



DISCUSSION TOPIC:

Catalyzing Local Primary Health Care Service Delivery: Adapting National Measurement to Subnational Contexts for Low and Middle-Income Countries

Authors: Eesha Desai, Sarah Dannin, Joey Ross, June-Ho Kim, Laura Subramanian, Lisa Hirshhorn

Why this is important (brief description):

National-level primary health care (PHC) data has limited utility for local health systems and communities as these data lack availability, nuance, and timeliness at subnational levels where PHC service delivery is managed and occurs. There are several emerging efforts in low and middle income countries to adapt national PHC measurement frameworks for use at subnational levels. Lessons learned from these countries' experiences provide methodological insight for collecting subnational PHC data across low, middle, and high income settings to identify performance gaps and drive measurable system and service delivery improvements.

- **What We Think We Know (Bulleted evidence + Seminal references):**
 - PHC can serve as a foundation for achieving universal health coverage (UHC) as a part of the Sustainable Development Goals 2030, but to catalyze the improvement of a PHC system, countries must be able to measure its capabilities and performance.
- Within the past decade, landmark initiatives have established global frameworks for measuring PHC.
 - The Primary Health Care Performance Initiative (PHCPI) – a partnership between the Bill and Melinda Gates Foundation, WHO, UNICEF, World Bank Group, Global Fund, Results for Development and Ariadne Labs -- created a PHC measurement framework that was implemented across 28 countries and is planned for implementation in 11 more.
 - In 2022, WHO and UNICEF launched the first globally endorsed normative Primary Health Care Measurement Framework and Indicators (PHCMFI).
- While these frameworks catalyzed national-level investments in PHC, they tend to rely on period surveys and provide information that are more useful for national level policymakers than subnational system managers and service delivery. Information at the subnational level to drive adaptive management and improvements in PHC systems must be more frequent and better tailored to the frequent and regular decisions that are made at this level.
- Ongoing research explores how to make the monitoring and evaluation of health systems more adaptive to the needs of local communities, understand PHC at levels closer to service delivery, and better link the measurement of PHC with implementation efforts under a broader quality improvement agenda.
- During the past two years normative PHC measurement frameworks, including PHCMFI and PHCPI's mixed-methods capacity assessment, have been adapted to measure subnational PHC systems for a variety of needs and interests.
- We analyzed processes for adapting normative PHC measurement frameworks for subnational use in Costa Rica, India, and Kenya, eight shared steps emerged for adapting national-level metrics to the subnational level:
 1. Select a normative PHC measurement framework (PHCMFI, etc.) and identify and engage key stakeholders. Utilize this step to develop goals for the use of subnational PHC data.

For example: using data to improve adaptive management of PHC services at the district level, using data to understand PHC system capacities and how they enable or restrict networks of care or other pilot programs, or using data to solicit

community level insight into PHC performance ahead of the next strategic planning period.

2. Prioritize objectives for measurement and data use based on local priorities (quality, systems and service integration, community engagement, etc.)
 3. Define critical PHC concepts according to the local setting to align with relevant policies and context
 4. Specify the time frame, frequency, and endpoints for data collection, use, and dissemination (quarterly, etc.).
 5. Map relevant existing data sources (quantitative sources, document reviews, interviews, etc.)
 6. Adapt metrics according to decisions and input from earlier steps and local stakeholders (apply the context-specific definitions, make modifications based on relevance, work with local stakeholders to ensure appropriateness of changes).
 7. When possible and relevant, integrate metrics into routine information systems and routine management processes (i.e. supportive supervision) for sustainability of data collection and alignment with measurement goals.
 8. Collect and analyze data to understand PHC system performance according to measurement objectives, and plan for improvement according to the goals set for utilizing subnational data.
- Impact for low and middle-income countries – more useful, timely data for targeted monitoring, management, and investment in PHC performance improvements.
 - Impact for high income/USA Context – PHC Scorecards are increasing in use across federal, state, and other administrative levels, this provides an opportunity to apply adaptive measurement techniques to drive PHC system investment and policy making towards critical improvement areas.

Questions for Group Consideration:

1. Do the steps outlined resonate? Are there any additional steps that should be considered or are missing for adapting measurement frameworks to the subnational level?
2. What subnational components of PHC systems do you think remain under-measured across the high income/U.S., low and middle income contexts?
3. How can data on PHC systems be better utilized in the US context for system redesign and/or improvement? What are examples in the U.S. where valuable subnational PHC data is already being collected and used?
4. How can strategies for PHC measurement in low and middle income be applied to the US for improving the health system?
5. Which stakeholders at the state, county, or facility/community level are historically underutilized in interpreting PHC-related data? How can we engage them? How would that benefit the system?
6. Which stakeholders at the state, county, or facility/community level can best utilize PHC-related data to help establish endpoints for subnational PHC measurement goals?

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