Access

Access is a measure of whether, from the patient's perspective, patients can reach a primary health care facility and receive services in a way that is affordable, timely, and geographically convenient.

TIMELINESS

Patients should be able to physically access care with acceptable and reasonable waiting times.

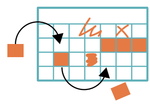
Hours and days of facility operation should be such that patients can find a time to visit facilities without sacrificing other obligations and duties such as work or childcare and can access care for emergent needs, including on nights and weekends.

Timeliness is also a core dimension of service quality.

BARRIERS TO ACCESS

Common issues include:

Inconvenient operational hours

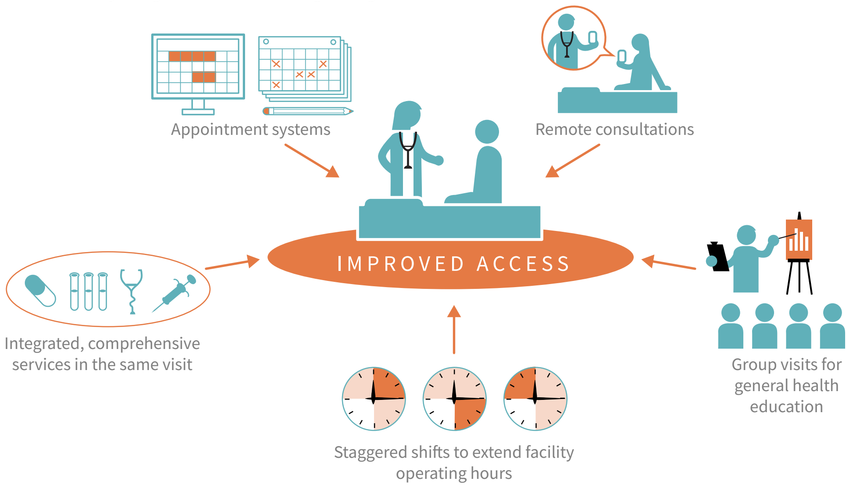


Inefficient or non-existent appointment systems

Long waiting times/short consultation times once patients are at the facility

IMPROVED ACCESS STRATEGIES

Facilities can improve timeliness by using some of the following strategies:



FINANCIAL ACCESS

There are no or few cost barriers to receipt of care, including prohibitive user fees, out-of-pocket payments, or other costs associated with care seeking such as transportation or childcare costs.

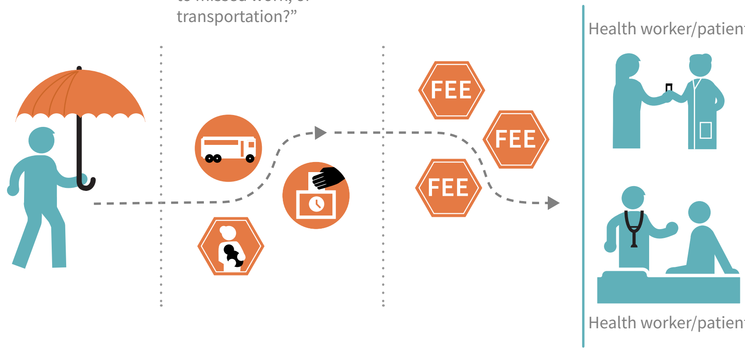
TO OVERCOME FINANCIAL BARRIERS TO HEALTH CARE, PATIENTS SHOULD HAVE:

Cost Protection
Do I have health insurance that protects me from catastrophic health expenditure?

Reasonable associated cost
Do I have indirect costs associated with accessing care, such as those for childcare, lost wages due to missed work, or transportation?"

Reasonable fees
When I am at a facility, do I pay burdensome out-of-pocket payments for care?

For financial access to care

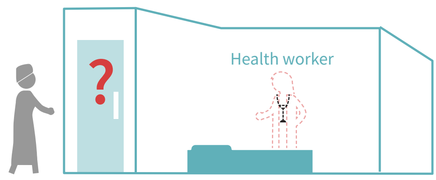


GEOGRAPHIC ACCESS

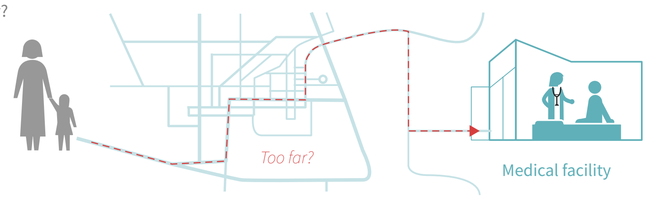
The absence of barriers including distance, transportation, and other physical challenges in accessing care when needed. This is influenced in part by decisions made in allocation of resources, equity, and investments into infrastructure.

BARRIERS TO GEOGRAPHIC ACCESS

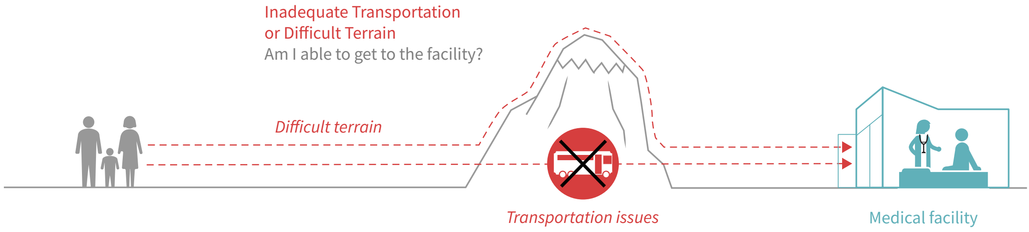
Human Resources
Is there a health worker present in my facility or community?



Facility Distribution
Is there a physical facility nearby?



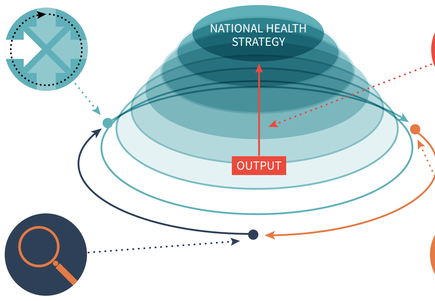
Inadequate Transportation or Difficult Terrain
Am I able to get to the facility?



Adjustment to Population Health Needs

SURVEILLANCE, INFORMATION & TECHNOLOGY
Collect and analyze data. Well-functioning data sources and systems

MONITORING & EVALUATION, INNOVATION & LEARNING
Continuously monitor the progress and performance of these decisions, new and emerging evidence, as well as opportunities for improvement



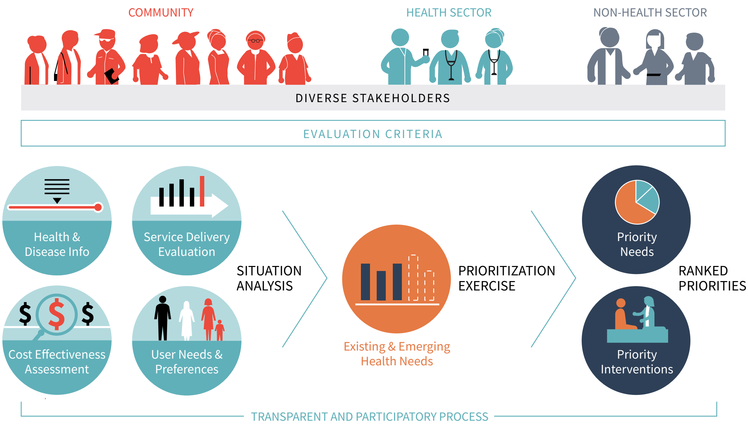
Output 1: Long-term programs, projects, and initiatives for population health needs

Output 2: Ad-hoc initiatives to adjust and respond to population health needs over time

PRIORITY SETTING PROCESSES
Data used to make decisions

PRIORITY SETTING

Priority setting is the process of effectively allocating limited resources to improve population health, making decisions based on a defined set of criteria.



MONITORING & EVALUATION

Monitoring and evaluation (M&E) is a process by which stakeholders collect, measure, and use data to assess and maximize the impact of projects, programs, or social initiatives over time. The evidence from M&E processes can be used to inform future priority-setting and planning exercises. It seeks to answer the question—is the project, program, and/or initiative going according to plan? If not, why not? What changes are needed to maximize impact? It involves two interrelated processes:

MONITORING
Ongoing process of collecting and analyzing data on specified indicators to track and measure how a change is happening (typically in terms of efficiency).

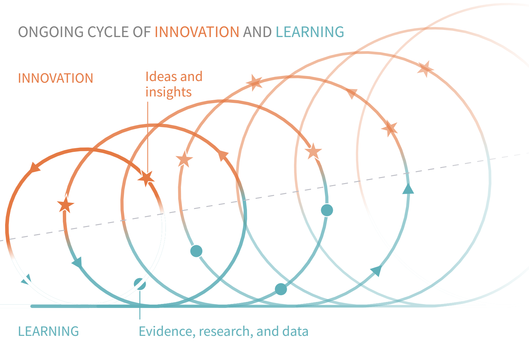
EVALUATION
Enables stakeholders to check whether and how successfully a project, program, and/or initiative has met its objectives.

INNOVATION & LEARNING

Achieving innovation and learning in a health system relies on having a system, organization, and culture in place to continually iterate and improve across all levels.

Effective innovation and learning uses global and local evidence, research, and data to gain insights that can be operationalized and incorporated into changes at scale.

Multi-level. and multi-sectoral stakeholder engagement and coordination

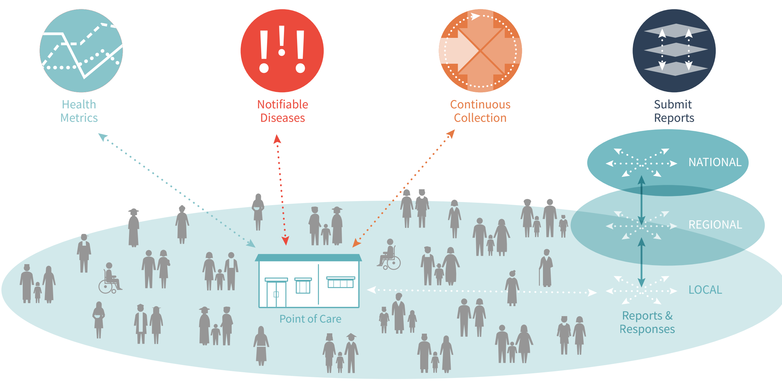


Create and maintain a standardized process for recognizing, evaluating, and scaling innovations

SURVEILLANCE

Surveillance is the ongoing, systematic collection, analysis, and interpretation of health-related data essential to the planning, implementation and evaluation of public health practice

1. Track health and burden of disease metrics (morbidity, mortality, incidence)
2. Detect, report, and investigate notifiable diseases, events, symptoms, and suspected outbreaks or extraordinary occurrences
3. Continuously collect, collate, and analyze the resulting data
4. Submit timely and complete reports from the local level to higher levels of the system and back to the community



Use data to respond quickly and effectively to identify emerging threats and continuously assess and respond to communities' needs over time.

