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Characterizing Primary Health Care Systems performance in LMICs

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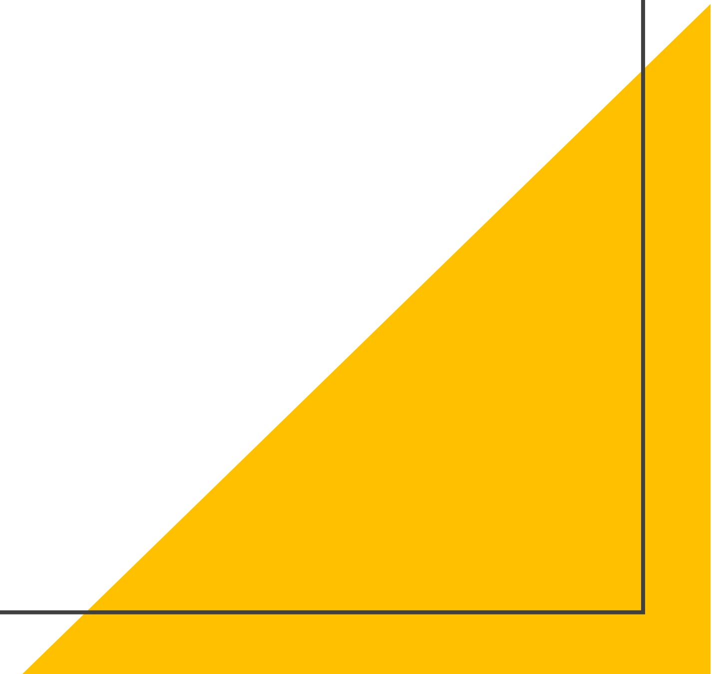


Today's webinar

- Describes gaps in evidence in **performance management (PM)** in Primary Health Care (PHC) systems in low- and middle-income countries (LMICs)
- Identifies implications for health policy and systems research

A definition of performance management

Managerial processes used to ensure that organizational resources and capabilities are efficiently and effectively deployed for the achievement of system goals.

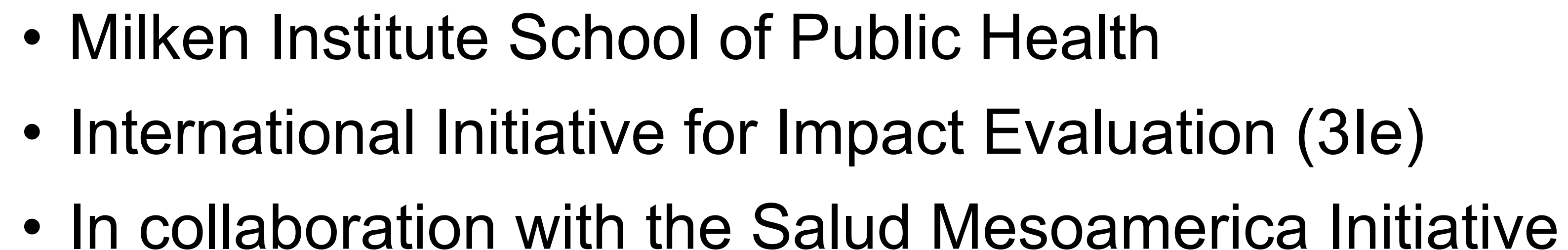
40 years of research and practice in performance management

- **Directive** approaches to PM
  - To facilitate the implementation of priority organizational goals, by means of **influencing behaviors** (individual and collective)
- **Enabling** PM approaches
  - System actors are seen as having agency (individual and collective) to serve as **stewards** of the system, empowered to make their own decisions (trust-based approach)
- When effective PM systems can trigger continuous, adaptive cycles of **improvement and learning**
- Performance is a **multi-level** phenomenon – individual (micro); interpersonal and organizational (meso); collective and inter-organizational (macro)

Components of a performance management system

Munar, W., Chanturidze, T., Newton-Lewis, T. (2020). Primary Health Care Performance Management Model and Landscaping. Oxford: UK, Oxford Policy Management.
Adapted from Pollitt, C. (2018). "Performance management 40 years on: a review. Some key decisions and consequences." *Public Money & Management* 38(3): 167-174.

