

Strengthening primary health care in the COVID-19 era: a review of best practices to inform health system responses in low- and middle-income countries



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Review

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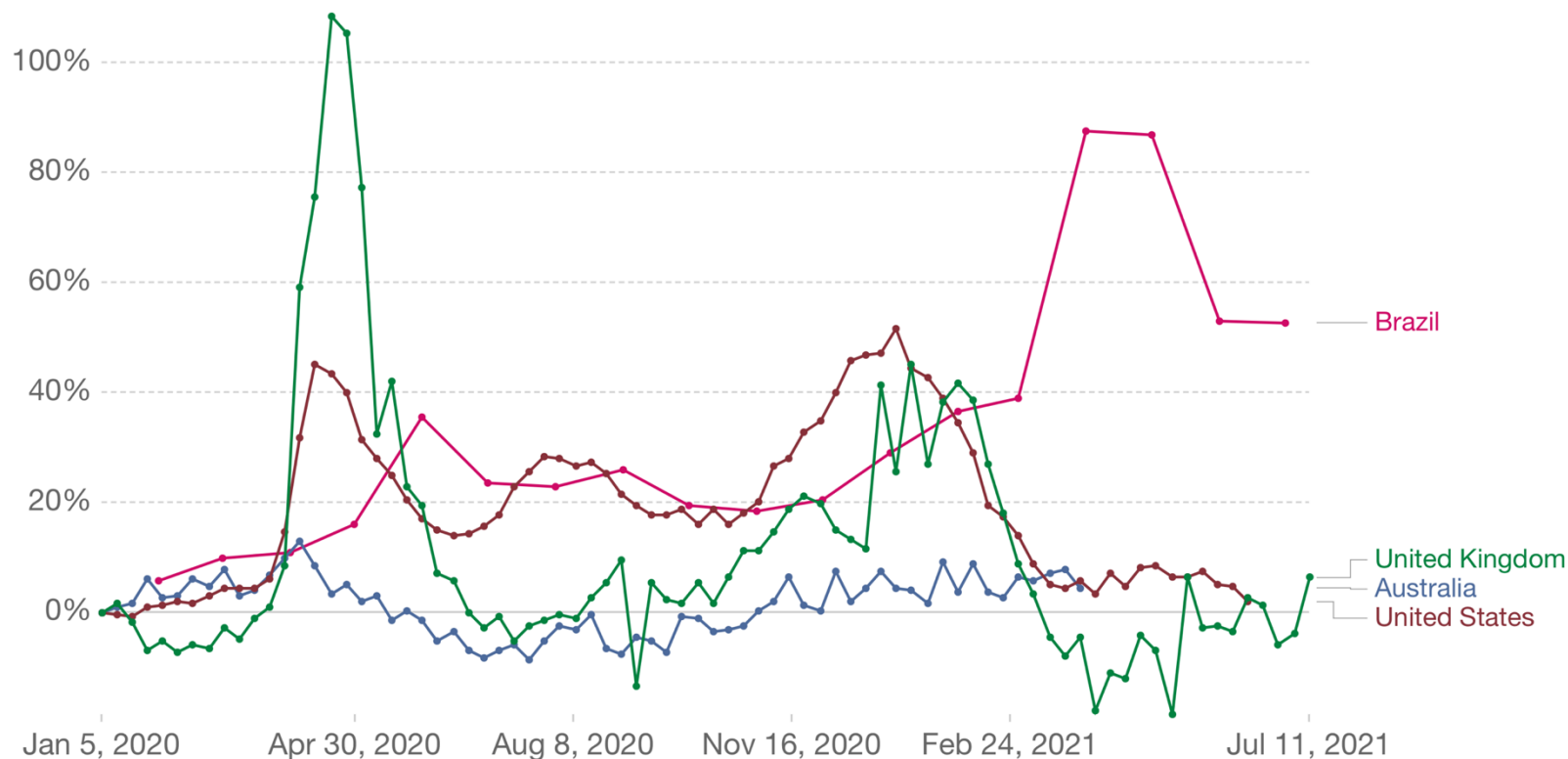
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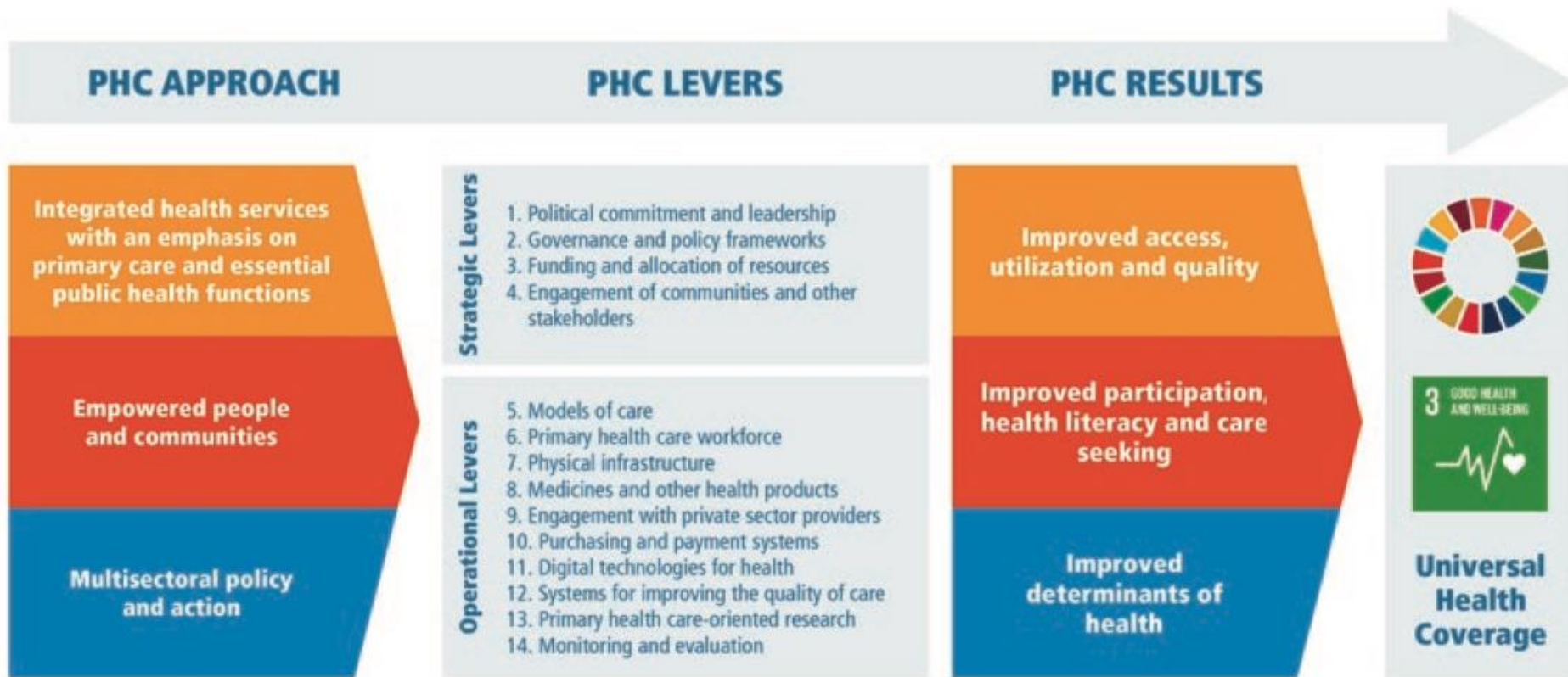
Resilience to health system shocks