Financing

Financing refers to how resources are raised, pooled, allocated and spent within a country to ensure that each person can get the quality health services they need without financial hardship. Designated spending for primary health care should be included and regularly monitored as a necessary part of any country's holistic health financing strategy. It includes two primary components:

- **The funding and equitable allocation of resources**, including the level of overall PHC spending and funding allocation across levels of care and individuals
- **Strategic purchasing and health worker payment systems** that promote integrated, person-centered primary care as the first point of contact

PROTECT PEOPLE FROM FINANCIAL RISK

As a general guideline, PHC services should be funded by public funds with minimal cost-sharing for beneficiaries

1. Avoid out-of-pocket payments as a financing source
2. Move toward compulsory pre-payment for health care (including PHC), based on ability to pay
3. Use targeted subsidies to ensure access and financial protection for disadvantaged populations

MAKE MOST EFFECTIVE USE OF FUNDS

Funds should be allocated to health workers based on their performance and the health needs of the population they serve

Health systems should strategically decide what to buy and from whom, and how to buy services that meet a population's health needs

Key considerations

Which priorities?	Funds should be allocated to priority services and populations
Which health workers?	Purchase services from health workers who can deliver good quality at the right level of the system
Align incentives	Create incentives for health workers to promote quality, efficiency, access, and equity
Health worker autonomy	Promote health worker autonomy; hold them accountable for their performance and effective use of funds

Health Workforce

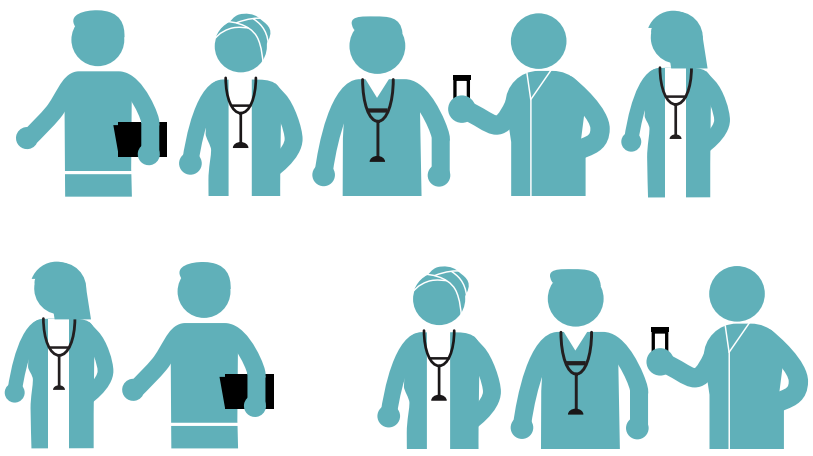
Health workforce refers to all occupations of health professionals responsible for organizing and delivering PHC at the community and facility levels. It assesses whether there is the **right number, skill mix, and distribution of appropriately trained health personnel** to meet people's health needs and promote equitable access to quality care. This module also looks at the health system's capacity for training, professional development, and performance management.

POPULATION HEALTH NEEDS

COMPOSITION AND COMPETENCIES

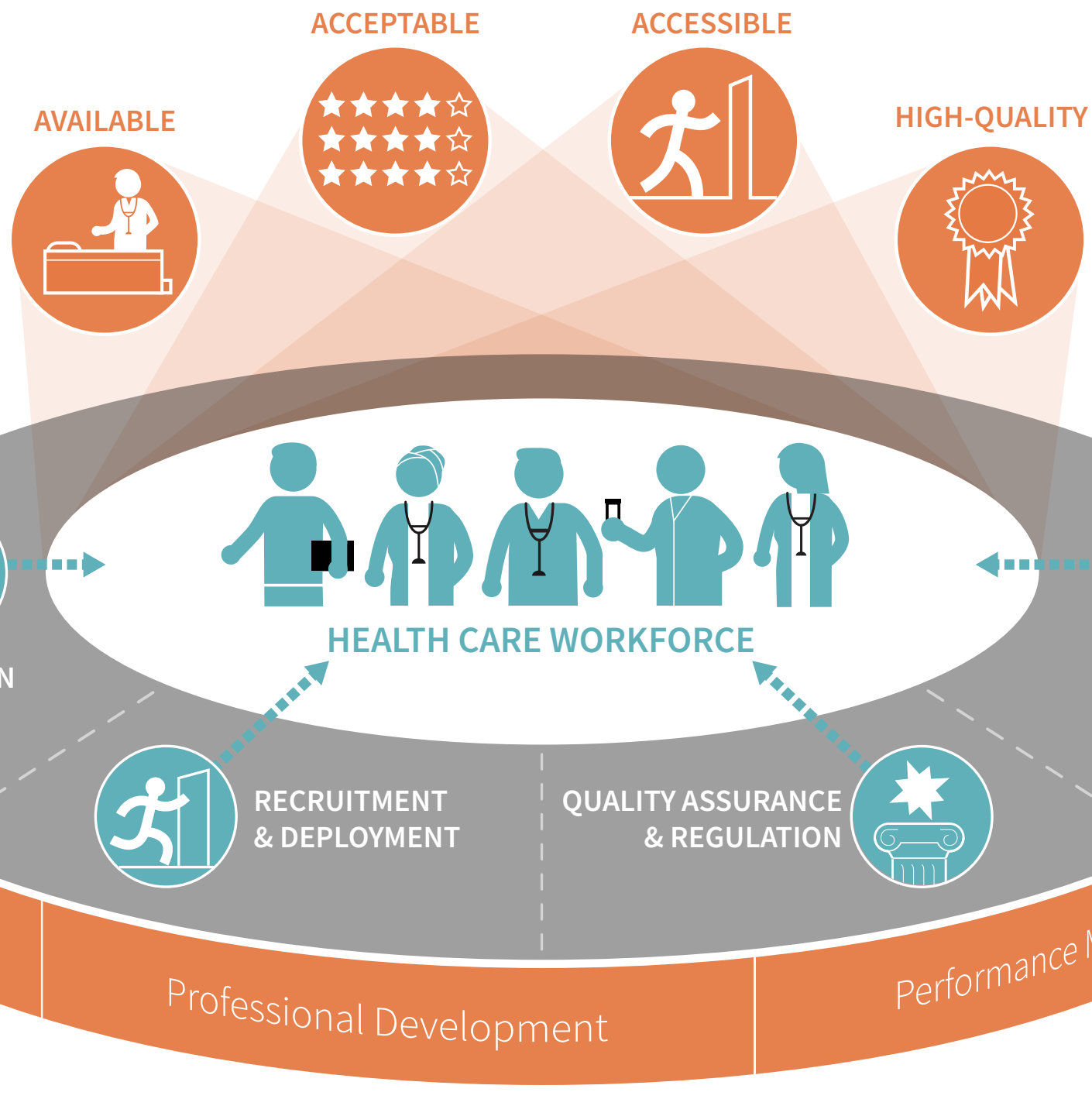
The composition — including **number, skill mix, and distribution** — and competencies of the workforce should be designed to **meet population health needs and ensure equitable access to PHC.**

COMPETENCIES, SKILL MIX, & DISTRIBUTION OF THE WORKFORCE



PERFORMANCE

An effective workforce is **accessible** and **available** to the population and has the needed **competencies** and **motivation** to deliver high-quality, acceptable care.

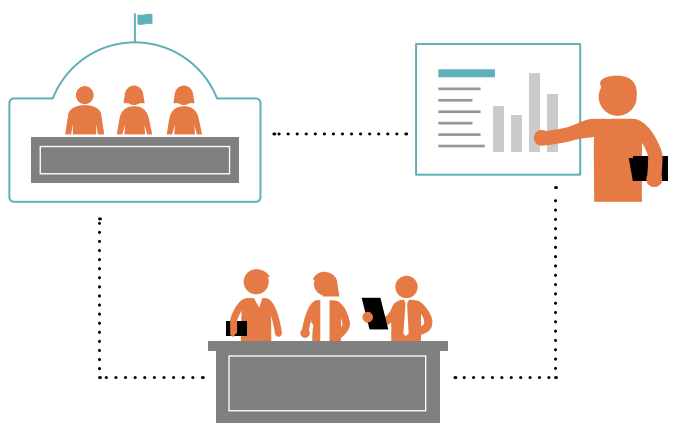


Information & Technology

Information and technology refers to the systems and innovations used for collecting, processing, storing, and transferring data and information that is used for planning, managing, delivering, and improving high-quality health services, including effective surveillance systems. This area focuses on the availability, coordination, and interoperability of these systems and the requisite infrastructure and policies needed for their operation, including digital technologies that support innovation, communication, and telemedicine.

SIX COMPONENTS OF A HEALTH INFORMATION SYSTEM

INPUTS



1 Health information system resources
Legislative, regulatory, planning frameworks, and resources ensure a fully functioning health information system

PROCESSES

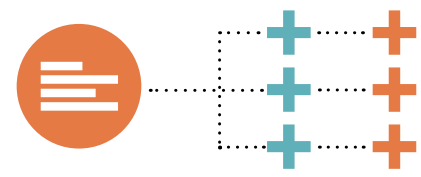
2 Indicators
Encompass determinants of health; health system inputs, outputs and outcomes; and health status

3 Data sources
Population-based and institution-based

4 Data management
Covers all aspects of data handling from collection, storage, quality-assurance and flow, to processing, compilation and analysis

OUTPUTS

5 Information products
Data is transformed into information that will shape health action.



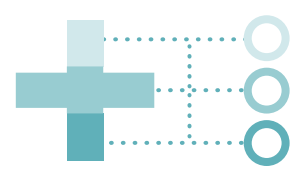
6 Dissemination and use
Health information is enhanced when readily accessible to decision-makers

CHARACTERISTICS OF STRONG INFORMATION SYSTEMS THAT SUPPORT THE DELIVERY OF HIGH-QUALITY PHC INCLUDE:

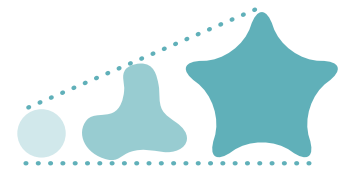
RESILIENT
Capacitated to withstand crises using systems for data backup, coordination with other sectors, and regular performance assessments

FUNCTIONAL
Accessible and user-friendly technologies fit into existing workflows with systems in place to ensure data quality, appropriate communication and use, and appropriate training for health workers

WELL-DEFINED
Standard operating procedures for data collection and analysis ensure that information systems capture data that is timely, reliable, comprehensive, and relevant



COMPREHENSIVE AND COORDINATED
Capture and monitor all health services and functions across all levels of the health system



ADAPTABLE AND SCALABLE
Interoperable and interconnected with clear standards, decision-making structures, and sustainability plans

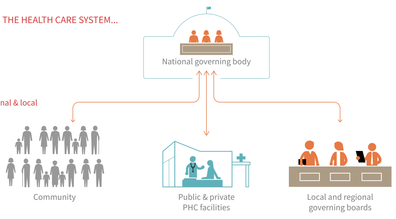
Management of Services

Management of services refers to the way services are managed at the facility level, which includes:

PROFESSIONALISM OF MANAGEMENT

Processes, programmes, and/or conditions that equip health care managers and leaders with the skills, knowledge, and experience to effectively manage their organization(s).

