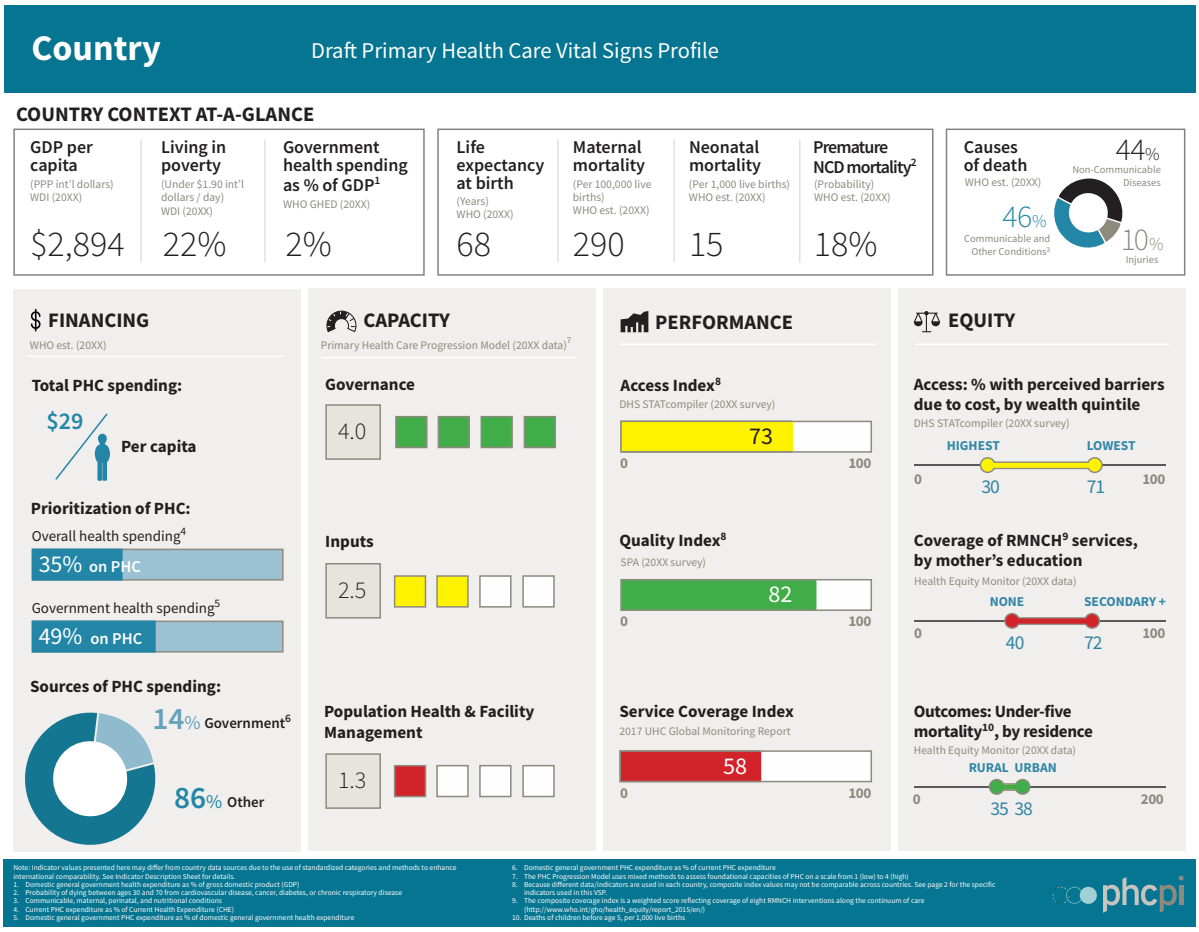
phcpi PRIMARY HEALTH CARE PERFORMANCE INITIATIVE

Primary Health Care Vital Signs Profiles



The Primary Health Care (PHC) Vital Signs Profile (VSP) provides a snapshot of primary health care systems in individual countries, shining a light on where systems are strong and where they have challenges. It is designed to help countries and development partners identify priority areas for improvement, and to track and trend improvements over time.

INFORMATION SOURCES

The VSP contains data from a number of national surveys[1] coupled with additional data collected and reported by countries. Sources were chosen after several rounds of review with global experts on the monitoring and evaluation of PHC.[2] Globally comparable data sources were preferred, when available, in order to promote international comparability as a potential mechanism for enhancing accountability and cross-country learning.