In 2018, Ariadne Labs and BMGF commissioned an evidence gap map of PM in PHC systems in LMICs



Evidence gap map of performance measurement and management in PHC systems in LMICs

Followed 3Ie methodological approach

Used a multi-disciplinary framework informed by behavioral and organizational science, health services research, and public management

Focused on a broad set of supply-side interventions at provider, facility and social levels

Studied outcomes at individual, organizational, health system, and population levels

Methods

Studies

- **Included**
  All types of formal PHC providers, PHC services, and PHC facilities in LMICs
- **Excluded**
  Hospital services
  Studies exclusively focused in high-income countries

Intervention and outcome categories

- **Interventions**
  Implementation strategies
  Accountability arrangements
  Financial arrangements
- **Outcome categories**
  Provider-level
  Patient-level
  Organizational-level
  Population-level health and/or equity

Study designs

- **Systematic reviews**
- **Impact evaluations** (using experimental or observational data to measure the effect of a program relative to a counterfactual)

Language and timeframe

- Any language
- Studies published since 2000

Performance management interventions included

Implementation strategies (provider-level)	Implementation strategies (organizational level)	Accountability arrangements	Financial arrangements
• In-service training • Continuous education • Reminders	• Supervision • Continuous quality improvement • Clinical incident reporting • Clinical practice guidelines (provider and organizational level) • Local opinion leaders	• Audit and feedback (provider- and organizational level) • Public release of performance information • Social accountability	• Pay-for-performance; • Incentives (in-kind; financial)

Adapted from 2: Cochrane Effective Practice and Organization of Care (EPOC). What outcomes should be reported in EPOC reviews? EPOC resources for review authors, 2017.

Outcomes included

Provider and managerial level

- Workload
- Work morale
- Stress, burnout and sick leave
- Turnover and retention
- Provider knowledge
- Change in attitudes and beliefs
- Skills and competencies

Organizational level

- Quality of care improvements
- Adherence to recommended practice or guidelines
- Patient satisfaction
- Perceived quality of care
- Changes in organizational culture

Patient level health outcomes

- Change in health behaviors (adherence to treatment; health-seeking behaviors)
- Health status outcomes (physical health, and psychological and psychosocial outcomes)