ACROSS THE HEALTH CARE SYSTEM...



ENSURE ADEQUATE NUMBERS AND DEPLOYMENT OF MANAGERS THROUGH:

ENSURE COMPETENCIES OF MANAGERS THROUGH:

CREATE AN ENABLING, MOTIVATING ENVIRONMENT THROUGH:

SUPPORTIVE SUPERVISION

An approach to supervision that promotes collaborative problem solving and open dialogue between supervisors and staff.

It also includes a mentoring component, to help staff improve their performance, hone their skills, knowledge, and experience, and achieve their short- and long-term goals.

SYSTEMS TO SUPPORT QUALITY IMPROVEMENT

Processes, programmes, and/or conditions that health care managers, leaders, and staff can implement to improve the quality of care.

To function properly, these systems require dedicated resources and infrastructure, including quality improvement team(s) and robust health information systems. They also need buy-in from supervisors and staff.

USE INFORMATION SYSTEMS AND IMPLEMENT QUALITY INTERVENTIONS TO...

REDUCE HARM

IMPROVE CLINICAL EFFECTIVENESS

ENGAGE PATIENTS, FAMILIES, AND COMMUNITIES

ROUTINELY APPLY/ENFORCE QUALITY IMPROVEMENT METHODS

FACILITY BUDGETS AND EXPENDITURES

The availability and management of funds at health facilities to meet the recurrent and fixed costs associated with delivering health services.

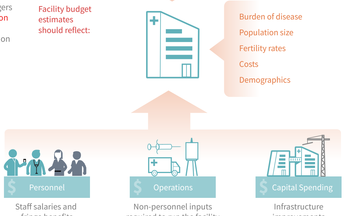
It discusses a range of public financial management processes, from budget formation to budget execution, that influence facility-level funds availability and management.

Strengthening financial management capacity

Health care managers need the capacity and training to engage in proactive planning, forecasting, and budgeting, and to account for and report on expenditures

Increasing autonomy to manage funds

Frontline health care managers need the authority to function as funds managers that can change the mix of spending on inputs and services, based on patient needs

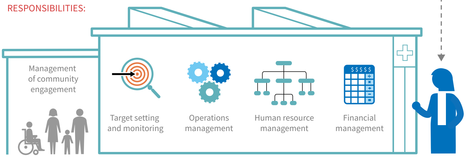


MANAGEMENT CAPABILITY AND LEADERSHIP

The capabilities of managers and leaders to oversee quality improvement and budgetary processes within a facility.

TECHNICAL SKILLS AND TRAINING:

RESPONSIBILITIES:

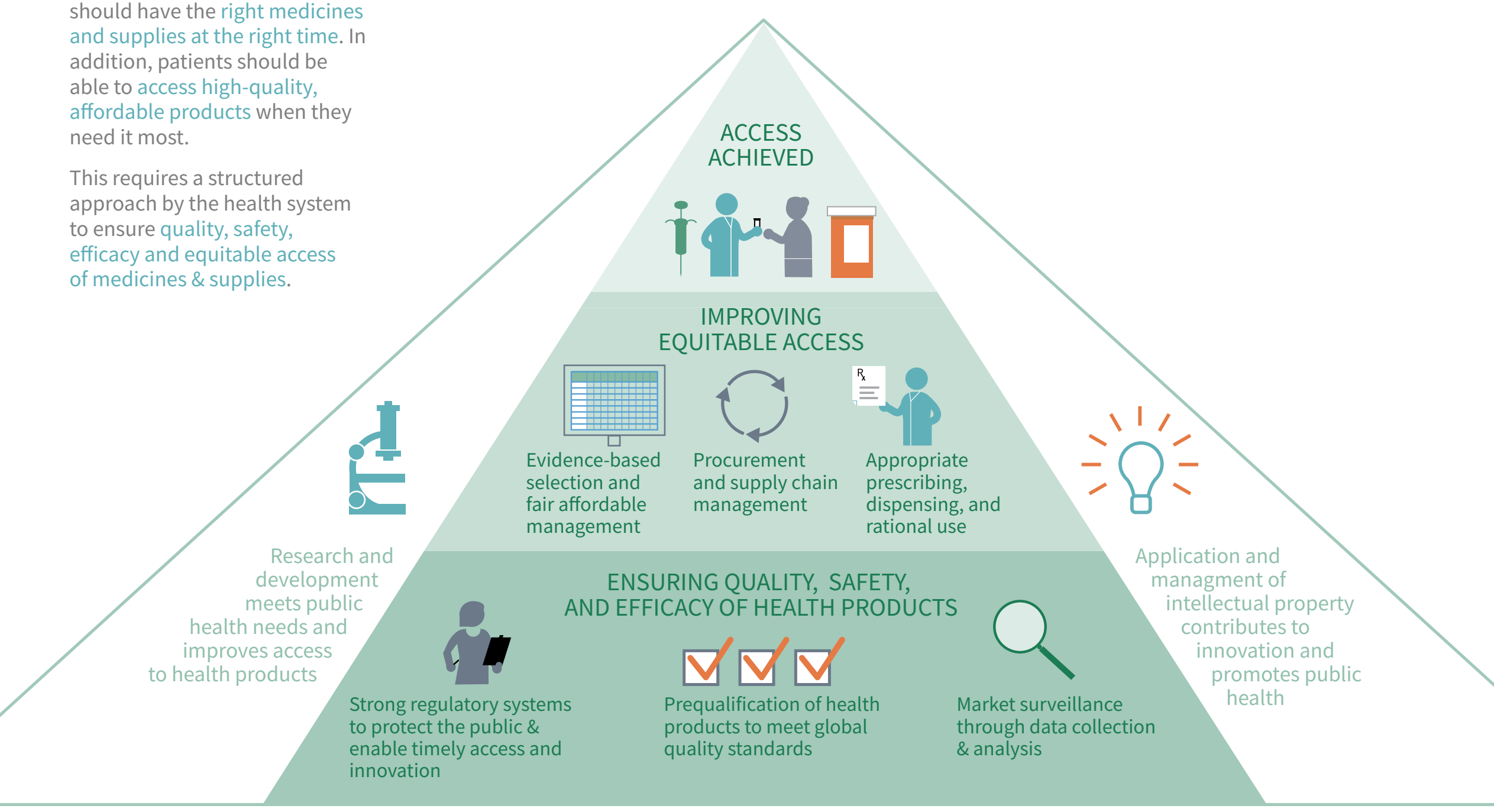


Medicines & Supplies

Medicines & supplies refers to the availability and affordability of medicines, vaccines, products, and technologies at primary care facilities.
All medicines and supplies should be appropriate, safe, effective, high-quality and appropriately regulated.

Facilities and health workers should have the right medicines and supplies at the right time. In addition, patients should be able to access high-quality, affordable products when they need it most.

This requires a structured approach by the health system to ensure quality, safety, efficacy and equitable access of medicines & supplies.



Multi-Sectoral Approach

A multi-sectoral approach means involving and coordinating across entities whose work touches on primary health care, including governments, communities, civil society, private sector, payers, provider associations, and other nongovernmental organizations. This also means developing processes and relationships that enable stakeholders from all these sectors to work together, including regularly soliciting and integrating input from community and subnational leaders and ensuring effective stewardship and oversight of the private sector in mixed health systems. A multi-sectoral approach is essential for ensuring social accountability and a Health in All Policies approach.

SOCIAL ACCOUNTABILITY TYPES

DEMOCRATIC ACCOUNTABILITY INCLUDING TRANSPARENCY & RESPONSIVENESS

Systems, laws, and contexts that build an environment for citizen-led accountability

PERFORMANCE ACCOUNTABILITY

Citizens and civil society organizations hold government actors and service providers accountable

FINANCIAL ACCOUNTABILITY

Citizens and civil society organizations monitor and track public budget management and potential leakage of funds

PRIORITY SETTING THROUGH STAKEHOLDER ENGAGEMENT & ACCOUNTABILITY

Categories of stakeholders that should be involved in priority setting include government, providers, and clients/citizens

NECESSARY COMPONENTS

ESTABLISH MECHANISMS FOR STAKEHOLDER ENGAGEMENT AT EVERY LEVEL

UNDERTAKE TOP-DOWN ACCOUNTABILITY INITIATIVES

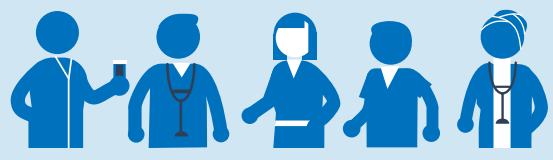
UNDERTAKE BOTTOM-UP ACCOUNTABILITY INITIATIVES

Social accountability works best with coordinated efforts from two key sets of actors: those with **decision-making power**, and **citizens or civil society**.

NATIONAL, SUBNATIONAL, COMMUNITY

Survey existing needs and capabilities and prepare the groundwork for social accountability and multi-sectoral action, to determine whether an enabling environment exists or is needed to encourage and support stakeholders to work together to address health-related issues and promote well-being.

PEOPLE WITH DECISION-MAKING POWER



Those who have decision-making power in health policy (governments and institutions) can work from "above" the point of frontline service to ensure that actions, decisions, and resources for primary healthcare are effective and equitable (top-down actions).

CITIZENS & CIVIL SOCIETY

Citizens and civil society can monitor and advocate for better services as patients from "below" the point of frontline service delivery and can play a critical role in observing and voicing local challenges in primary healthcare that require attention (bottom-up actions).

