World Bank Deep Dive:
Tackling the Rising Burden of Non-Communicable Diseases

WALKING THE TALK:
REIMAGINING FIT-FOR-PURPOSE PRIMARY HEALTH CARE

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Primary Health Care: Time to Deliver

- 40 years after the Alma-Ata declaration on primary health care (PHC), the Astana declaration reemphasizes the importance of **renewing political commitment to PHC, and achieving universal health coverage (UHC)**

- A primary health care approach focused on **organizing and strengthening health systems** is required to deal with the changing burden of disease & achieve UHC

Overview

- The COVID-19 pandemic has inflicted devastating health and economic costs, but also created a once-in-a-generation chance for transformational health-system changes

- PHC has unique capabilities to help systems meet challenges such as urbanization, persistent high burden of preventable NCDs, but features of traditional PHC systems must evolve to take full advantage of existing strengths and build new ones

Overview

- Improving health outcomes and making health systems more efficient, equitable, and resilient can be understood as PHC's "purpose." PHC platforms are "fit" to the extent that they achieve this purpose

- **Fit-for-purpose PHC is a health- and social-service delivery platform** uniquely designed to meet communities' health and health care needs across a comprehensive spectrum of services – including health services from preventive/promotive to palliative – in a continuous, integrated, and people-centered manner

Reimagining primary health care will require four high-level structural shifts using three priority reforms

Four fundamental shifts in PHC design, financing, and service delivery

PHC is great, **BUT IT CAN DO BETTER**

1. From dysfunctional gatekeeping to **QUALITY, COMPREHENSIVE CARE FOR ALL:** An ambitious shift that strengthens the range and quality of services that is obtainable at PHC facilities, including prevention and management of NCDs

2. From fragmentation to **PERSON-CENTERED INTEGRATION:** a shift toward cohesive local PHC teams centered around patients' holistic needs

3. From inequities **TO FAIRNESS AND ACCOUNTABILITY:** Make policy and implementation choices that support the equitable, efficient delivery of essential service packages

4. From fragility to **RESILIENCE:** Ensure that financial and human-resource surge capacity is built into health sector planning and resource allocation at local levels

Reimagining primary health care will require **four high-level structural shifts using three priority reforms**

High-performing PHC delivers required care at the most appropriate level of the health system

From dysfunctional gatekeeping to QUALITY, COMPREHENSIVE CARE FOR ALL

Treat all patients with respect and build care around patients' need and preference

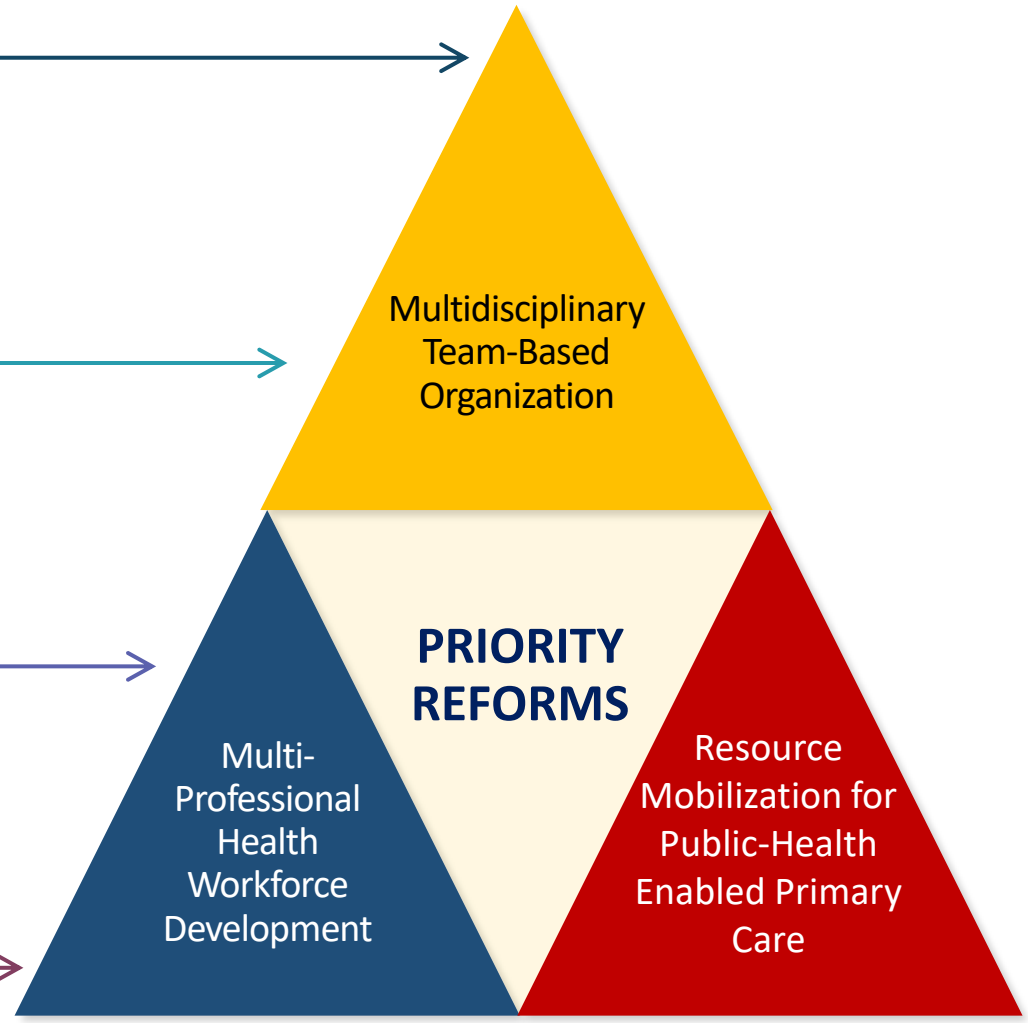
From Fragmentation to PERSON-CENTERED INTEGRATION

