PROGRESSION MODEL V1.1 METHODOLOGY NOTE

Capacity

The Capacity domain of the VSP is assessed via the PHC Progression Model, a mixed-methods assessment that uses locally available data and knowledge to measure how a country's health system is progressing towards optimized capacity for delivery of effective PHC. The PHC Progression Model is implemented through a two-phase assessment. The first phase is an internal self-assessment that is completed by an in-country working group using methods such as document review, quantitative data mining, and qualitative interviews with key informants. In the second phase, results of the internal assessment are validated by an external assessment team to promote validity and comparability of results across countries.

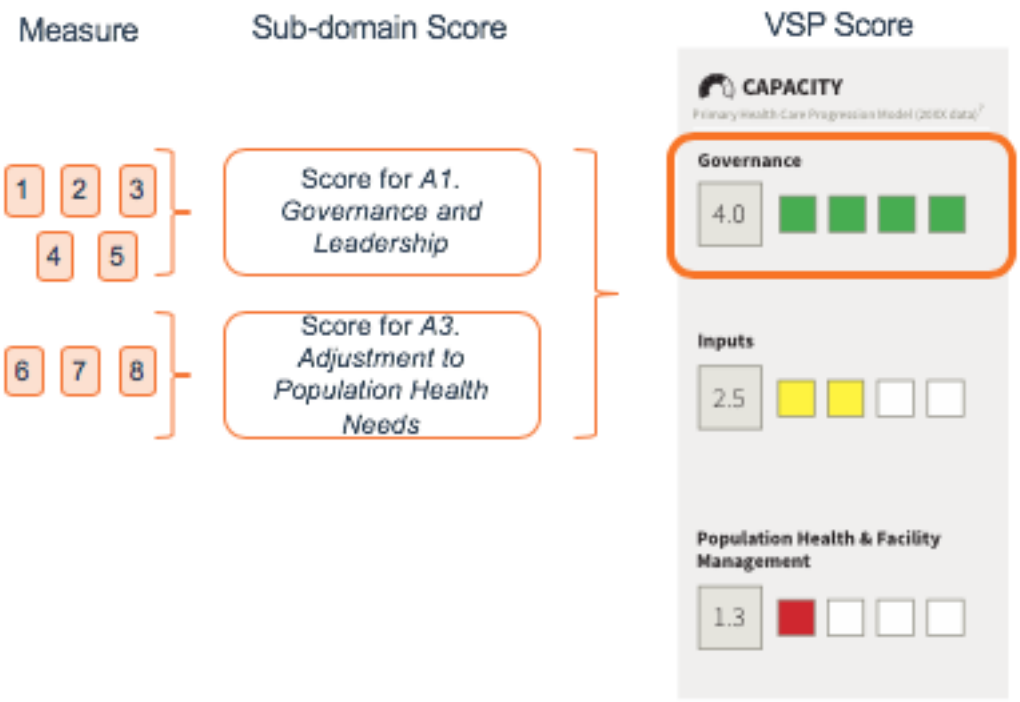
The PHC System Progression Model contains 32 measures to assess a country's capacity in nine sub-domains of the PHCPI Conceptual Framework: Governance and leadership, adjustment to population health needs, drugs and supplies, facility infrastructure, information systems, workforce, funds at the facility level, population health management, and facility organization and management. Each measure of the PHC Progression Model is scored on a scale from Level 1 (lowest performance) to Level 4 (highest performance) on a rubric like below.

Level 1	Level 2	Level 3	Level 4
Limited (<25% of sub-national units or disease indications) or no surveillance systems in place (i.e. routine health surveillance systems).	Surveillance systems in place for some (<50%) sub-national units or some disease indications, but notifications inconsistently trigger appropriate follow-up investigation and validation.	Surveillance systems in place for all sub-national units and all relevant indications but notifications inconsistently trigger appropriate follow-up investigation, validation, and evidence of follow-up action.	Surveillance systems in place for all sub-national units and all relevant indications, notifications consistently trigger alerts and appropriate follow-up and validation, and evidence of action based on these data is available.

Increasing system capacity →

A threshold approach is employed for scoring each individual measure, wherein a score can only be achieved if all components of the measure meet the performance described in the rubric. If no or insufficient data or information is available to assess a measure, it is given a score of Level 1.

Results of the PHC Progression Model assessment are summarized as three indices that appear on the VSP. The scoring strategy employs a two-stage approach, in which assessments of the 32 individual measures are rolled up into nine subdomain scores which in turn are rolled up into three VSP scores (illustrated below).