IMPROVE HEALTH SYSTEM PERFORMANCE

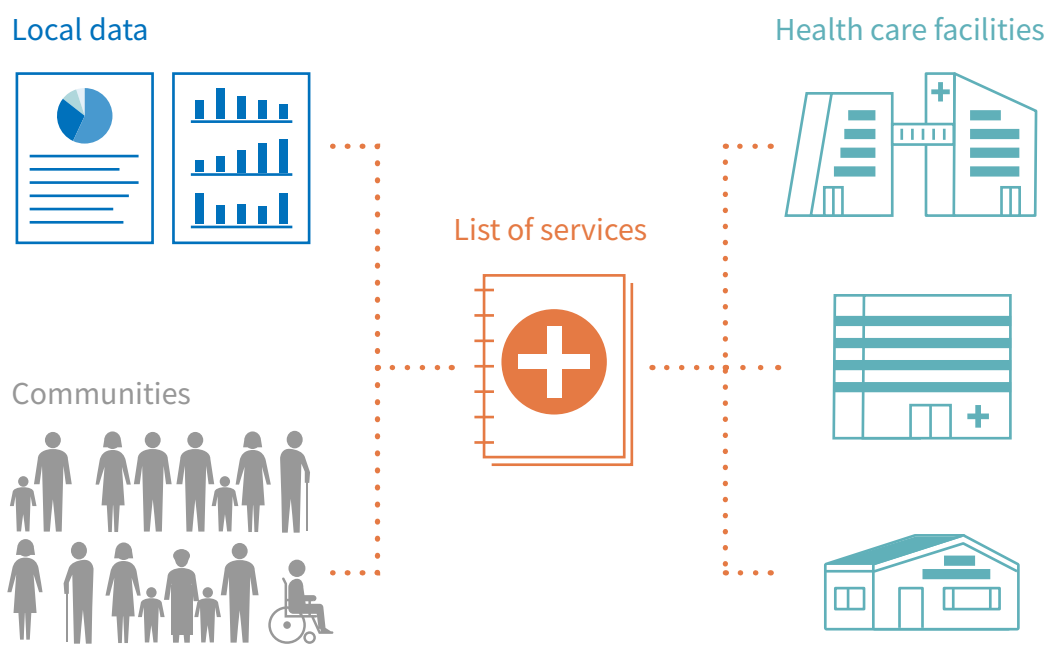
Organization of Services

Organization of services focuses on the way in which primary health care services are designed, organized, delivered, and supported by different service delivery platforms and health care workers.

WELL-ORGANIZED SERVICES...

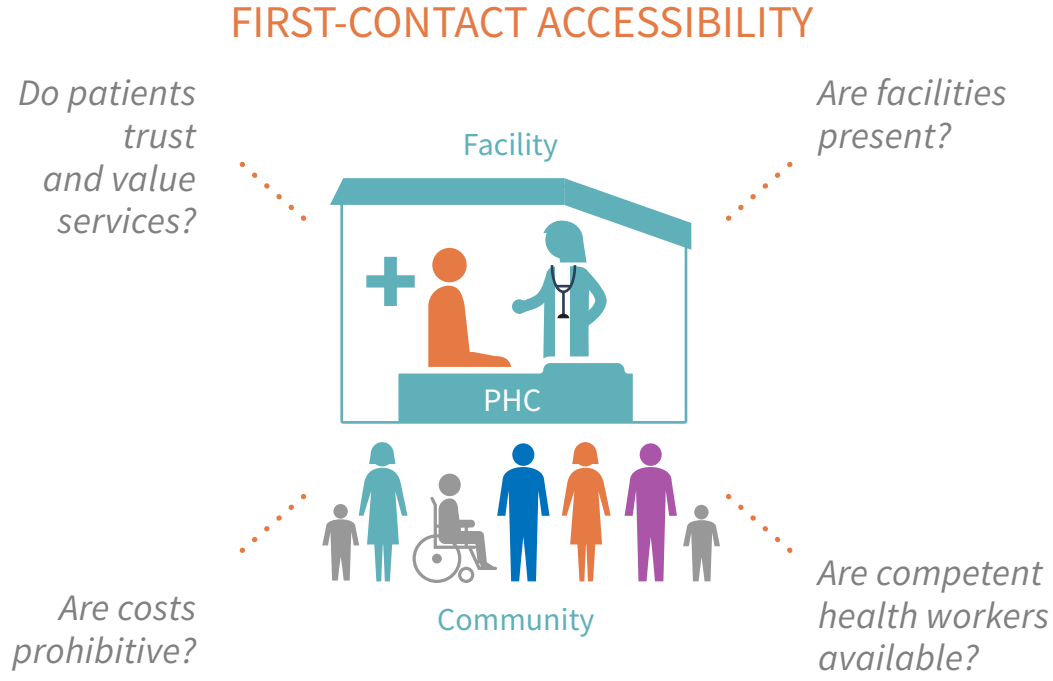
...PROVIDE AN ESTABLISHED ESSENTIAL PACKAGE OF HEALTH SERVICES ACROSS LEVELS OF CARE

Local data and representative community consultation informs the list of services provided by the health system and where they are delivered across levels of the health system and community-based care.



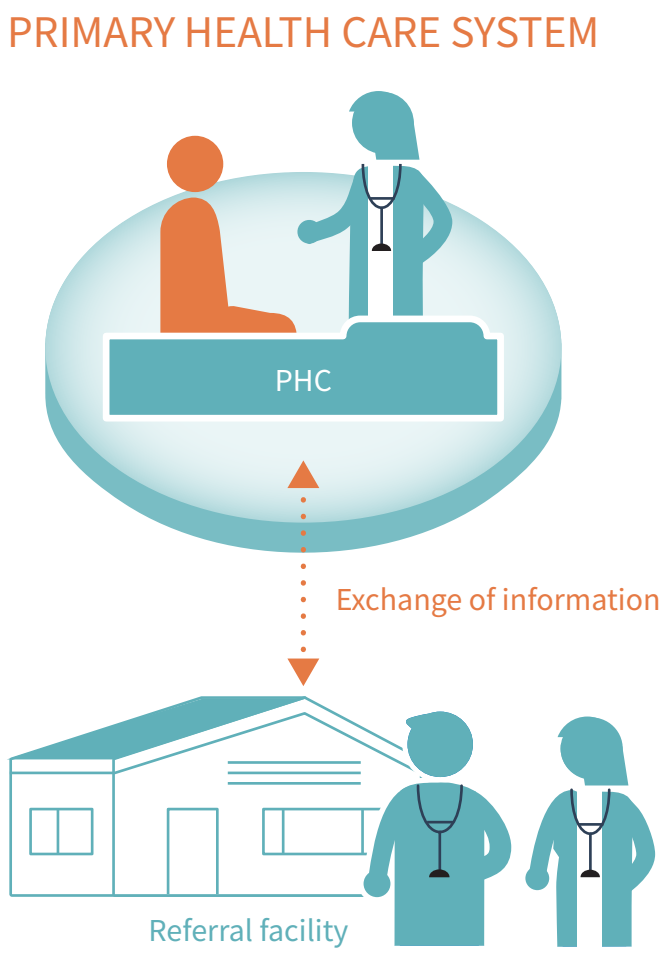
...ENSURE THAT PHC IS THE FIRST POINT OF CONTACT WITH THE HEALTH SYSTEM

High-quality primary health care can meet 90% of population health needs and should be the first point of contact for most people and most health needs, most of the time by delivering services that users trust, value, and can easily access.



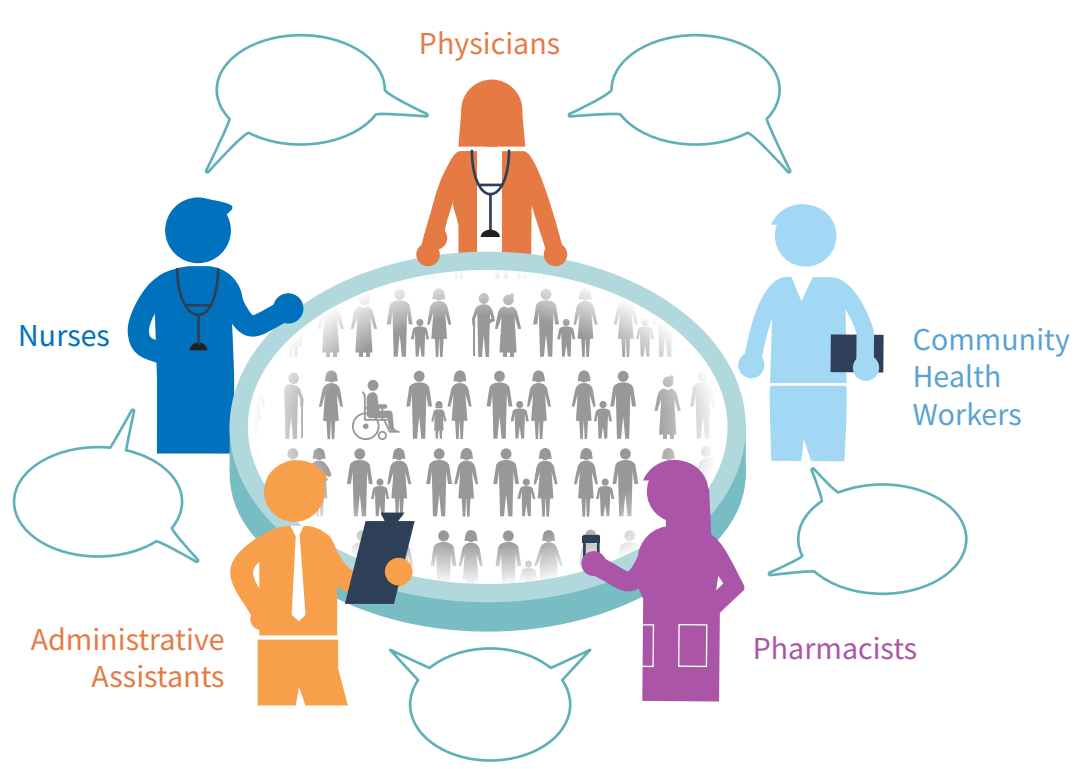
...DEVELOP ROBUST REFERRAL AND COORDINATION PATHWAYS

When services cannot be provided at primary care facilities, referral mechanisms must be in place to ensure that information is effectively and efficiently transferred between levels of care.



...ARE DELIVERED BY MULTIDISCIPLINARY TEAMS

Strong team-based care makes PHC offerings more comprehensive and contributes to better coordination of care. Team size and composition depends on the needs and size of the patient group.



Communicate about delegation of responsibilities

Build respect and trust within the team

Share a sense of collective responsibility for the health of their patients.