Deploy policies that support equitable, efficient delivery of a PHC-driven essential service package

From Inequities to FAIRNESS AND ACCOUNTABILITY

Build financial and human-resource surge capacity into health sector planning and resource allocation at the local level

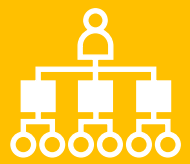
From Fragility to RESILIENCE



Reform 1: “fit for purpose” multidisciplinary team-based organization

Active community-oriented outreach model through a multidisciplinary core team of health service providers to meet a full range of local health needs

Clear delineation of responsibilities will be necessary in the construction of the primary care team (CHW, nurses, doctors, pharmacists)

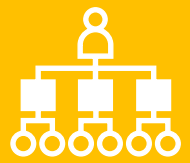


Patients are assigned (“empaneled”) to dedicated PHC professionals who facilitate access to comprehensive PHC services, triaging patients, and coordinating care with the other levels of the health system

Reform 1: “fit for purpose” multidisciplinary team-based organization

Proactive PHC teams act as traffic dispatchers, triaging patients across different levels of care in an agile manner and in accordance with their health needs

Integrated and team-based PHC platforms can and should include explicit data collection, public-health, and surveillance functions, integrated with national systems



Public reporting, timely data collection and benchmarking can increase PHC professional's awareness and understanding of their performance

Reform 2: “fit for purpose” multi-professional health workforce

Medical education reforms should embed education within community clinical settings and orient medical graduates to generalist/primary care specialization

Reorienting medical education and on-the-job training to build workforce competencies necessary for delivering integrated patient-centered care, responding to the changing burden of disease

Two set of skills are cross-cutting: how to use and interpret data, and soft skills such as leadership, communication, and relationship building.

Reform 2: “fit for purpose” multi-professional health workforce

Regulatory reforms can enable telehealth’s potential and potentially break geographical barriers to specialized care

Designing well-aligned quality measurement that promotes accountable per-formance by rewarding team members for creative thinking, problem solving and managing complexity

Health workforce education and training should encompass mastering technical and non-technical skills related to managing emergencies in the community. Health workers should be protected to ensure their resilience

Reform 3: “fit for purpose” financing for public-health enabled primary care

Increase in government revenue facilitates equitable access to health services. Financial protection mechanisms need to be in place to remove access barriers and avoid risk of impoverishment related to NCDs.

A prioritized health benefits package for primary care, customized to the local burden of disease, community values, and citizen preferences is a justification for resource allocation

Leverage intergovernmental fiscal transfer for underserved geographical areas/population groups, and when appropriate, use donor support to support as interim measures for underfunded functions such as disease surveillance and other public health functions.

Reform 3: “fit for purpose” financing for public-health enabled primary care

Aligning provider payment mechanisms with the team-based integrated person-centered to provide incentives for coordination and integration

Ensuring PHC teams to be accountable for the experiences and health outcomes of the entire empaneled population through provider payment mechanisms, intergovernmental fiscal transfer and community engagement.

Having systems in place that guarantees the ability to surge the required funding to the front lines before and during a crisis, as well as the ability to amend the benefit package quickly in response to crisis

Practical prerequisites for translating reimagined PHC into actionable policies

1. Whole-of-government commitment and leadership
2. Readiness to invest
3. Accountability for outcomes

THANK YOU

Walking the Talk: Reimagining Primary Health Care After COVID 19
https://openknowledge.worldbank.org/handle/10986/35842