CALCULATING SUB-DOMAIN SCORES

To calculate sub-domain scores, a simple, unweighted average of all of the constituent measures within each subdomain is calculated. For example, *Governance and Leadership* contains 5 constituent measures, and the *Governance and Leadership* subdomain score is calculated as:
(Measure 1 + Measure 2 + Measure 3 + Measure 4 + Measure 5)/5

CALCULATING VSP SCORES

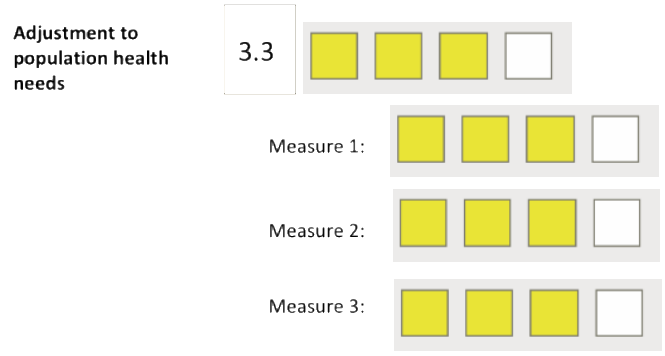
Similarly, to calculate the scores that will appear on the VSP, a simple, unweighted arithmetic mean of the constituent sub-domains are calculated. In other words, the Governance VSP score is an average of *Governance and Leadership* and *Adjustment to Population Health Needs* scores. The Inputs VSP score is an average of *Drugs and Supplies, Facility Infrastructure, Information Systems, Workforce* and *Funds* scores, and the Population and Facility Management VSP score is an average of *Population Health Management* and *Facility Organization and Management* scores. All scores are expressed out to one decimal place.

DISPLAY ON THE VITAL SIGNS PROFILE

Page 1 of the Vital Signs Profile will contain three scores from the Progression Model: Governance, Inputs, and Population Health and Facility Management. Scores will be displayed out to one decimal point. The corresponding graphic includes

shaded squares corresponding to the threshold achieved. For example, as shown below, a score of 2.9 will be displayed with two yellow squares.

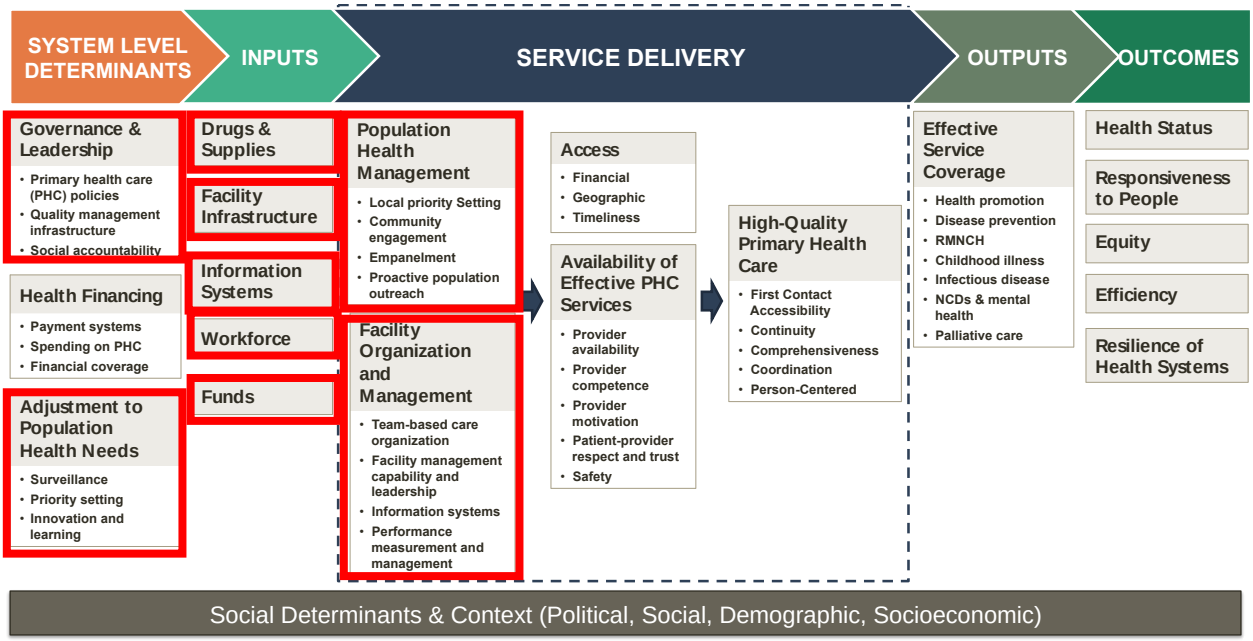
Page 2 of the Vital Signs Profile includes all sub-domain scores and individual measure scores. As with the scores on Page 1, sub-domain scores on Page 2 will include one decimal place and the corresponding graphic will contain shaded squares corresponding to the threshold achieved, shown as the score rounded down to the nearest integer. Example shown below:



ANNEX 1 – PROGRESSION MODEL V1.1 MEASURE DESCRIPTIONS

The Capacity domain of the Vital Signs Profile is assessed via the PHC Progression Model, a novel mixed-methods assessment tool developed by PHCPI to systematically assess the foundational capacities of PHC—an area that is poorly measured by quantitative indicators available at the global and national levels. The PHC Progression Model is designed to capitalize on the wealth of information, evidence, and data that is often available in countries but rarely captured in a way that generates usable information for decision-makers or is accessible to external audiences. The goal of the PHC Progression Model assessment is to bring together stakeholders who have varying and complementary knowledge of primary health care functioning in a country to yield an objective, comparable assessment of PHC capacity. To this end, the assessment is implemented through a joint internal/evaluation exercise consisting of an internal self-evaluation and verification by an external evaluation team.

The PHC Progression Model includes 32 measures to assess a country's capacity in the areas highlighted below.



Within *Governance and Leadership*, the PHC Progression Model assessment focuses on determining whether countries have **evidence-based primary health care policies** and strategies in place; **effective governance** structures to implement and enforce these PHC policies; robust **quality management infrastructure** for PHC, including quality policies and strategies, legislation and regulation, quality standards, and use of continuous quality improvement programs and methods; and systems that formalize and ensure strong **social accountability mechanisms,** including the systematic engagement of private sector, civil society, non-governmental organizations, and non-health actors in the integrated planning and governance of PHC and public disclosure of performance.

Related to *Adjustment to Population Health Needs*, the assessment examines whether countries have comprehensive and reliable **surveillance systems** in place to detect and respond to changing disease burden and emerging outbreaks; whether **national health priorities** are set based on disease burden, health outcomes, and user needs; and whether the PHC sector has a **learning system** that prioritizes continual reflection and improvement.

Within the sub-domains related to *Inputs*, the PHC Progression Model assessment goes beyond typical nation-wide assessments of the availability of key inputs—including **drugs and supplies, facility infrastructure, information systems, health workforce, and funds at the facility level**—to assess whether these **inputs are also equitably distributed** and of **sufficiently high quality** to meet population needs.

The PHC Progression Model also assesses *Population Health Management*, the bedrock of effective and equitable primary health care. In particular, the assessment focuses on determining whether **local priorities** are evidence-based and determined in collaboration with local communities and stakeholders; whether **communities are have input** to and impact on the way that primary health care is financed, governed, and implemented; whether a system of **empanelment, or rostering**, is in place to ensure that the entire population is known to the health system and that specific service providers have responsibility for specific panels of patients; and finally, whether **proactive population outreach** occurs to deliver essential health services to those in need.

Finally, the PHC Progression Model assesses *Facility Organization and Management*, including whether services are organized and delivered by **effective provider teams**, capable of ensuring comprehensive and coordinated care; whether facilities are **effectively led** by managers with the ability to organize operations, motivate staff, and deploy resources; whether facilities **set performance targets**, have staff capacity to **capture and use data** at the point of care to monitor and improve performance, and implement **quality improvement activities**; and whether supportive supervision is routinely conducted.

The PHC Progression Model was developed through a rigorous process, including interviews, surveys, and consultations with approximately 50 global measurement and content experts, as well as policymakers, researchers, and implementers from a diverse sample of low- and middle-income countries. The development process was structured to ensure that the content of the Model reflects global norms and best practices, that it comprehensively assesses the areas of interest, and that measures included in the model are relevant, reliable, appropriately calibrated across the four performance categories, and feasible to assess.

The PHC Progression Model was piloted in five countries in 2018. Based on these experiences, PHCPI will be refining the Model to ensure that new global norms and best practices are reflected. If you are interested in partnering with PHCPI to complete a PHC Progression Model assessment in your country in the future or would like more information on the Model, please contact us at: info@phcperformanceinitiative.org.