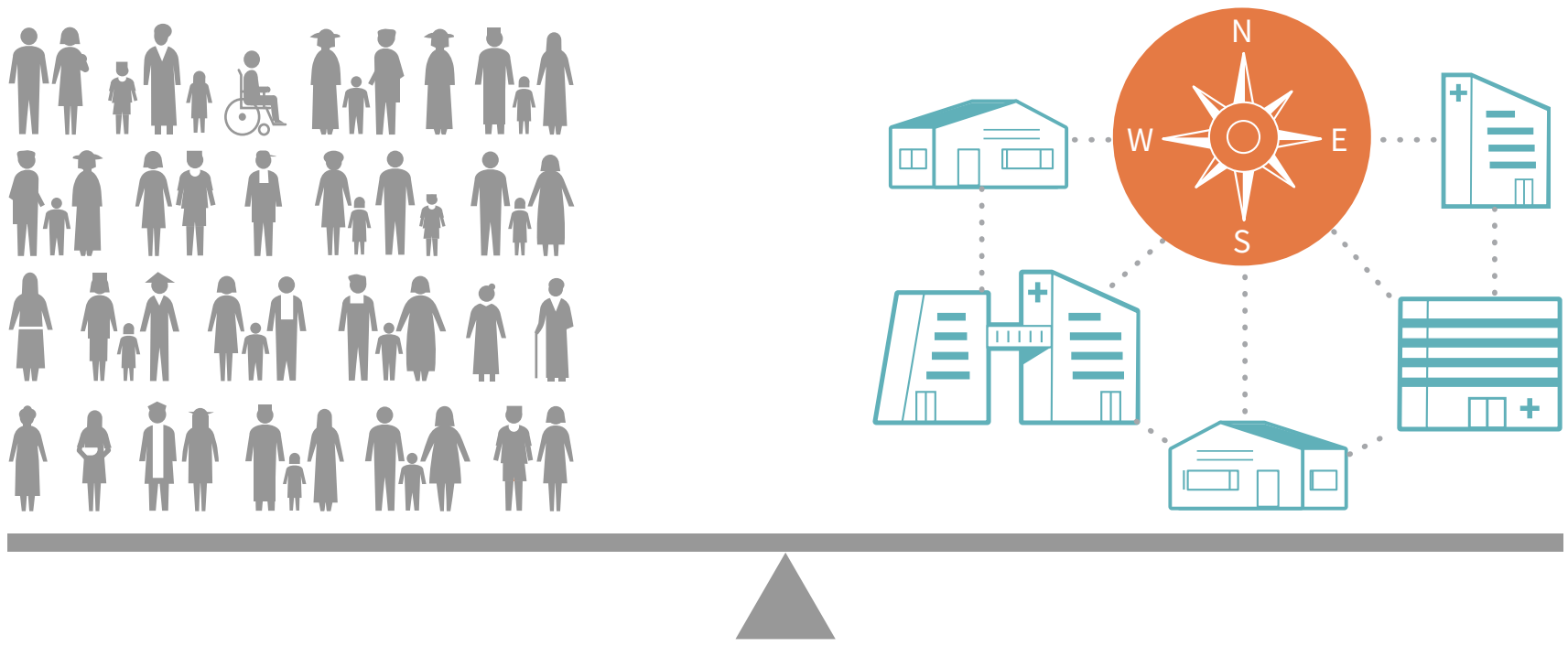
Physical Infrastructure

Physical infrastructure refers to the physical availability and quality of public facilities. It means ensuring the right number and distribution of facilities, as well as the right mix of facility types, to meet population health needs.

It also means ensuring all facilities are equipped with the amenities and resources they need to provide safe, quality care, such as **clean water, sanitation and waste disposal/recycling; telecommunication connectivity; power supply; and transport systems** that can connect patients to other health workers.

FACILITY DENSITY AND DISTRIBUTION

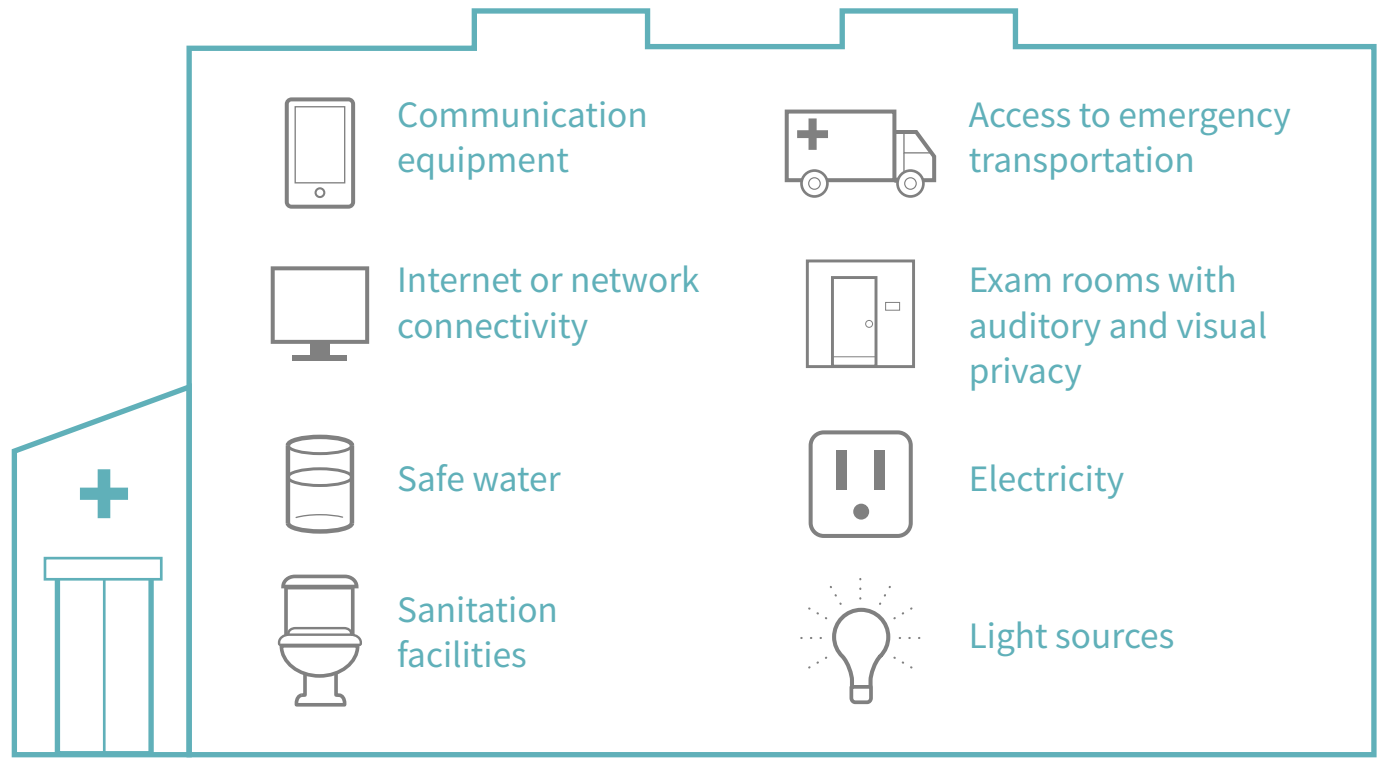
To ensure equity in access, facility density and distribution targets should reflect the local context, including population health needs and models of care



FACILITY DESIGN AND AMENITIES

The design elements, features, and utilities should enable facilities to provide high-quality PHC

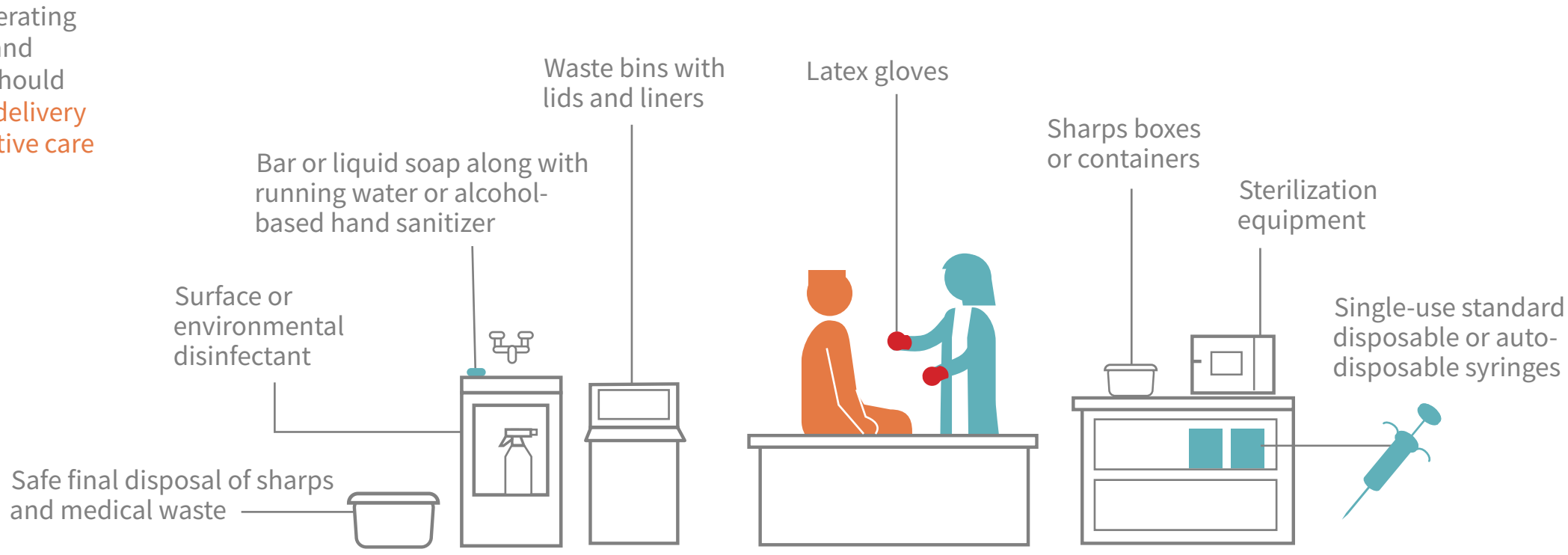
Patients, visitors, staff, and health workers



Facility designed for person-centered care

STANDARD SAFETY PRECAUTIONS AND EQUIPMENT

Standard operating procedures and equipment should support the delivery of safe, effective care



Ensuring access to thoughtfully designed, safe, and well-equipped physical infrastructure is an important step to providing high-quality care.

Policy & Leadership

Policy & leadership refers to the decisions and plans undertaken by governments to achieve its health system goals. In a PHC-oriented health system, governments place PHC at the heart of these efforts.

