Primary Health Care Performance in Uganda

Preliminary Findings from a 2019 National Survey

Tuesday 1st October 2019 | Kampala, Uganda
Background & Methodology
What is Primary Health Care?

Bitton et al, BMJ Global Health 2018
A Global Conversation on Primary Health Care as a Foundation for Universal Health Coverage
“So, how do countries buy UHC when they have less than $51 to spend? The answer is: by investing in primary health care—that is, basic services near where people live and work.

- Dr. Githinji Gitahi, Global CEO, Amref Health Africa & Co-Chair UHC2030 (Gates Foundation: “The Goalkeepers Report 2019”)

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>1962</td>
<td>Ugandan Independence</td>
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<tr>
<td>1978</td>
<td>Declaration of Alma Ata (PHC introduced and adopted in Uganda)</td>
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<tr>
<td>1987</td>
<td>Harare Declaration on Strengthening District Health Systems</td>
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<tr>
<td>1993</td>
<td>Uganda National Drug Policy, user fees, and essential health package concepts introduced</td>
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<tr>
<td>2012</td>
<td>Universal health coverage (UHC) concept introduced</td>
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<tr>
<td>2018</td>
<td>Declaration of Astana (PHC as a foundation for UHC)</td>
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</table>
Using the Performance Monitoring for Action (PMA) Platform for National Surveys

- Household and facility survey platform led by Johns Hopkins Bloomberg School of Public Health, Bill & Melinda Gates Institute for Population and Reproductive Health
- 11 partner countries to assess family planning, maternal and child health, and more
- Benefits: mobile, rapid-turnaround, high-quality, nationally-representative
Platform for National Surveys
Primary Health Care Survey in Uganda

• Led by Makerere University School of Public Health in collaboration with Ariadne Labs at the Harvard T.H. Chan School of Public Health

• Surveyed 4,373 individuals and 398 health facilities

• Fielded in 110 enumeration areas across Uganda from March to May 2019
What did the survey assess?

**Individual survey**
- **Demographics** (age, sex, wealth index, de-identified geospatial location)
- **Patient-reported outcomes** (self-rated health status)
- **Care-seeking behaviors** (facility visited, reason for seeking or not seeking care)
- **Patient experience** (trust, respect, waiting time, facility cleanliness, understanding advice, meeting needs)

**Facility survey**
- **Facility characteristics**
- **Assessment of facility management, community engagement, financing, staff performance, population health management, information system use**
Survey Results
Individual Survey

Demographics
Health Status
Care-Seeking Behavior
Functions of High-Quality Primary Health Care
Who was surveyed?

Age: 76% under age 45

Gender: 60% female

Education: 17% never attended school, 51% attended primary

Marital status: 60% married or living with a partner, 23% never married

Location: 80% rural, 20% urban
Majority of Ugandans report good health and quality of life, particularly in mental health.

<table>
<thead>
<tr>
<th>Component</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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<tbody>
<tr>
<td>Mental health</td>
<td>11.6</td>
<td>29.5</td>
<td>41.8</td>
<td>14.2</td>
<td>2.9</td>
</tr>
<tr>
<td>Physical health</td>
<td>7.1</td>
<td>21.3</td>
<td>39.7</td>
<td>23.8</td>
<td>8.1</td>
</tr>
<tr>
<td>Quality of life</td>
<td>4.7</td>
<td>18.6</td>
<td>41.2</td>
<td>27.3</td>
<td>8.2</td>
</tr>
</tbody>
</table>
Patient-Reported Overall Health in Uganda

### Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Excellent or very good</th>
<th>Good, fair, or poor</th>
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</thead>
<tbody>
<tr>
<td>15-24</td>
<td>35%</td>
<td>65%</td>
</tr>
<tr>
<td>25-34</td>
<td>31%</td>
<td>69%</td>
</tr>
<tr>
<td>35-44</td>
<td>22%</td>
<td>78%</td>
</tr>
<tr>
<td>45-54</td>
<td>18%</td>
<td>82%</td>
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<tr>
<td>55+</td>
<td>8%</td>
<td>92%</td>
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### Wealth Quintile

<table>
<thead>
<tr>
<th>Quintile</th>
<th>Excellent or very good</th>
<th>Good, fair, or poor</th>
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</thead>
<tbody>
<tr>
<td>Lowest</td>
<td>22%</td>
<td>78%</td>
</tr>
<tr>
<td>Lower</td>
<td>26%</td>
<td>74%</td>
</tr>
<tr>
<td>Middle</td>
<td>28%</td>
<td>72%</td>
</tr>
<tr>
<td>Higher</td>
<td>26%</td>
<td>74%</td>
</tr>
<tr>
<td>Highest</td>
<td>32%</td>
<td>68%</td>
</tr>
</tbody>
</table>
Over two-thirds sought care, mostly for acute issues rather than preventive or chronic problems.