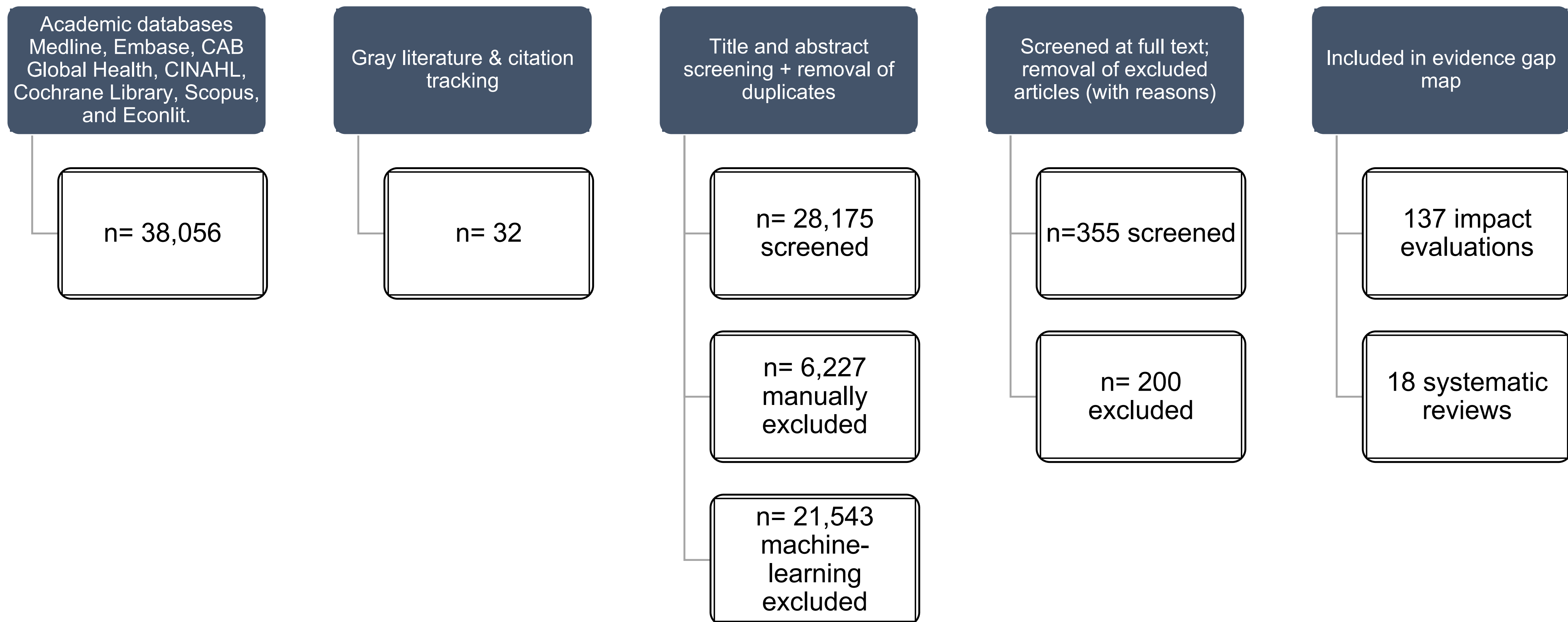
Population-level health outcomes

- Utilization of services
- Coverage of services
- Access to services
- Adverse effects or harm