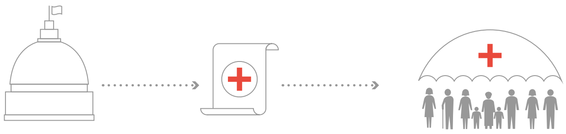
Policy & leadership for PHC consists of three interrelated components:

PHC LEADERSHIP

PHC leadership refers to the level of political commitment and leadership to PHC.

STRONG PHC LEADERSHIP LOOKS LIKE:

Formalized commitments to PHC
Governments invest in PHC, place it at the centre of efforts to achieve universal health coverage and the SDGs, and raise awareness about its importance across the health system. Countries may use declarations, policies, and laws to formalize commitments to PHC, among others.



Inclusive, multisectoral policy and action
Governments implement a HiAP approach to ensure that PHC is treated as a priority within and beyond the health sector and that resultant plans align with diverse stakeholder interests.

Enabling legal environment for PHC
Governments realize commitments to PHC and its citizens via health laws and legal practices such as right to health legislation.

PHC POLICIES

PHC policies are a deliberate system of guidelines or plans that countries adopt in support of PHC. They serve as the basis for making decisions and help a country to improve and develop the functions it needs to achieve desired goals.

The main functions of PHC-oriented health systems are financing, stewardship, resource development, and the provision of health services that place PHC as the first point of contact.

STRONG PHC POLICIES INCLUDE THE FOLLOWING:

Existence of a national health sector policy oriented to PHC and UHC

Existence of a national policy, strategy, or plan on quality and patient safety

Existence of health emergency and disaster risk management strategies

Institutional capacity to meet essential public health functions and operations

THEY ARE DEVELOPED AND IMPLEMENTED VIA THE FOLLOWING PRINCIPLES:

Deliberative, evidence-based process

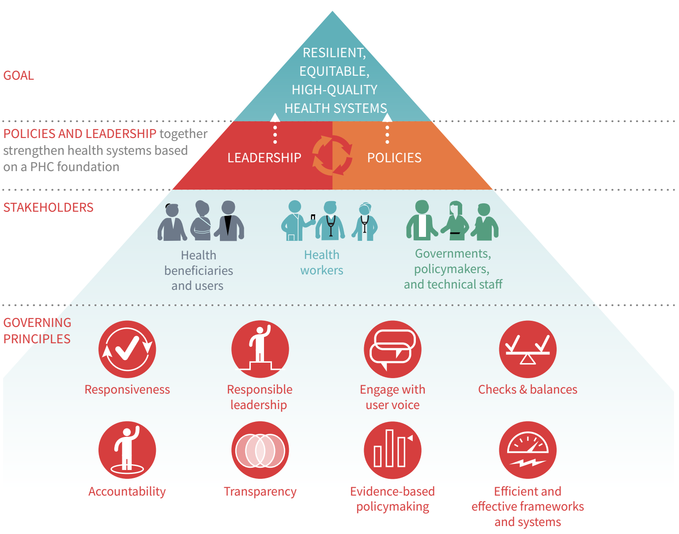
Multisectoral action and community leadership

Transparency and mutual accountability

Integrated, people-centered approach

QUALITY MANAGEMENT

Strong quality management infrastructure supports the delivery of safe, effective, and efficient care; minimizes harm and reduces waste; and creates an environment for continuous improvement.



THE FOLLOWING ACTIONS HELP TO CULTIVATE AN ENABLING ENVIRONMENT FOR QUALITY:

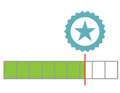
National commitment to quality

Stewardship for quality, such as via the creation of a quality directorate

Investment in the initiatives outlined in the national strategic direction on quality

NATIONAL STRATEGIC DIRECTION ON QUALITY AND SAFETY, WHICH INCLUDES:

A prioritized set of quality interventions



A pragmatic quality measurement framework

An operational plan and resourcing strategy for turning the quality strategy into action

WELL-DESIGNED HEALTH INFORMATION AND M&E SYSTEMS

STRONG PRIMARY HEALTH CARE INCLUDES...

Population Health Management

Population health management is an approach to PHC provision that integrates active outreach and engagement with the community in care delivery. This approach shifts primary care service delivery from reactive to proactive management of a segment of the population, which includes:

THE 5 SOCIAL DETERMINANTS OF HEALTH SHOULD INCLUDE:

A successful population health management approach addresses the **diverse needs of the community**, including the social determinants of health.

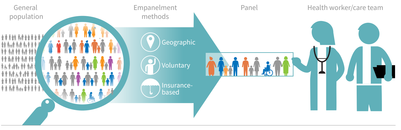
EMPANELMENT

The active and ongoing assignment of an individual or family to a health worker and/or care team for the provision of primary care services.

Effective empanelment, sometimes referred to as rostering, supports local priority setting and proactive population outreach by helping health workers understand and enumerate the needs of the communities they serve.

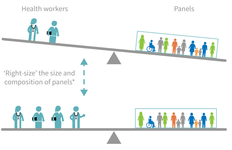
METHODS

Countries use **geographic, voluntary, or insurance-based** methods to form groups of people for health workers or care teams.



BALANCE

One of the most important and challenging aspects of empanelment is **right-sizing** the size and composition of the patient panel. Achieving the right balance requires **careful consideration of various factors** such as supply and demand, the package of services that will be delivered through PHC, and the capacity of the health workforce to deliver these services, among others.



*Target panel sizes and composition vary widely between contexts and depend on many factors, including how care teams are organized. A 'right-sized' panel ensures that the care team or health worker can proactively deliver care to all individuals in their panel

COLLABORATION BETWEEN FACILITY AND COMMUNITY-BASED SERVICE HEALTH WORKERS

The process of facility- and community-based health workers working together to provide person-centered, coordinated care.

This relies on the existence of formal linkages between facility- and community-based service delivery platforms.

ROLE CLARIFICATION

Health workers and care teams develop a clear understanding of their roles and the roles of others. Together, they use this knowledge to coordinate and deliver high-quality care.

INTEGRATION

Community-based health workers are integrated in the facility management structures, facility teams, and data systems.

COORDINATION

Health workers are in **close geographic proximity** to each other and refer patients back-and-forth between the facility- and community-level, depending on patient need.

TWO-WAY COMMUNICATION

There are two-way communication channels **between the facility and community**, such as via the use of mobile phones and referral networks.

PERFORMANCE MANAGEMENT

Supportive supervision and training opportunities are available to everyone involved in a patient's care pathway.

And require...

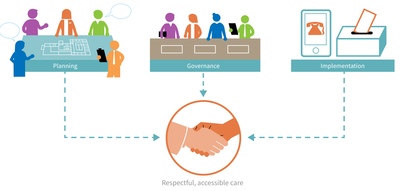
And ultimately support...

COMMUNITY ENGAGEMENT IN SERVICE PLANNING AND ORGANIZATION

The inclusion of **local health system users and community resources** in all aspects of design, planning, governance, and delivery of health care services.

A RANGE OF ENGAGEMENT OPTIONS

Create resources and communication channels to invite community feedback and ensure transparency



PROACTIVE POPULATION OUTREACH

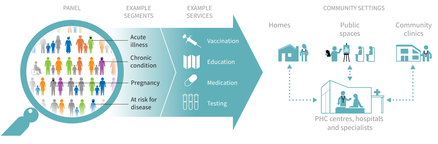
The active provision of **care in homes or communities** rather than exclusively in facilities.

1 SEGMENTATION

Ideally, all individuals receive community-based care, but health systems may need to prioritize community-based care only for **specific segments** of their panel.

2 COMMUNITY HEALTH WORKERS

Health workers with **specific training** deliver services within communities.



3 FOLLOW-UP

Community health workers are linked to higher-level facilities such as PHC centres, hospitals, and other specialists who can address more complicated cases with **clear, bi-directional communication systems**

SERVICES FOR SELF-CARE AND HEALTH LITERACY IN PRIMARY CARE

Primary care services and processes that **support and empower individuals, families, and communities** to manage and make informed decisions about their health and well-being when not in direct contact with health services.

HEALTH LITERACY MEANS THAT PEOPLE HAVE THE KNOWLEDGE, SKILLS, AND CONFIDENCE TO...

NAVIGATE THE HEALTH SYSTEM

People can **easily locate** their PCP or care team. They can also fill out any forms required to get insurance and/or needed primary care services.

COMMUNICATE WITH THEIR CARE TEAM

People feel empowered to share their health information with their care team and **actively participate in their care plan.** For example, patients might ask their care team—what are my health conditions? How do they impact long-term health and well-being? How do I manage them?

PRACTICE SELF-CARE

People **actively take care of themselves** by practicing behaviors that promote their health and well-being. They also manage any illness or disability that occurs with or without the help of their care team.

MAKE INFORMED, NUMERATE DECISIONS

People **measure and appropriately deliver** medications and analyze the relative risks and benefits of different health and treatment plans. They also feel confident to communicate, assert, and enact these decisions and plans with their care team.

It is influenced by...

The **personal characteristics** of people, such as their values and beliefs

The **social determinants** of people, such as their race, education level, and income status

The **physical determinants** of people, such as where they work and live

And requires...

Reliable and timely health data and information: Written and spoken information is **clear and easy to understand.** It is also readily available in different languages and formats, where relevant.

High-quality care teams: Care teams provide **person-centered care** and support shared decision-making.

Well-designed PHC centres: Facilities are **easy** to find, easy to navigate, and designed for the patient.

And ultimately, supports...

Improved health outcomes

Rational use of health services and medicines

Health equity

TO PROMOTE SELF-CARE AND HEALTH LITERACY, PHC CENTRES AND/OR CARE TEAMS SHOULD PROVIDE:

Telehealth services such as teleconsults, internet-based chat rooms, virtual support groups, etc.

Printed resources such as pictograms, pamphlets, brochures, etc. In-home electronic aids such as blood pressure cuff, blood glucose devices, etc.