Excess mortality during the COVID-19 pandemic 2020-21 relative to previous 5 years





WHO Operational Framework for Primary Health Care





Evidence sources

Box 1. Summary of evidence reviews and evidence gap map analyses

1. PHC policy and governance

- a. A review and EGM analysis of 24 systematic reviews and 7 impact evaluations focusing on PHC policy and governance in LMICs.¹⁵

2. PHC organization and care delivery models

- a. A scoping review of 39 studies of community-oriented primary care models and their effectiveness and feasibility in sub-Saharan Africa.⁷
- b. A scoping review of 73 studies of family medicine in sub-Saharan Africa and its impact on African health care systems.¹⁴
- c. A narrative synthesis and EGM analysis of 111 studies of PHC service delivery models in the Asia Pacific region.^{5,10}
- d. A stakeholder-driven literature review and EGM analysis of 263 articles relating to PHC models of care in LMICs.¹²

3. PHC financing

- a. A systematic review and EGM analysis of 31 studies of PHC financing interventions in the Asia Pacific region.¹³
- b. A stakeholder-driven literature review and EGM analysis of 113 studies relating to strategies to enhance PHC financing.¹¹


4. PHC performance, safety and quality

- a. A scoping review of 207 studies related to PHC system performance in LMICs from 2010 to 2017.¹⁶
- b. A systematic characterization and EGM of 137 impact evaluations and 18 systematic reviews related to PHC systems performance measurement and management in LMICs from 2000 to 2018.⁸
- c. A scoping review and EGM analysis of 61 studies related to interventions for quality, safety and performance management in PHC in the Eastern Mediterranean Region.¹⁷
- d. A scoping review of 19 African studies and reports that addressed measuring elements of primary care performance.¹⁹



Strategic levers

Primary lever	Countries and regions with evidence of beneficial outcomes	Determinants of success	Moderating levers
Strategic levers			
Political commitment and leadership	Country-specific articles: Afghanistan, Bangladesh, Bolivia, Brazil, Costa Rica, Cuba, Ethiopia, The Gambia, Georgia, Ghana, India (Kerala state), Iran, Liberia, Mexico, Niger, Rwanda, Sri Lanka, Thailand	<p>"Health in all policies" approach to multisectoral reforms</p> <p>Strong leadership from civil society organizations</p> <p>Pluralistic service provision</p> <p>Community-based approaches</p> <p>Focus on demand generation through community mobilization</p>	<p>Engagement of communities and other stakeholders</p> <p>Funding and allocation of resources (outcome = increased health spending and insurance coverage)</p> <p>Primary health care (PHC) workforce (outcome = increased physician and nurse density)</p> <p>Monitoring and evaluation (outcome = health information system reforms)</p>
Governance and policy frameworks	Country-specific articles: Brazil, China, Costa Rica, Côte d'Ivoire, Ethiopia, Ghana, Haiti, India, Indonesia, Mexico, the Philippines, Thailand	<p>Governance perspective included in health system reforms</p> <p>Clear institutional arrangements for governing quality of care</p> <p>Political will leveraged</p> <p>Bottom-up accountability</p> <p>Decentralization and strengthening of meso-tier organizations</p> <p>Service accreditation</p>	Political commitment and leadership
Funding and allocation of resources	Country-specific articles: Afghanistan, Bhutan, Mexico, Niger, Vietnam, Zambia	<p>National health insurance schemes</p> <p>Social health insurance schemes for low-paid workers</p> <p>Community-based health insurance</p> <p>Disease-specific benefit packages (noncommunicable diseases)</p>	<p>Political commitment and leadership</p> <p>Governance and policy frameworks</p>
Engagement of communities and other stakeholders	Country-specific articles: Thailand Multi-country articles: see Annex Table 2	<p>Participation</p> <p>Inclusion of marginalized groups</p> <p>Transparency and/or citizen efforts to ensure public service accountability</p>	Political commitment and leadership



