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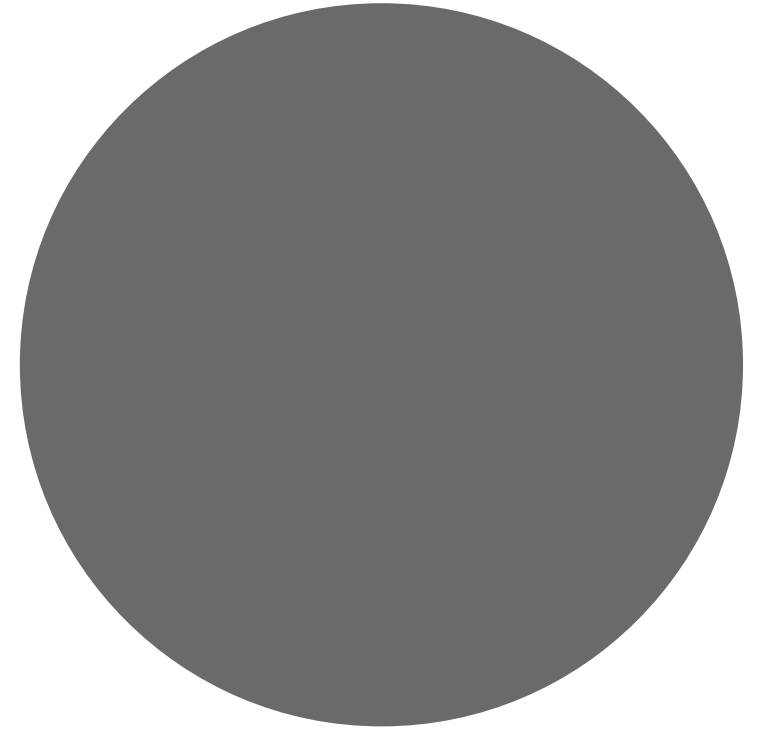
BILL & MELINDA GATES INSTITUTE for
POPULATION and REPRODUCTIVE HEALTH

Primary Health Care Performance in Uganda

*Preliminary Findings from a
2019 National Survey*

Tuesday 1st October 2019 | Kampala, Uganda

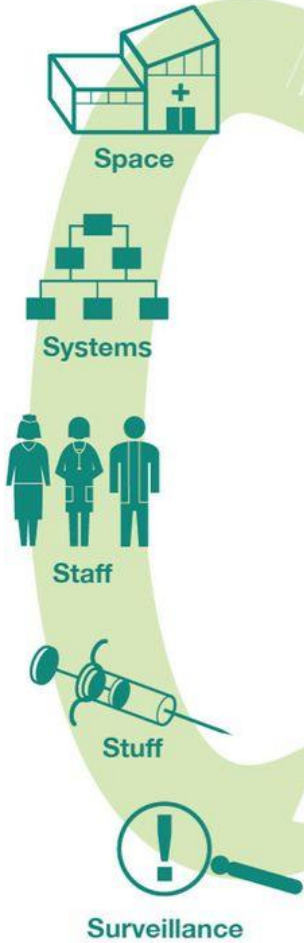
Background & Methodology



What is Primary Health Care?