One-on-one patient education, such as a dedicated dedicated health care worker who is responsible for providing this support

Peer support groups for different chronic conditions

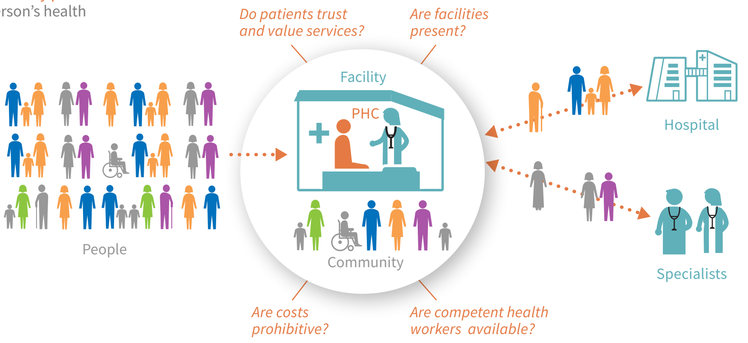
Primary Care Functions

Primary care is distinguished by the core functions it provides, including first contact accessibility, comprehensiveness, people-centeredness, coordination, and continuity. Strong primary care systems are those that consistently and equitably achieve these five functions:

FIRST CONTACT ACCESSIBILITY

The capacity of a primary care system to serve as the first point of contact, or a patient's entry point to the health system, for most of a person's health needs.

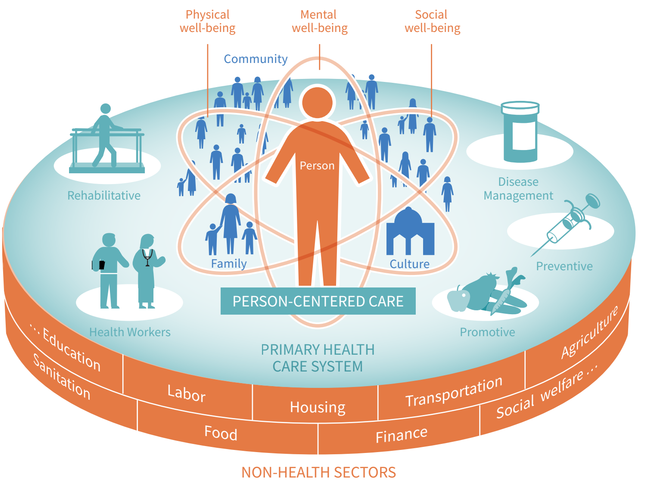
To be an effective first point of contact, PHC workers and facilities must consistently deliver services that users trust, value, and can easily access.



COMPREHENSIVENESS

High-quality primary health care treats the "whole" person within their family, cultural, and community context — delivering a wide range of preventive, promotive, curative, and rehabilitative services.

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.

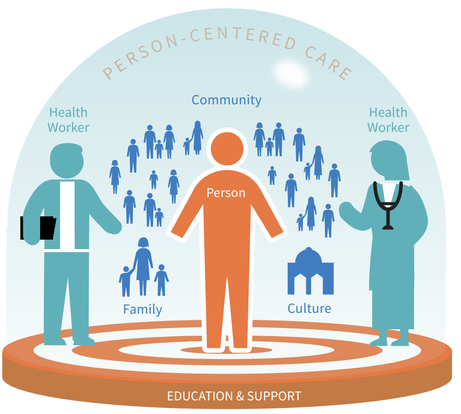


PERSON-CENTERED CARE

Person-centered care is organized around the comprehensive needs of people rather than individual diseases.

It engages people in full partnership with health workers in promoting and maintaining their health.

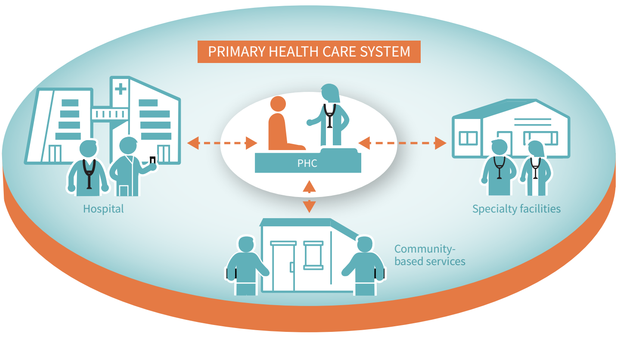
Person-centered care considers a patient's social, career, cultural, and family priorities as important facets of health.



COORDINATION OF CARE

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 both health care teams and information systems to reach out proactively.



CONTINUITY

Continuity creates an environment in which patients experience discrete health care events as coherent, connected, and consistent with their medical needs and personal context.

Continuity is critical for care teams, case management, and the full patient journey:

CARE TEAM

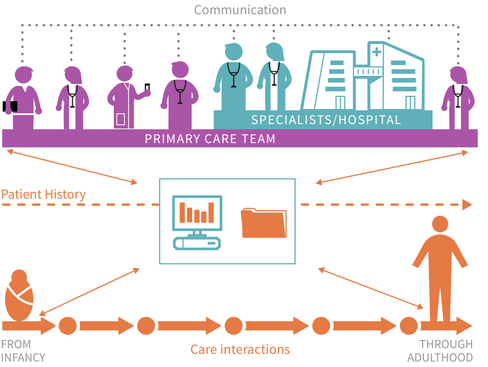
Every member of the team communicates fully

CASE MANAGEMENT

Patient information is constantly updated and accessible to all

PATIENT JOURNEY

Patient has a consistent experience at each care interaction



STRONG PRIMARY HEALTH CARE INCLUDES...

Resilient Facilities & Services

Resilient facilities & services show an ability to effectively respond and adapt to public health emergencies, all while sustaining essential primary care services and functions. This requires strong links at the point of care between health security and routine health system capabilities. Resilient facilities and services should seek to measure and identify areas of vulnerability and improvement before, during, and after a crisis, and leverage lessons learned to adapt, recover more quickly, and improve for next time.

CORE ELEMENTS

Resilient health facilities are safe, sustainable, secure, and smart. They will be able to keep functioning in an emergency situation, providing essential health services to those in need. Considerations for resilient facilities' functions include:

GUIDELINES

Health facility standards and codes for existing and new health facilities.

Infection prevention and control in health facilities and other health-care settings and for the health workforce.

PLANNING AND TRAINING

Emergency and disaster management, including emergency preparedness and response and health services continuity planning, training, and exercises.

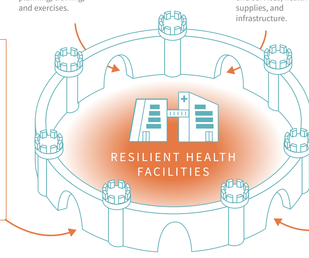
Surge capacity and supply chain planning and preparation (including staff, supplies, equipment, lifelines).

Financial resources including budget for emergency and disaster risk management work to strengthen staff, activities and services, health supplies, and infrastructure.

INFRASTRUCTURE

Safe siting and construction, access for people with disabilities, and considerations for energy efficiency and reduced carbon footprint.

Existing structures are, or are being, updated to be capable of withstanding shocks and to be self-sufficient including through reliable power and water systems.



CAPACITY

Existence of:

Equipment and devices (safety, security, maintenance) including emergency stocks of essential medical supplies.

Patient isolation capacity and decontamination protocols and capacity.

Lifelines and support services including water, road or physical access, and staff welfare.

Resilient services are flexible, integrated, equitable, and accessible. They will be able to maintain or quickly resume provision of essential and routine health services in an emergency situation. Considerations for functions of resilient services include:

Staff capacity and staffing models are flexible

Care is provided through a mix of home-, community-, and facility-based services

Services are built on population health management strategies that leave no one behind.

Services are multidisciplinary and integrated across levels of care.

Health workers and organizations have built trust and confidence in the system through community engagement and other measures.

Providers and organizations are able to adapt, such as through resource and task shifting to meet changing needs.

Facility and health system operations have flexibility in funding and decisionmaking, led by competent local facility and organizational leadership.

OVERARCHING ACTIONS

ENSURE INCLUSION OF AND EFFECTIVE COORDINATION WITH KEY STAKEHOLDERS

Ensure engagement with a broad cross-section of the population and particularly with vulnerable communities.

Invest in institutionalized mechanisms for whole-of-government and whole-of-society engagement.

Coordinate and build relationships with the sectors and actors who play a role in managing health risks of emergencies locally and nationally.

ASSESS FACILITY AND SERVICE PREPAREDNESS

Establish routine surveillance and monitoring of diseases.

Establish communications protocol between levels of authority.

Ensure that human resources and financial resources are developed to implement recommended changes.

Engage in surveys tracking service availability and facility amenities

Conduct routine assessments of risks and preparedness of health care facilities

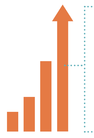
Conduct post-emergency reviews at facility or subnational levels to evaluate performance and use lessons to strengthen capacities for current and future risks.

Conduct simulation exercises involving community members to routinely test the functionality of health facility structures, mechanisms, and functions.

INCORPORATE PREPAREDNESS AND RESILIENCE INTO EXISING SYSTEMS AND PROCESSES

Establish a systematic and multisectoral process for priority- setting so that it is participatory and inclusive.

Create a system-wide culture that supports continuous iteration and improvement, backed by a high-level commitment to innovation and learning.



Establish mechanisms to recognize, evaluate, and scale successful innovations.

Establish linkages between national health sector strategic plans and national action plan for health security.

Identify or establish a team or person for maintaining essential health services in incident management systems or emergency operating centers.

Prioritize primary care services to be maintained during emergencies (according to national protocols).

AT THE DISTRICT OR FACULTY LEVEL

Establish or strengthen information systems and data sharing mechanisms within and across facilities.

Define your health facility emergency management plan including service continuity.

Designate a team or focal person for emergency management and service continuity.

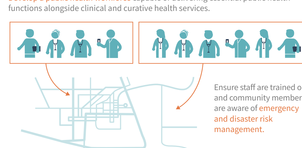
Have a system in place for maintaining essential medicines and supplies.

Strengthen supply chains through robust supply chain management and operational functions.

DEVELOP PROTOCOLS AND TRAINING

Implement policies and systems to recruit and equitably distribute health workers.

Develop a public health workforce capable of delivering essential public health functions alongside clinical and curative health services.



Ensure staff are trained on and community members are aware of emergency and disaster risk management.

Enact policies, regulations, and strategies to retain skilled workers.

Implement quality assurance and regulatory systems that ensure workers have the appropriate training and qualifications.

Ensure that emergency plans and protocols take into account how coordination happens across different groups.

Ensure protocols for case management for priority health emergencies and disasters are up-to-date.

Use the training experience and feedback to inform revisions to planning and protocols.

RESPOND TO PUBLIC HEALTH EMERGENCIES

Allocate funds to priority services and populations.

Purchase services from providers who can deliver good quality at the right level of the system.

Coordinate public and private providers to share resources.

Target vulnerable groups and fund health care and service coverage to expand access to care.

At facilites, ensure that basic essential features and utilities are available.

At facilites, Implement standard safety equipment and safety procedures.

Recognize and adopt innovations to maintain provision of care .

Service Availability & Readiness

Whether a person, upon accessing care, encounters a health worker who is present, competent, and motivated to provide safe, high-quality, and respectful care, and has the resources to do so.