Operational levers (1) – service delivery models

Primary lever	Countries and regions with evidence of beneficial outcomes	Determinants of success	Moderating levers
Models of care	Country-specific articles: India Multi-country articles: see Annex Table 2 Regional articles: sub-Saharan Africa	Promotion of service and/or programme integration, incorporating: <ul style="list-style-type: none"> • medical staff from different disciplines • patients and medical staff • care package for one medical condition • care package for two or more medical conditions • specialist stand-alone services and PHC services • community locations • a person-centred approach Community participation/empowerment Multidisciplinary teams Evidence-informed decision-making, designed based on analyses of local needs and assets Intervention prioritization Focus on both supply- and demand-side factors Increased public health funding Decentralizing village- and district-level health planning and management Strengthening service delivery infrastructure	Governance and policy frameworks (outcome = efficiency gains) Funding and allocation of resources (outcome = efficiency gains) Engagement of communities and other stakeholders PHC workforce PHC-oriented research Monitoring and evaluation Funding and allocation of resources Physical infrastructure



Operational levers (2) – workforce

Primary lever	Countries and regions with evidence of beneficial outcomes	Determinants of success	Moderating levers
PHC workforce	Country-specific articles: Brazil, China, Ethiopia, India, Indonesia, Kenya, Thailand Regional articles: Africa, Asia, Latin America	Investment in skills/capacity development Appropriate remuneration/incentive packages Task-sharing Investment in governance and policy environment to support mid-level health worker programmes: <ul style="list-style-type: none">• clearly defined health workforce cadres• investment in training• licensing• monitoring and evaluation• clear deployment and retention strategy• supportive supervision	Governance and policy frameworks Political commitment and leadership
Engagement with private sector providers	Country-specific articles: Afghanistan, Bangladesh, Pakistan	Contracting arrangements for PHC service provision, with: <ul style="list-style-type: none">• contractor autonomy in fund allocation• non-negotiable deliverables• management by independent government agency Contracting arrangements for PHC service management, with: <ul style="list-style-type: none">• contractor autonomy to deliver organizational or managerial changes, purchase medications and supplies, and allocate budget• availability of existing health workforce (salaried by government)	Governance and policy frameworks Funding and allocation of resources PHC workforce



Operational levers (2) – quality improvement

Primary lever	Countries and regions with evidence of beneficial outcomes	Determinants of success	Moderating levers
Systems for improving the quality of care	Country-specific articles: Brazil, Egypt, Kuwait, Saudi Arabia, Tanzania Multi-country articles: see Annex Table 2 Region-specific articles: Africa (see Annex Table 2)	Provider-level strategies: <ul style="list-style-type: none">• training to reduce medical errors• patient education• optimizing clinical records• decision support tools• national protocols and guidelines• public scorecards and performance reports• risk and safety management• audit and feedback• external accreditation and quality improvement• supportive supervision• recruitment and retention strategies	Governance and policy frameworks PHC workforce Digital technologies for health Monitoring and evaluation
Digital technologies for health	Country-specific articles: Afghanistan, Brazil, China, India, Iraq, Lebanon,	Improved access to screening at home Functional referral system between outreach and facility-based care Regular supply of medicines/free medicines Supervisory support and coaching – a cycle of regular assessment, feedback, training and action Ability to tailor patient care based on algorithms Easy-to-follow clinical management guidelines Links to virtual consultations (telehealth) Enhanced non-physician health worker capabilities and motivation	PHC workforce Medicines and other health products Physical infrastructure Funding and allocation of resources

A photograph of two women, likely from South Asia, sitting and looking at a document together. The woman on the left is wearing a yellow sari with a green and white floral pattern. The woman on the right is wearing a pink and orange sari with a blue and white floral pattern. They are both wearing gold jewelry. The background is a simple, light-colored wall.

Key messages

There is a substantial evidence base of successful PHC reforms for resilient health systems

- Strategic levers (political will, leadership, governance, funding, engagement) are critical)
- These levers need powerful operational levers to enable success
- Strongest evidence of impact relates to:
 - Community-centred, comprehensive, primary health care
 - PHC teams with adequate supportive supervision, remuneration, balancing regulation and autonomy
 - Low cost, technology-supported, models of care



Recommendations for academics

- More research on:
 - Integrated service delivery models
 - Performance management systems
 - Use of health technology assessments for decision making
- Embedded implementation research
- Case studies of excellence

Thank you



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