

Working group update

Primary healthcare working group

Presented by Bob Mash (Stellenbosch University, South Africa)
On behalf of the Primary healthcare working group

Introduction

This group is working in collaboration with the Primary Health Care Research Consortium (PHCRC) (<https://phcrc.world>). Primary health care (PHC) systems are fundamental to service delivery for non-communicable diseases (NCDs). One of the priority global research questions, identified by the PHCRC, was “What is the most effective and sustainable primary health care service delivery model for the management of chronic diseases in a resource-constrained setting?” The Global Alliance for Chronic Diseases (GACD), with over 100 research studies, provided an opportunity to partly address this question.

The objectives of the working group were to:

- Identify key components of PHC service delivery for NCDs in low- and middle-income country settings from the work of the GACD
- Identify the strategies used and the barriers / enablers to implementation
- Identify key lessons from the work of the GACD for PHC service delivery

Methods

The working group used a convergent mixed methods approach. All the funded projects were screened, to see which of them met the inclusion and exclusion criteria, and 52 were included. Out of these 52 projects, 17 principal investigators were purposefully selected and interviewed, to obtain more in-depth information. All the relevant data was combined in a data extraction template and analysed through the lens of the Primary Health Care Performance Initiative (PHCPI) framework's service delivery components. At this point, all the data has been collected, almost all the analysis completed, and we will begin to write up the findings.

Results

The results will be presented according to the components and sub-components of the PHCPI framework's service delivery domain:

- Population health management
- Facility organization and management
- Access
- Availability of effective PHC services
- High quality PHC

Two new sub-components were added. Namely, community-based primary care services for individual services re-located into the community from the facility, but not addressing the whole population at risk (under population health management); and the use of digital technology to improve access to care (under access). A number of sub-components were not addressed by any of the projects. For example, empanelment, facility management capability and leadership. Many projects addressed a primary, as well as secondary sub-components.

Examples of the results in terms of the following categories will be presented at the meeting:

- Key strategies used to improve PHC in the different components and sub-components
- Barriers and enablers to these strategies
- Key lessons learnt in terms of implementation and the model of care that is appropriate to chronic diseases in PHC