Can a patient see a health worker when needed?

HEALTH WORKER AVAILABILITY

Three components determine availability:

Suitable Workforce

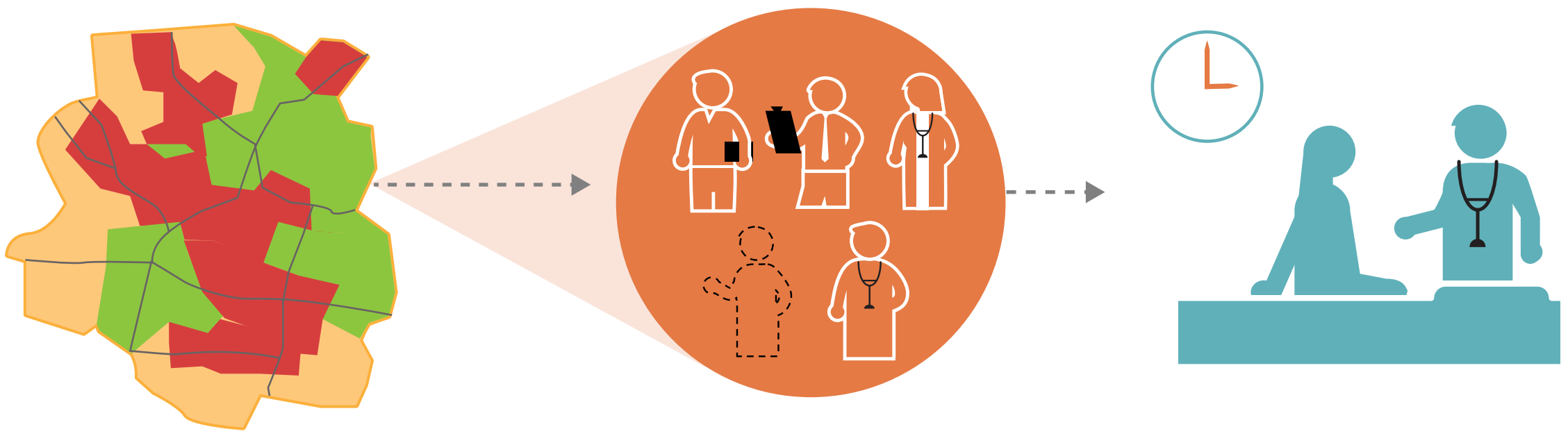
An adequately sized workforce with appropriate skill mix and equitable distribution

Minimal Absenteeism

That workforce is predictably onsite and availble to serve patients

Sufficient Time

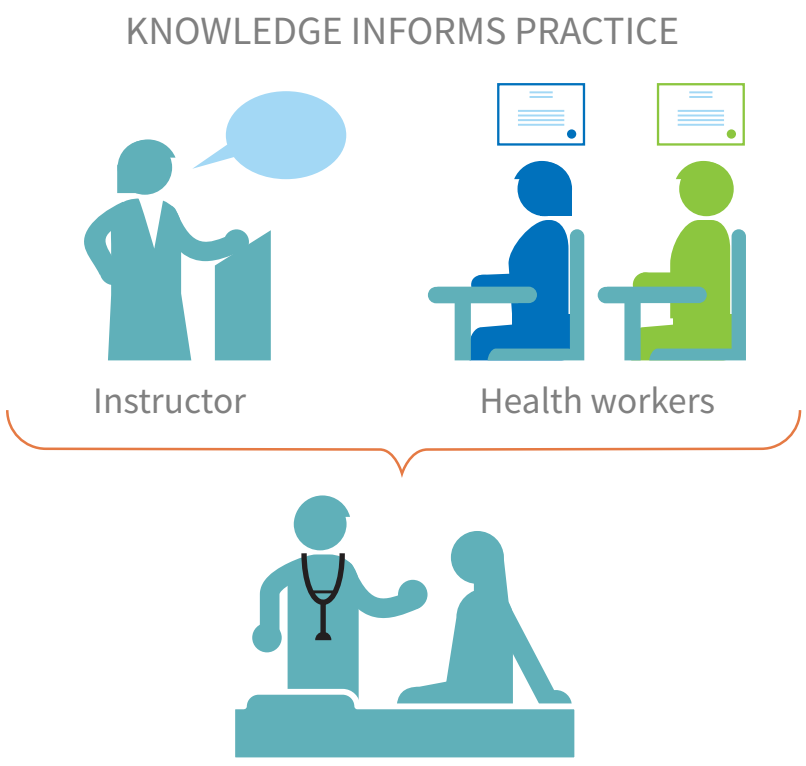
Each health worker has enough time to devote to each patient's needs



When patients see a health worker, is that health worker competent and motivated?

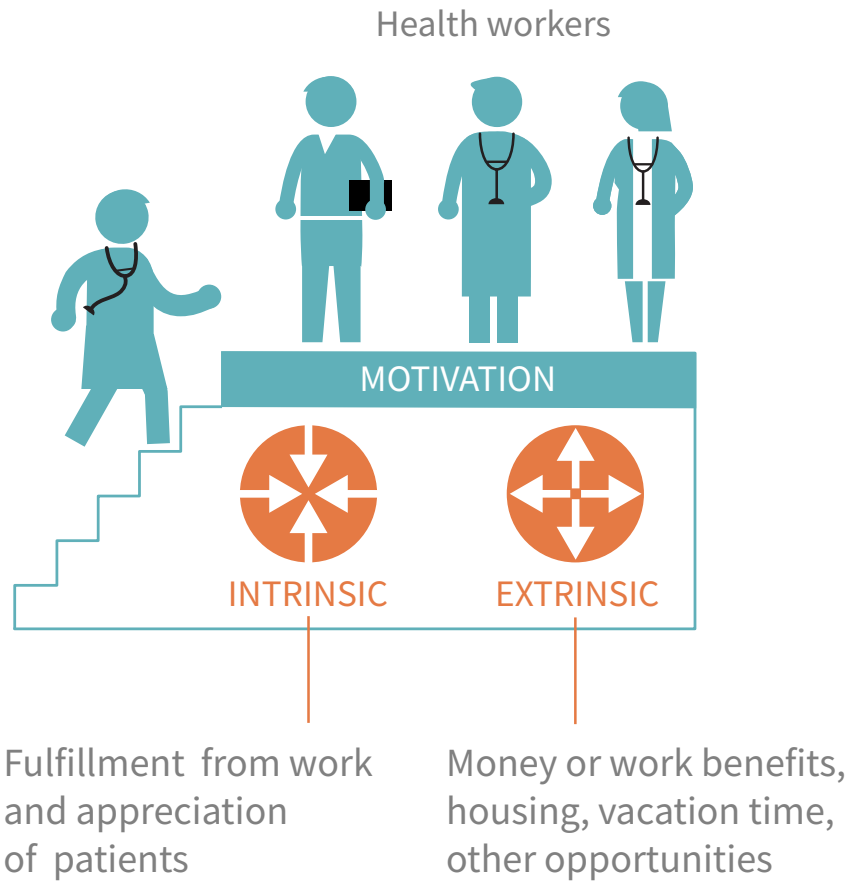
HEALTH WORKER COMPETENCE

Should be pursued during pre-service training , in-service training, and during standard supervision. Training should be specific to the skills and tasks providers are expected to provide



HEALTH WORKER MOTIVATION

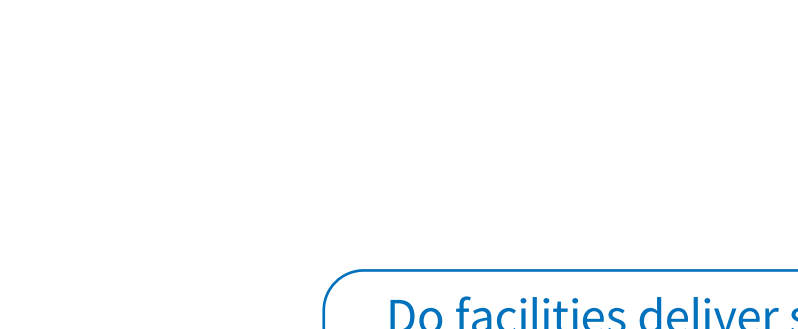
May be intrinsically or extrinsically driven, and is affected by both availability and competence



Do facilities deliver services that meet existing guidelines?

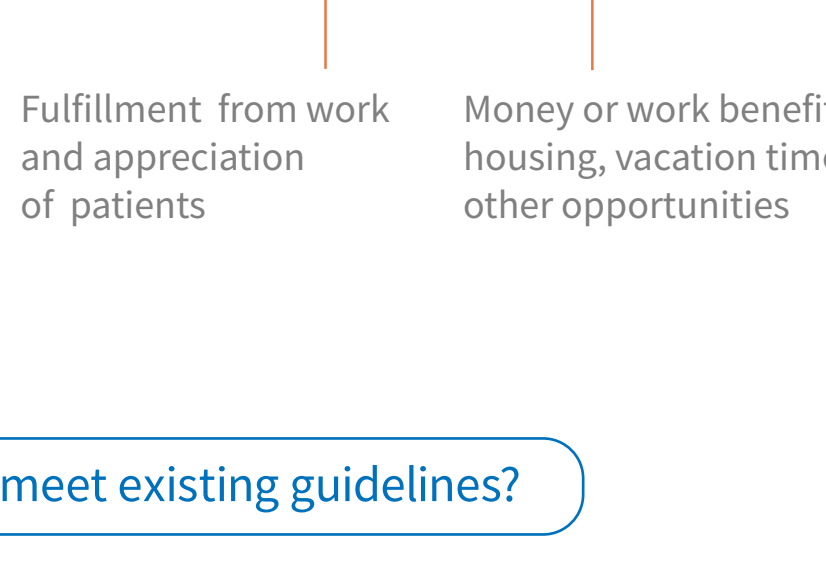
AVAILABLE SUPPLIES AND RESOURCES

Available medicines and supplies match the services determined by the national essential package of health services and the level of care at which each condition is addressed. This will differ between countries.



INFECTION PREVENTION AND CONTROL

Facility-level systems are in place to prevent healthcare acquired infections and antimicrobrial resistance in line with national standards



Service Quality

Service quality focuses on the quality of health services at the primary care level. It seeks to understand whether these services are delivered in an efficient, timely, safe, and effective way. It also measures whether services are people-centred, integrated, and equitable.

THE FOUNDATIONS OF CARE

Service quality is the product of the broader health systems environment and of the individuals and providers working within the system.

To ensure service quality, the following 'foundations of care' should be in place: governance and accountability structures, the health workforce, essential medicines and supplies, and health management information systems.