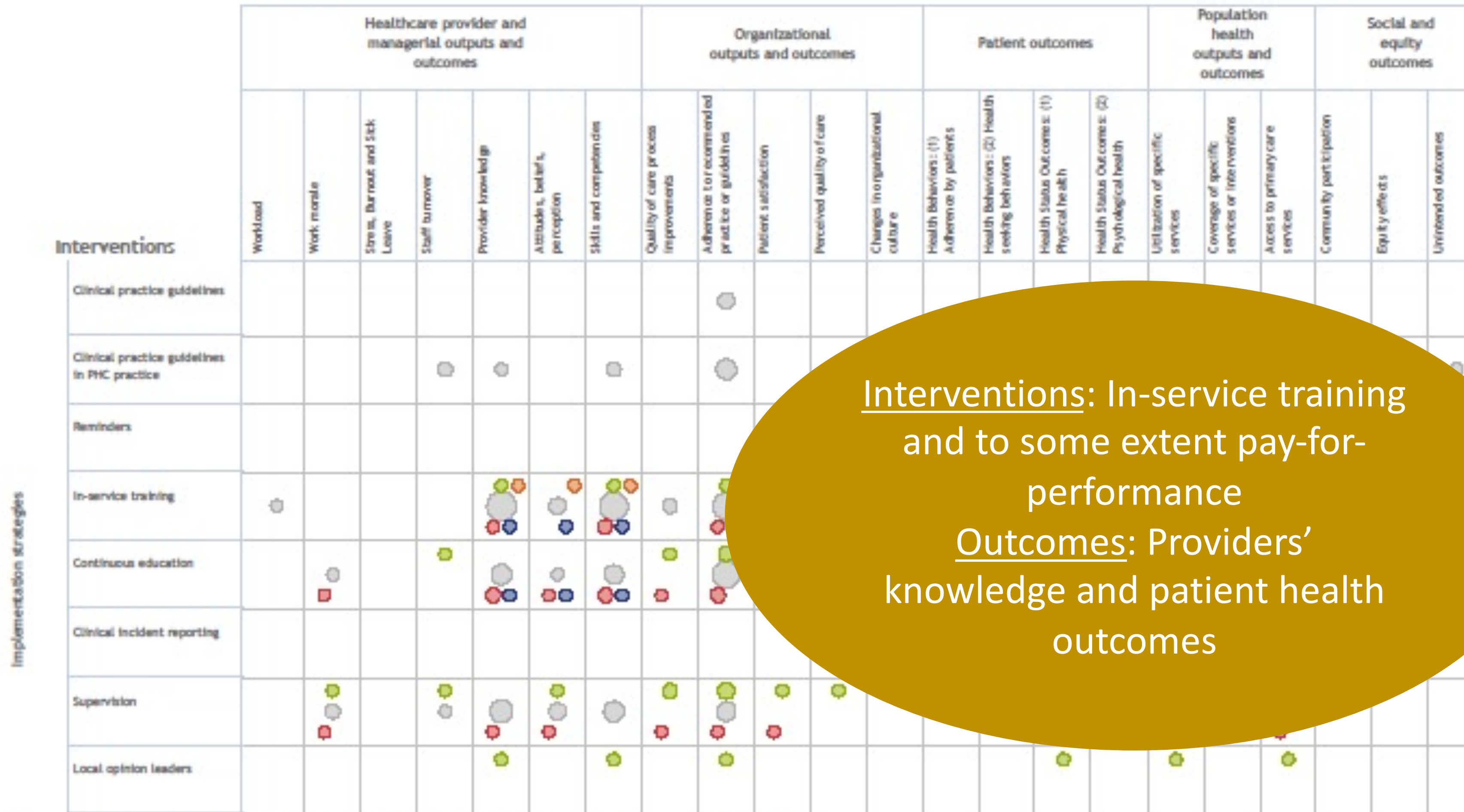
Social and equity outcomes

- Community participation
- Equity effects
- Unintended consequences

Mapped 137 impact evaluations and 18 systematic reviews



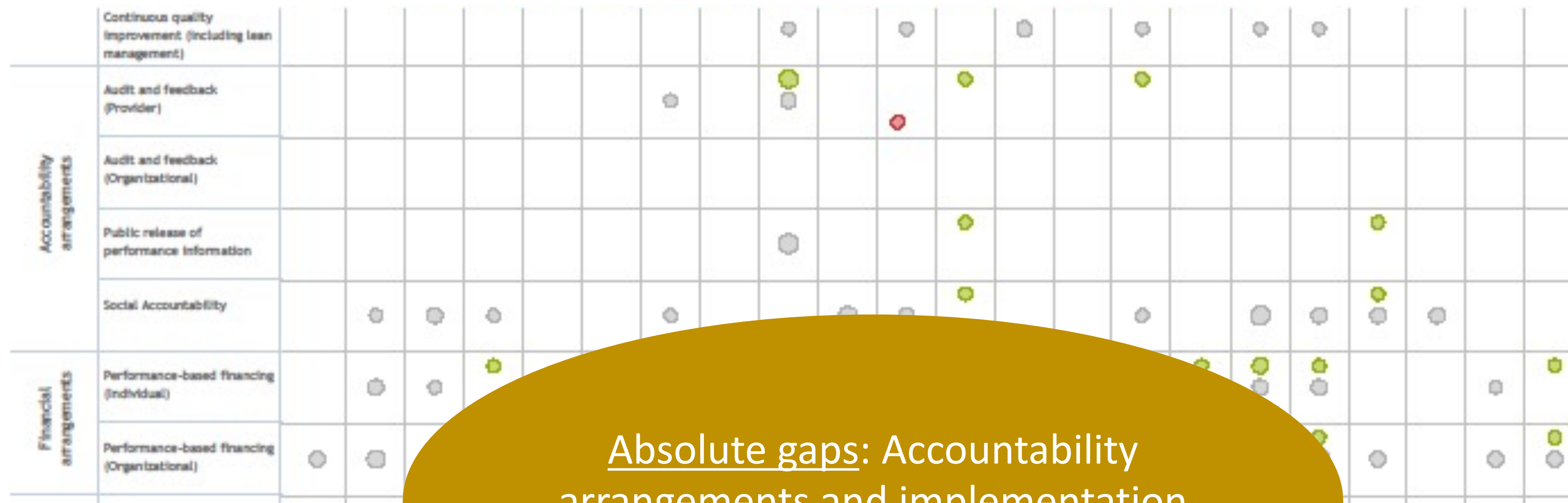
Findings: There were few clusters of evidence