Visited a health facility in past 6 months

- Sought care: 68%
- Did not seek care: 32%

Reasons for Seeking Care in Past 6 Months:

- Fever, 1094
- Sick generally, 399
- Other, 614
- Abdominal pain, 313
- Breathing issue, 294
- New symptom, 210
- Antenatal care, 160
- Blood pressure, 109
- HIV testing, 168
- Injury, 82
- Vaccination, 143
Over two-thirds sought care, mostly for acute issues rather than preventive or chronic problems.
Reasons for not seeking care at closest facility

Did you go to your closest facility?
- Yes: 60%
- No: 40%

Why did you not go to your closest facility?
- Not the right service: 70%
- Expensive: 20%
- Distrust: 10%
- Already went to closest: 0%
- Negative experience: 0%
### Reasons for not seeking care in last 6 months

83% reported they were not sick

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Geographic barriers</td>
<td>80%</td>
</tr>
<tr>
<td>Financial barriers</td>
<td>50%</td>
</tr>
<tr>
<td>Poor experience</td>
<td>30%</td>
</tr>
<tr>
<td>Other services available</td>
<td>10%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
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Access & Affordability

- Primary health care services should be accessible when and where people need them
- Services should be affordable in order to be just and equitable
- Affordable care can also allow people to seek care earlier and subsequently avoid more costly treatment or hospitalizations for complications or severe illness
Percent who had difficulty in paying for a health visit, and who borrowed or sold asset to pay for a visit

99% without health insurance

Ease or Difficulty of Paying for Visit

- Difficult or very difficult, 51%
- Easy or very easy, 49%

Borrowed Money or Sold Something to Afford the Visit

- Yes 44%
- No 56%
Percentage of people who had to borrow money or sell something to afford their visit

By Wealth Quintile

0% 10% 20% 30% 40% 50% 60% 70% 80%
Lowest quintile | Lower quintile | Middle quintile | Higher quintile | Highest quintile

Urban vs Rural

60% 50% 40% 30% 20% 10% 0%
Urban | Rural
Borrow Money or Sell Something To Afford Visit?

<table>
<thead>
<tr>
<th></th>
<th>Percentage who had to borrow money or sell something to afford the health care visit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Urban</td>
</tr>
<tr>
<td>Lowest wealth quintile</td>
<td>42%</td>
</tr>
<tr>
<td>Lower quintile</td>
<td>27%</td>
</tr>
<tr>
<td>Middle quintile</td>
<td>22%</td>
</tr>
<tr>
<td>Higher quintile</td>
<td>31%</td>
</tr>
<tr>
<td>Highest quintile</td>
<td>19%</td>
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Rural poor were more likely to borrow/sell relative to their urban counterparts.
• The long-term healing relationship between a person and his or her primary care provider or care team over time

• Continuity can contribute to patient-provider trust, patient satisfaction, and communication, and is associated with improved preventive care and reduced inpatient utilization (Haggerty 2003; Romano 2015; Saultz 2005)

• In higher-income settings, improved continuity has been associated with greater patient satisfaction, improved medication adherence, lower hospitalization rates and lower mortality (Schwarz 2019; Pereira 2018)
Most visits lack relational or informational continuity

How often do you see the same health care provider? (relational continuity)
- Rarely or Never: 59%
- Always or Frequently: 41%

Did the provider have your information from prior visits? (informational continuity)
- No: 61%
- Yes: 39%
Person-Centeredness

- People should be known as a whole person by their regular care provider
- They should feel that their needs and preferences are respected
- Their care should be effective in meeting expectations and building trust in the primary health care system
Patients report “good” experiences and satisfaction in many domains

Most ratings of “good” or better:
1. Provider’s knowledge (92%)
2. Provider listened to patient’s concerns (90%)
3. Provider’s ability to explain (88%)

Least ratings of “good” or better:
1. Wait time (60%)
2. Patient’s input into medical decisions (70%)
3. Choice of provider (72%)

- 83% gave a “good” rating or better for their visit meeting their needs
- 82% gave a “good” rating or better for overall quality
- 92% reported they were somewhat or very likely to recommend and return to the same facility
Patient satisfaction is higher with private facilities across all domains.