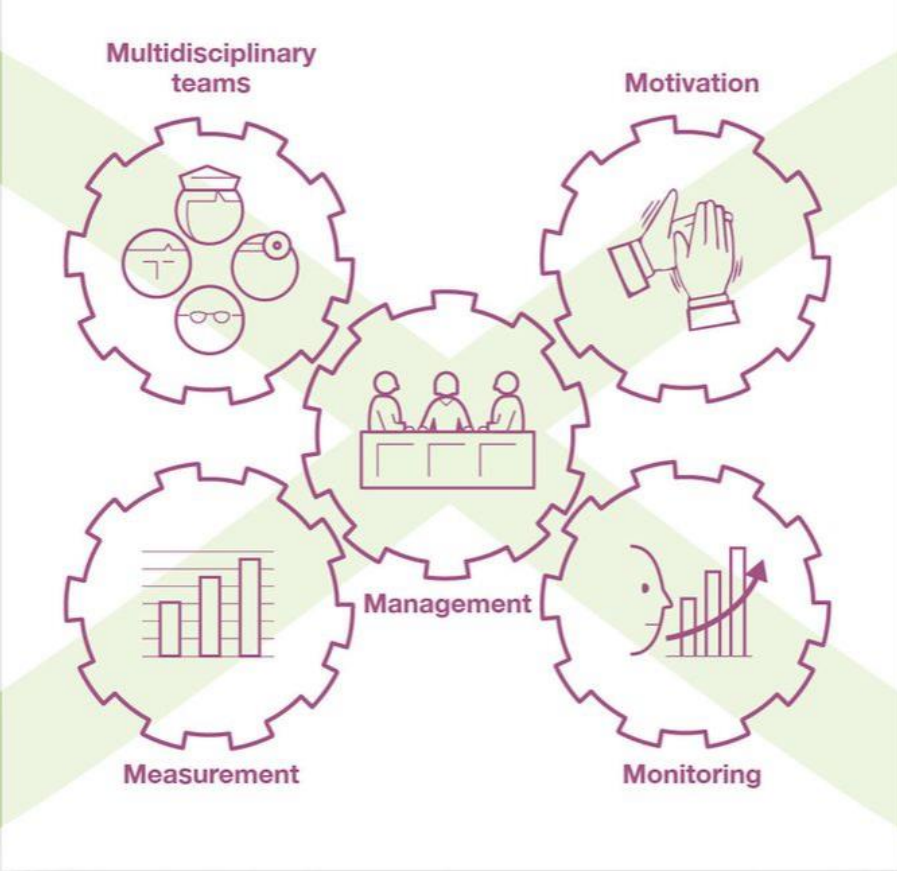
Five Ss

Resources of strong primary health care



Five Ms

Processes that transform resources into high-quality primary health care



Five Cs

Functions of high-quality primary health care



GLOBAL CONFERENCE
ON PRIMARY HEALTH CARE

ASTANA, KAZAKHSTAN 25-26 OCTOBER 2018




MOVING TOGETHER
TO BUILD A HEALTHIER WORLD



UN High-Level Meeting on Universal Health Coverage, 23 September 2019, New York

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”)

1962

Ugandan Independence

1978

Declaration of Alma Ata (PHC introduced and adopted in Uganda)

1987

Harare Declaration on Strengthening District Health Systems

1993

Uganda National Drug Policy, user fees, and essential health package concepts introduced

2012

Universal health coverage (UHC) concept introduced

2018

Declaration of Astana (PHC as a foundation for UHC)

