

# 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

# 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

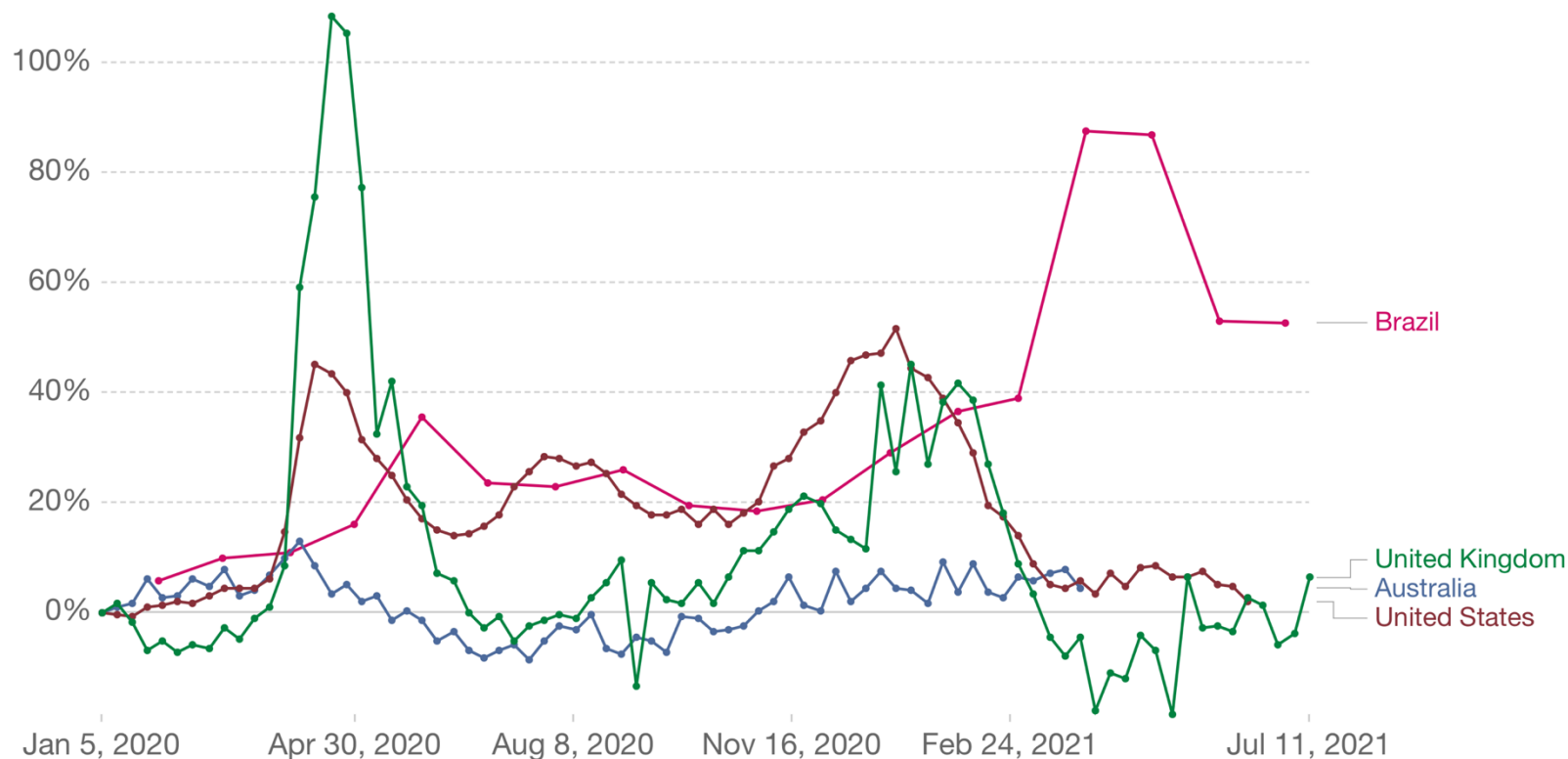