While indicators and globally comparable data sources were preferred to populate areas of the VSP, in many cases such data does not exist. In these cases, PHCPI has worked with countries to find alternative data sources for the profile that are consistent with the PHCPI framework, even when such sources are not globally comparable.

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[1] Includes the Service Delivery Indicators (SDI) from the World Bank Group, the Service Provision Assessment (SPA) and Demographic and Health Surveys (DHS) from USAID, the Service Availability and Readiness Assessment (SARA) from WHO, and the Multiple Indicator Cluster Surveys (MICS) from UNICEF

[2] Veillard, J. (2017) Better Measurement for Performance Improvement in Low- and Middle-Income Countries: The Primary Health Care Performance Initiative (PHCPI) Experience of Conceptual Framework Development and Indicator Selection. *Milbank Quarterly, 95(4)*, 836-883.

READING THE VITAL SIGNS PROFILE

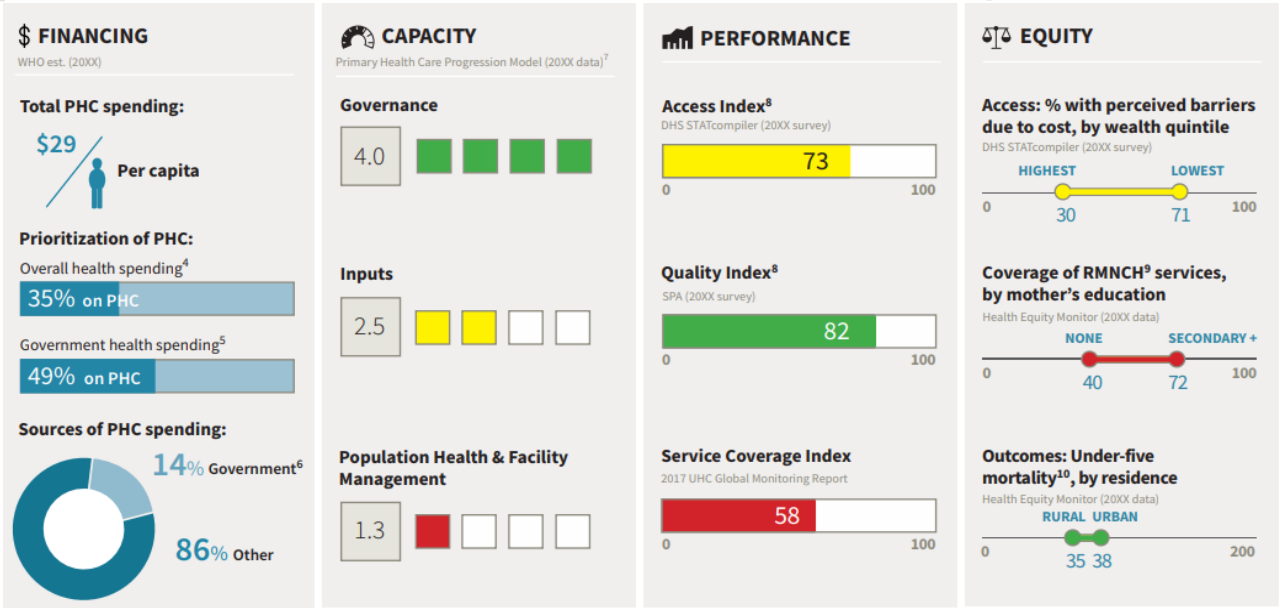
The VSP assesses different areas of the health system that are important to provide quality primary health care for all, categorized into four domains:

FINANCING
measures PHC financing prioritization and effectiveness

CAPACITY
assesses functional capacity, including aspects of governance, inputs, and management of population health and facilities

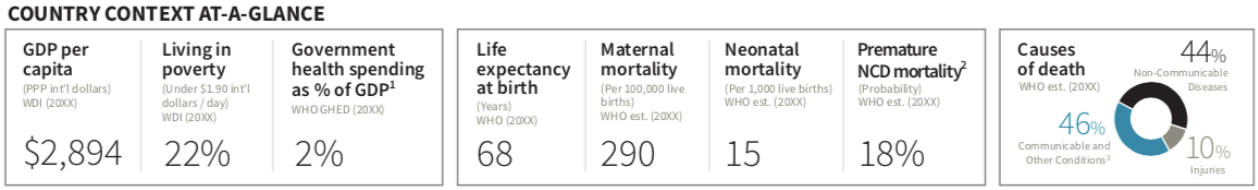
PERFORMANCE
focuses on service delivery: access, quality and service coverage

EQUITY
highlights differences in equity related to income, geography and education



COUNTRY CONTEXT AT-A-GLANCE

This section provides useful system context and general outcomes for each country. The top section of the VSP provides broad-based health outcome measures that would be expected to improve with long-term sustained improvements in primary health care systems, as well as important contextual metrics on income, poverty, health spending and causes of death to consider when reviewing the profile.