Marginal differences reported in domains relating to service quality:

<table>
<thead>
<tr>
<th></th>
<th>Public</th>
<th>Private</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider's knowledge</td>
<td>92%</td>
<td>93%</td>
</tr>
<tr>
<td>Privacy</td>
<td>83%</td>
<td>84%</td>
</tr>
<tr>
<td>Ease of following provider's advice</td>
<td>91%</td>
<td>95%</td>
</tr>
</tbody>
</table>

Substantial differences reported in domains relating to access:

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Wait time</td>
<td>46%</td>
<td>82%</td>
</tr>
<tr>
<td>Patient's input into medical decisions</td>
<td>64%</td>
<td>80%</td>
</tr>
<tr>
<td>Choice of provider</td>
<td>62%</td>
<td>83%</td>
</tr>
</tbody>
</table>
Most people felt that the health system needed more resources.

Not enough medications, equipment, or staff

Most important area for improvement
What types of facilities were surveyed?

Managing Authority

- Private: 143
- Faith-based Organization: 23
- Government: 229

Facility Type

- Chemist/Drug Shop: 103
- Health Clinic: 36
- Health Center II: 65
- Health Center III: 83
- Health Center IV: 59
- Hospital: 49
Space

Clean and sanitary environments for treating patients promote patient-centeredness and prevent spread of infectious diseases
Many facilities lack basic infrastructure such as electricity and water
Systems

Infrastructural and logistical organization, including information systems and quality improvement activities, that lead to better facility management and outcomes
Quality and information systems across health facilities

![Bar chart showing the percentage of health facilities with various systems.]

- **Hospital (n=47):**
  - % with Quality improvement activities: 97.9
  - % that use DHMIS to track data: 93.6
  - % with mechanism to collect patient feedback: 95.7

- **Health Center IV (n=59):**
  - % with Quality improvement activities: 93.2
  - % that use DHMIS to track data: 98.3
  - % with mechanism to collect patient feedback: 89.8

- **Health Center III (n=81):**
  - % with Quality improvement activities: 95.1
  - % that use DHMIS to track data: 85.2
  - % with mechanism to collect patient feedback: 90.1

- **Health Center II (n=62):**
  - % with Quality improvement activities: 74.6
  - % that use DHMIS to track data: 47.6
  - % with mechanism to collect patient feedback: 54.0

- **Health Clinic (n=32):**
  - % with Quality improvement activities: 21.9
  - % that use DHMIS to track data: 6.3
  - % with mechanism to collect patient feedback: 18.8
Percent of facilities **without** an annual budget

<table>
<thead>
<tr>
<th>Facility</th>
<th>Percent</th>
</tr>
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<tbody>
<tr>
<td>Hospital</td>
<td>21.3</td>
</tr>
<tr>
<td>Health Center IV</td>
<td>41.4</td>
</tr>
<tr>
<td>Health Center III</td>
<td>49.4</td>
</tr>
<tr>
<td>Health Center II</td>
<td>62.7</td>
</tr>
<tr>
<td>Health Clinic</td>
<td>69.0</td>
</tr>
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</table>
Staff

Properly trained, supervised, and compensated doctors, nurses and community health workers are integral to better performing primary health care systems.
Higher level facilities are **more likely** to offer staff training and supervision while health centers support community health workers.
Surveillance

Facilities’ capacity to identify emerging threats and continuously assess and respond to communities’ needs over time
A greater proportion of higher level facilities monitor disease outbreaks compared to lower level facilities.

- Hospital (n=47): 90%
- Health Center IV (n=59): 100%
- Health Center III (n=81): 100%
- Health Center II (n=62): 100%
- Health Clinic (n=32): 20%
- Chemist/drug shop (n=91): 0%
Consistent availability of essential drugs and basic equipment are critical to a well-functioning health facility to provide timely and appropriate care.
Average number of essential drugs (out of 21 assessed)

- Hospital: 18 (Min 9, Max 21)
- Health Center IV: 16 (Min 7, Max 21)
- Health Center III: 15 (Min 6, Max 21)
- Health Center II: 8 (Min 3, Max 19)
- Health Clinic: 14 (Min 5, Max 19)
Primary health care can be a foundation for universal health coverage in Uganda.

Access and affordability are major concerns for patients and may be a barrier to both high-quality care and universal health coverage.

Preliminary findings suggest potential gaps in health facility management for further study and intervention.

Measuring the key functions and resources of primary health care can help monitor and improve the health system in Uganda towards the goal of UHC by 2030.
Many thanks to:

• Survey respondents and facility managers
• District leadership
• Ministry of Health
• Makerere University School of Public Health
• Ariadne Labs at Harvard T.H. Chan School of Public Health
• Johns Hopkins Bloomberg School of Public Health
• Uganda Bureau of Statistics