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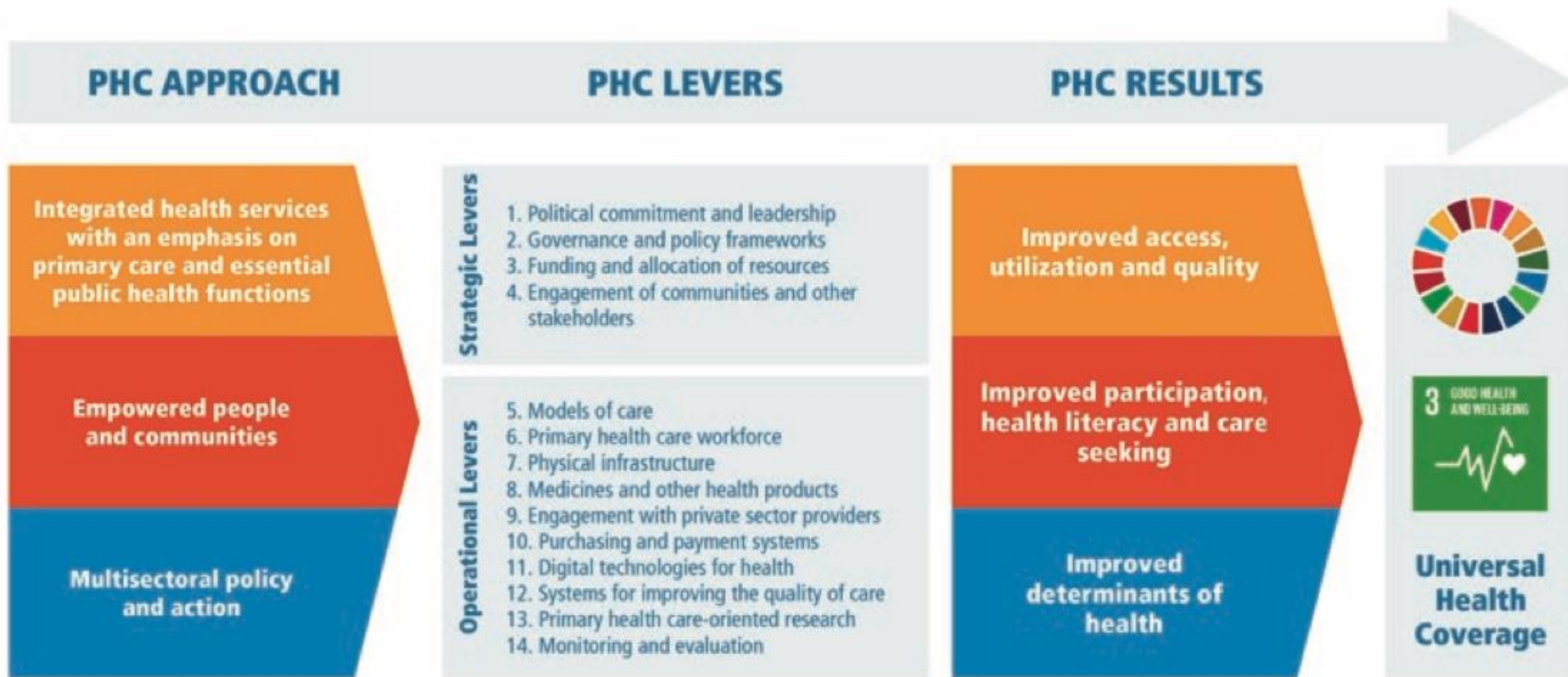
## Resilience to health system shocks