DEVELOP A VITAL SIGNS PROFILE AND COLLABORATE WITH PHCPI

PHCPI is currently working with an initial group of Trailblazer countries, to prepare Vital Signs Profiles for release in October 2018. We invite interested countries to work with us to create their own Profiles, and to use the findings to help select and apply successful strategies for improvement in primary health care.

For more information, please contact Beth Tritter, PHCPI Executive Director, at btritter@phcperformanceinitiative.org or +1 (202) 714-7047.

THE VITAL SIGNS PROFILE DOMAINS

Financing

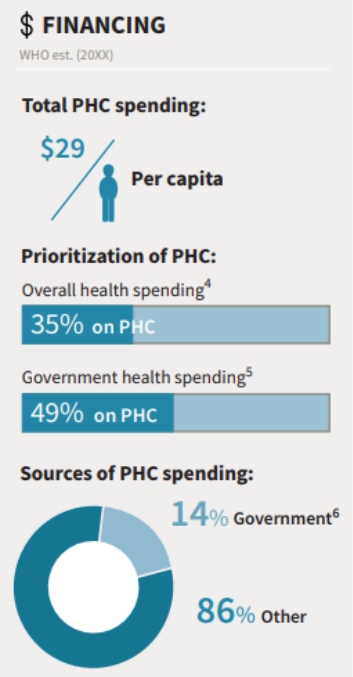
Adequate financing is key to building a strong primary health care system. The Financing domain includes information on how much money is spent on primary health care in a country, and where this money comes from.

The following categories and indicators were chosen as important measures of the adequacy of system financing for PHC:

- **Total spending on PHC**
  - Total spending on PHC *per capita*
- **Prioritization of spending on PHC**
  - Share of overall health spending on PHC *as % of current health expenditure*
  - Share of government health spending on PHC *as % of total government domestic spending on current health expenditure*
- **Sources of spending on PHC**
  - Government domestic spending on PHC *as % of total spending on PHC*

Data in this domain is not reported in relation to any benchmarks, as consensus targets have yet to be established.

Current Health Expenditure refers to all health care goods and services used or consumed during a year and excludes capital expenditures such as investments in buildings, machinery, IT and vaccine stocks.

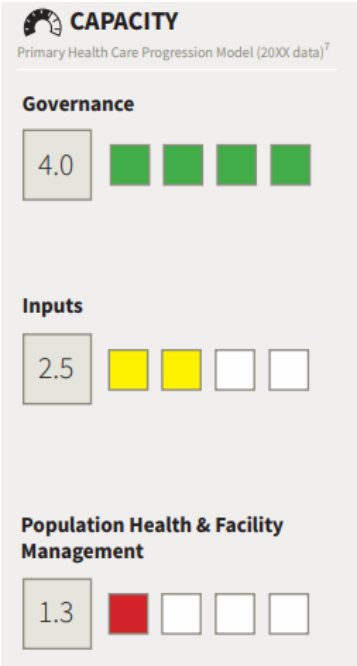


Capacity

The Capacity domain looks at three key aspects of the ability of a system to deliver quality primary health care:

- **Governance** includes an assessment of PHC policies, quality management infrastructure, and social accountability, as well as the ability of the system to appropriately adjust to population health needs.
- **Inputs** reflects how well the system is managing essential service delivery inputs including drugs and supplies, facility infrastructure, information systems, workforce, and funds at the facility level.
- **Population health & facility management** includes an assessment of population health management—including community outreach and how local priorities are set—as well as facility organization and management—including capability and leadership, information system use, performance measurement, and team-based care.

