnerships for comprehensive initiatives.

WHAT ELEMENTS SHOULD BE IN PLACE TO SUPPORT EFFECTIVE IMPROVEMENTS?

PRIMARY HEALTH CARE POLICIES

Comprehensive primary health care is supported by policies and infrastructure that facilitate integrated service delivery, local priority setting, and the skills and infrastructure necessary to strengthen the capacity of a workforce to provide a comprehensive set of services at the frontline. (9,15,17,39) Policies should cut across sectors and levels of care to facilitate a system-wide commitment to the delivery of comprehensive, person-centered primary health care.

PRIORITY SETTING AND LOCAL PRIORITY SETTING

Priority setting at the national level should engage actors from multiple levels of the health system to reinforce a system-wide commitment to comprehensive primary health care and the concomitant investment in physical, technical, and human resources to equip local actors with the tools to achieve health gains in their communities. Effective priority setting involves assessing existing and emerging health needs (see A3.a: Surveillance), funding programs, communicating decisions, and managing feedback from stakeholders at national, regional, and local levels within the context of a country's needs and values. (47) Local priority setting should translate national priorities into strategic action plans that respond to the needs and preferences of the population at the local level by engaging community actors to deliver comprehensive person-centered services.

WORKFORCE, PROVIDER AVAILABILITY, AND PROVIDER COMPETENCE

In order to effectively deliver a comprehensive set of services, a skilled, diverse, and motivated workforce must be consistently available at the frontline of service delivery. Multidisciplinary care teams that are well-managed and well-communicated to patients can help to support primary care practices to deliver comprehensive services that meet the complex needs of populations. To achieve this, multidisciplinary teams should be skilled to provide high quality comprehensive and coordinated care to low-resource communities that face limited opportunities for prevention, treatment, and management of diseases.

DRUGS AND SUPPLIES

In order to provide care that addresses a wide range of preventive, promotive, chronic, behavioral, and rehabilitative needs across a broad spectrum of health problems, age ranges, and treatment modalities, primary care facilities and the frontline workforce must be equipped with essential equipment and supplies, including essential medicines, vaccines, and diagnostic equipment.

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