### 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.<sup>15</sup>

### 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.<sup>7</sup>
- b. A scoping review of 73 studies of family medicine in sub-Saharan Africa and its impact on African health care systems.<sup>14</sup>
- c. A narrative synthesis and EGM analysis of 111 studies of PHC service delivery models in the Asia Pacific region.<sup>5,10</sup>
- d. A stakeholder-driven literature review and EGM analysis of 263 articles relating to PHC models of care in LMICs.<sup>12</sup>

### 3. PHC financing

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


### 4. PHC performance, safety and quality

- a. A scoping review of 207 studies related to PHC system performance in LMICs from 2010 to 2017.<sup>16</sup>
- 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.<sup>8</sup>
- 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.<sup>17</sup>
- d. A scoping review of 19 African studies and reports that addressed measuring elements of primary care performance.<sup>19</sup>



# Strategic levers

Primary lever	Countries and regions with evidence of beneficial outcomes	Determinants of success	Moderating levers
<b>Strategic levers</b>			
Political commitment and leadership	<b>Country-specific articles:</b> Afghanistan, Bangladesh, Bolivia, Brazil, Costa Rica, Cuba, Ethiopia, The Gambia, Georgia, Ghana, India (Kerala state), Iran, Liberia, Mexico, Niger, Rwanda, Sri Lanka, Thailand	<ul style="list-style-type: none"> <li>"Health in all policies" approach to multisectoral reforms</li> <li>Strong leadership from civil society organizations</li> <li>Pluralistic service provision</li> <li>Community-based approaches</li> <li>Focus on demand generation through community mobilization</li> </ul>	<ul style="list-style-type: none"> <li>Engagement of communities and other stakeholders</li> <li>Funding and allocation of resources (outcome = increased health spending and insurance coverage)</li> <li>Primary health care (PHC) workforce (outcome = increased physician and nurse density)</li> <li>Monitoring and evaluation (outcome = health information system reforms)</li> </ul>
Governance and policy frameworks	<b>Country-specific articles:</b> Brazil, China, Costa Rica, Côte d'Ivoire, Ethiopia, Ghana, Haiti, India, Indonesia, Mexico, the Philippines, Thailand	<ul style="list-style-type: none"> <li>Governance perspective included in health system reforms</li> <li>Clear institutional arrangements for governing quality of care</li> <li>Political will leveraged</li> <li>Bottom-up accountability</li> <li>Decentralization and strengthening of meso-tier organizations</li> <li>Service accreditation</li> </ul>	Political commitment and leadership
Funding and allocation of resources	<b>Country-specific articles:</b> Afghanistan, Bhutan, Mexico, Niger, Vietnam, Zambia	<ul style="list-style-type: none"> <li>National health insurance schemes</li> <li>Social health insurance schemes for low-paid workers</li> <li>Community-based health insurance</li> <li>Disease-specific benefit packages (noncommunicable diseases)</li> </ul>	<ul style="list-style-type: none"> <li>Political commitment and leadership</li> <li>Governance and policy frameworks</li> </ul>
Engagement of communities and other stakeholders	<b>Country-specific articles:</b> Thailand <b>Multi-country articles:</b> see Annex Table 2	<ul style="list-style-type: none"> <li>Participation</li> <li>Inclusion of marginalized groups</li> <li>Transparency and/or citizen efforts to ensure public service accountability</li> </ul>	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	<b>Country-specific articles:</b> India <b>Multi-country articles:</b> see Annex Table 2 <b>Regional articles:</b> sub-Saharan Africa	Promotion of service and/or programme integration, incorporating: <ul style="list-style-type: none"> <li>• medical staff from different disciplines</li> <li>• patients and medical staff</li> <li>• care package for one medical condition</li> <li>• care package for two or more medical conditions</li> <li>• specialist stand-alone services and PHC services</li> <li>• community locations</li> <li>• a person-centred approach</li> </ul> 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	<b>Country-specific articles:</b> Brazil, China, Ethiopia, India, Indonesia, Kenya, Thailand <b>Regional articles:</b> 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"><li>• clearly defined health workforce cadres</li><li>• investment in training</li><li>• licensing</li><li>• monitoring and evaluation</li><li>• clear deployment and retention strategy</li><li>• supportive supervision</li></ul>	Governance and policy frameworks Political commitment and leadership
Engagement with private sector providers	<b>Country-specific articles:</b> Afghanistan, Bangladesh, Pakistan	Contracting arrangements for PHC service provision, with: <ul style="list-style-type: none"><li>• contractor autonomy in fund allocation</li><li>• non-negotiable deliverables</li><li>• management by independent government agency</li></ul> Contracting arrangements for PHC service management, with: <ul style="list-style-type: none"><li>• contractor autonomy to deliver organizational or managerial changes, purchase medications and supplies, and allocate budget</li><li>• availability of existing health workforce (salaried by government)</li></ul>	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	<b>Country-specific articles:</b> Brazil, Egypt, Kuwait, Saudi Arabia, Tanzania <b>Multi-country articles:</b> see Annex Table 2 <b>Region-specific articles:</b> Africa (see Annex Table 2)	Provider-level strategies: <ul style="list-style-type: none"><li>• training to reduce medical errors</li><li>• patient education</li><li>• optimizing clinical records</li><li>• decision support tools</li><li>• national protocols and guidelines</li><li>• public scorecards and performance reports</li><li>• risk and safety management</li><li>• audit and feedback</li><li>• external accreditation and quality improvement</li><li>• supportive supervision</li><li>• recruitment and retention strategies</li></ul>	Governance and policy frameworks PHC workforce Digital technologies for health Monitoring and evaluation
Digital technologies for health	<b>Country-specific articles:</b> 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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