Interventions: In-service training and to some extent pay-for-performance

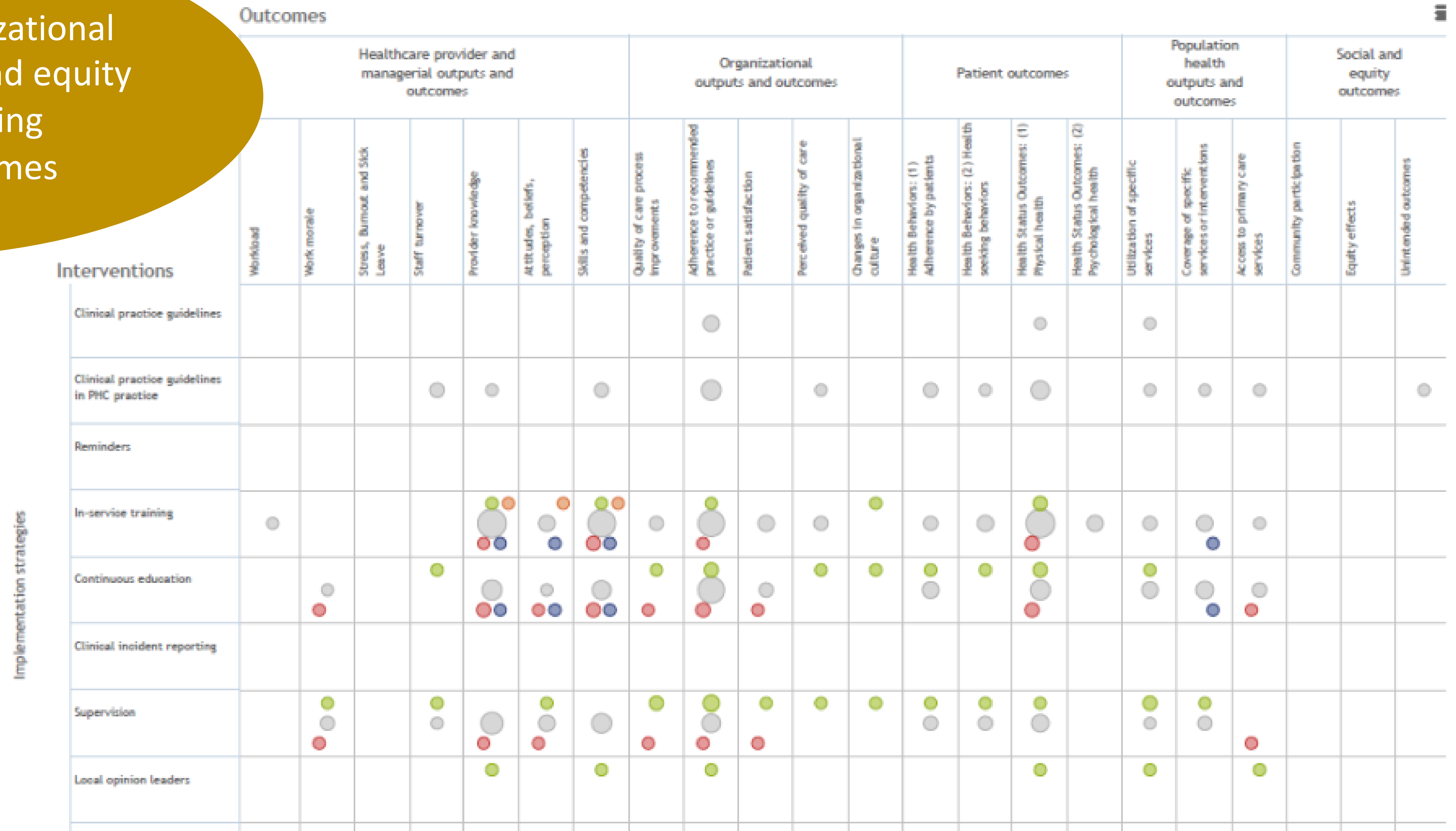
Outcomes: Providers' knowledge and patient health outcomes

The overall evidence base was sparse - There were absolute intervention gaps



Absolute gaps in outcomes

Absolute gaps: organizational behaviors and social and equity outcomes, including unintended outcomes



Major opportunities exist for evaluating the effectiveness of PMM systems in PHC organization and delivery

Sparse evidence base

- Most-studied: in-service training and continuous education; PBF to some extent
- Major gaps in interventions and outcomes at organizational- and social-levels (accountability and implementation strategies)

"Single theory/single study design"

- Major "black box" assumptions about performance process and causal explanations
- Scarce recognition of available theory and evidence from social science
- Minimal use of mixed methods (n=30)

Evidence base is limited in scope

- Most evidence addresses micro level performance change (not "meso" or "macro")
- Evidence base scarcely addresses how and why are outcomes produced or not
- Harm and equity effects are poorly represented

Towards a research agenda that informs evidence-based design of PHC performance management systems

Enhancing relevance and coherence of future research by:

- Funding collaborative, participatory research embedded in LMIC PHC systems
- Using multi-disciplinary frameworks, models and theories
- Designing studies that integrate multiple methods
- Characterizing change at the individual, organizational, and collective levels
- Using evaluation approaches that go beyond the “What” to address *How does it work (or not)*, *Why*, and *for whom*

EGM location here

Select bibliography

- Munar, W., et al. (2020). Primary Health Care Performance Management Model and Landscaping. Oxford: UK, Oxford Policy Management.
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