Existing surveys with globally comparable data do not yet exist for measuring these elements of the primary health care system well. This domain has been developed using a Progression Model, a new tool developed by PHCPI that analyzes a range of qualitative and quantitative data sources. PHC Progression Model assessments were conducted in collaboration with Ministries of Health in five countries in 2018.



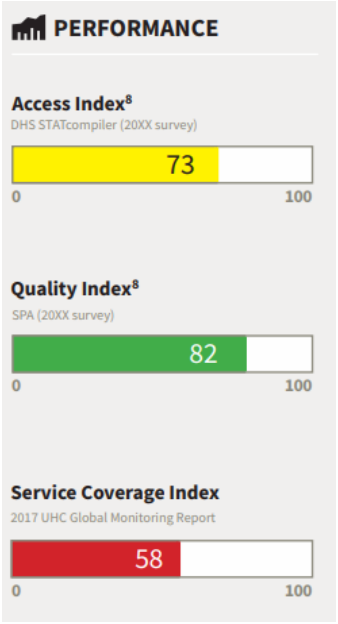
For scoring, measures are assigned a score from 1 to 4, and sub-domain scores are calculated using a simple, unweighted average of all of the constituent measures within each subdomain. Similarly, to calculate the scores that appear on the VSP, a simple, unweighted average of the constituent sub-domains is calculated.

Performance

The Performance domain looks at three key dimensions of service delivery:

- **Access** includes measurements of financial and geographic barriers to care using data from USAID's Demographic and Health Surveys (DHS).
- **Quality** of care measures, based on principles identified by the Lancet Global Health Commission on High-Quality Health Systems in the SDG Era, are proven to impact the quality of PHC service delivery at the point of care.[3] These relate to comprehensiveness of care, continuity of care, person-centeredness, provider availability and competence, and safety practices.
- **Coverage** measures the proportion of the population in need of services who receive them. These services include a broad range of PHC-focused clinical services, based on the UHC service coverage index of essential health services from the joint WHO/World Bank Group report in December 2017.[4]

Summary scores for the domains of Access, Quality, and Coverage are calculated by taking the unweighted average of indicator values within each subdomain, and then taking the average across subdomain scores. In the case of select indicators where the desired value would be small in high-performing systems, specific variables are transformed by subtracting the value from 100 before inclusion for calculation of summary scores.

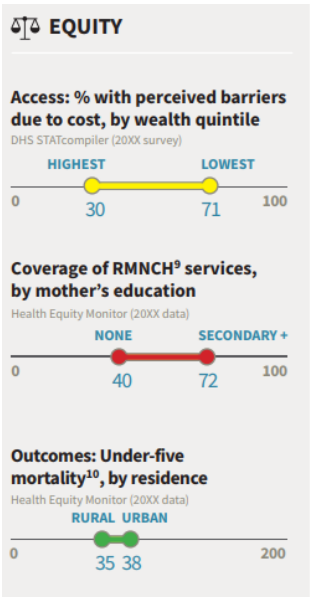


Equity

Accessible and effective PHC can help reduce health inequities in populations. The Equity domain measures health equity in three key ways:

- **Equity in access** looks at the difference in perceived financial barriers to care between the highest and lowest levels of wealth.
- **Equity in coverage** indicates the difference in effective coverage of maternal and child health care services based on a mother's level of education.
- **Equity in outcomes** highlights differences in mortality of children residing in urban or rural areas.

Equity in access is calculated from data from DHS surveys. Data for the latter two indicators is taken from the Health Equity Monitor of the WHO.



The Primary Health Care Performance Initiative (PHCPI)
The Primary Health Care Performance Initiative (PHCPI) was founded by the Bill and Melinda Gates Foundation, the World Bank, and the World Health Organization, in cooperation with Results for Development and Ariadne Labs, to promote quality primary health care (PHC) for all, with a focus on low- and middle-income countries.

Led by: Bill & Melinda Gates foundation · The World Bank IBRD • IDA | World Bank Group · World Health Organization

In partnership with: Ariadne Labs · Results for Development

[3] Kruk, M.E. (2018) High-quality health systems in the Sustainable Development Goals era: time for a revolution. *Lancet Glob Health* http://dx.doi.org/10.1016/ S2214-109X(18)30386-3

[4] Hogan, D.R. (2017) Monitoring universal health coverage within the Sustainable Development Goals: development and baseline data for an index of essential health services. *Lancet Glob Health* http://dx.doi.org/10.1016/ S2214-109X(17)30472-2