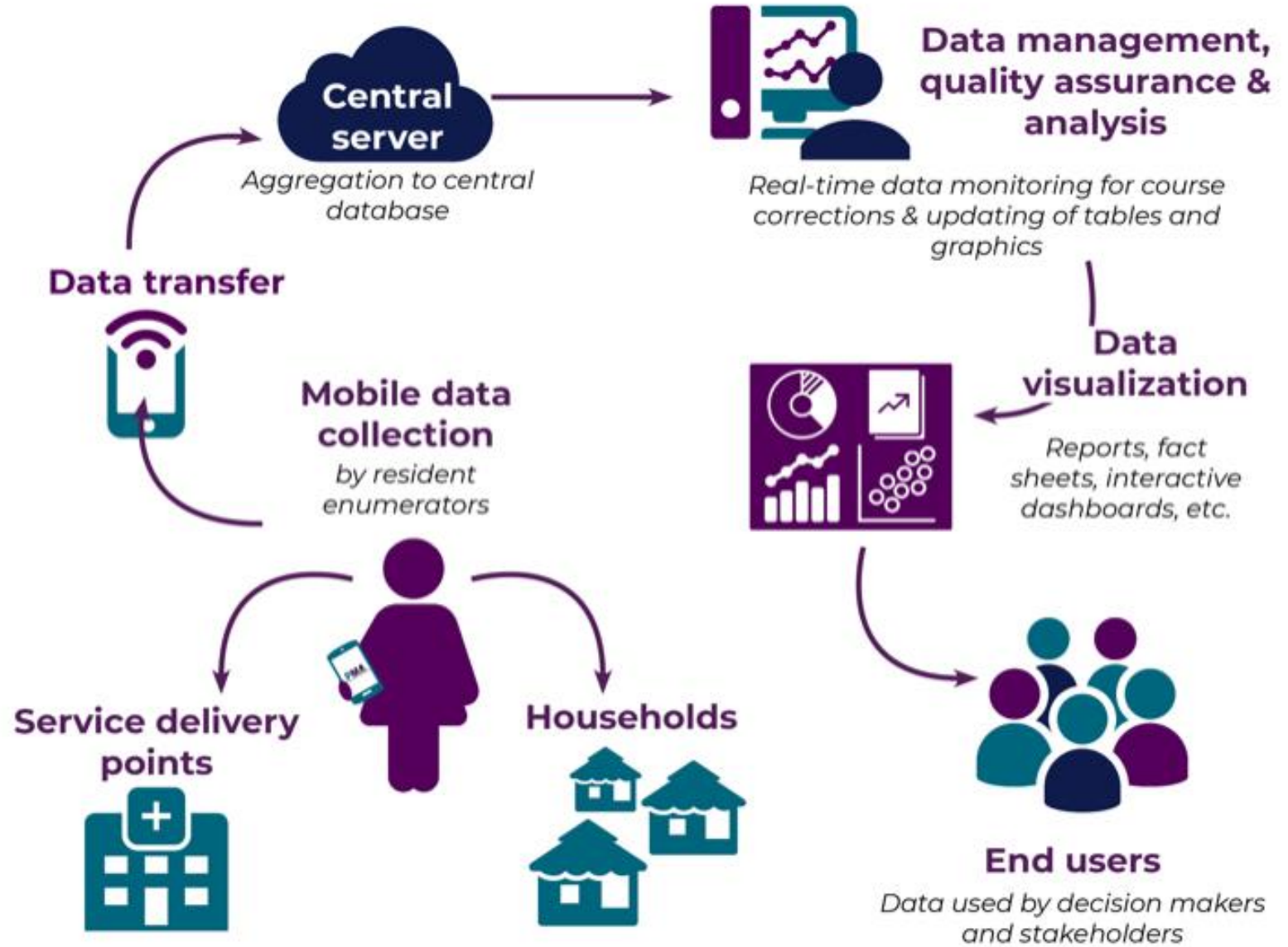
A woman with braided hair and a purple hoop earring is looking at a smartphone. The background is blurred, showing an outdoor setting with other people. The text 'PMAA' is overlaid in large white letters on the right side of the image.

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

PMAA

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?

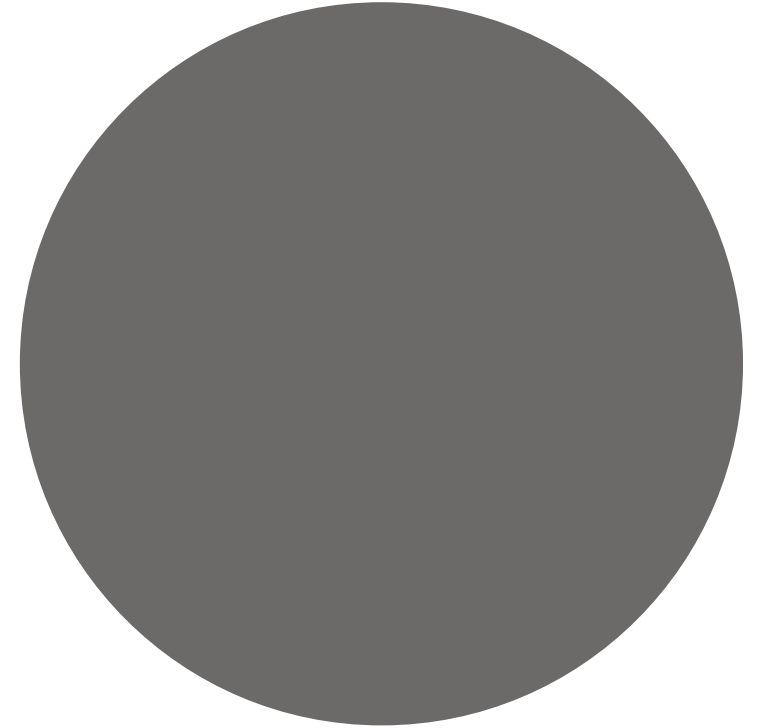
Individual survey

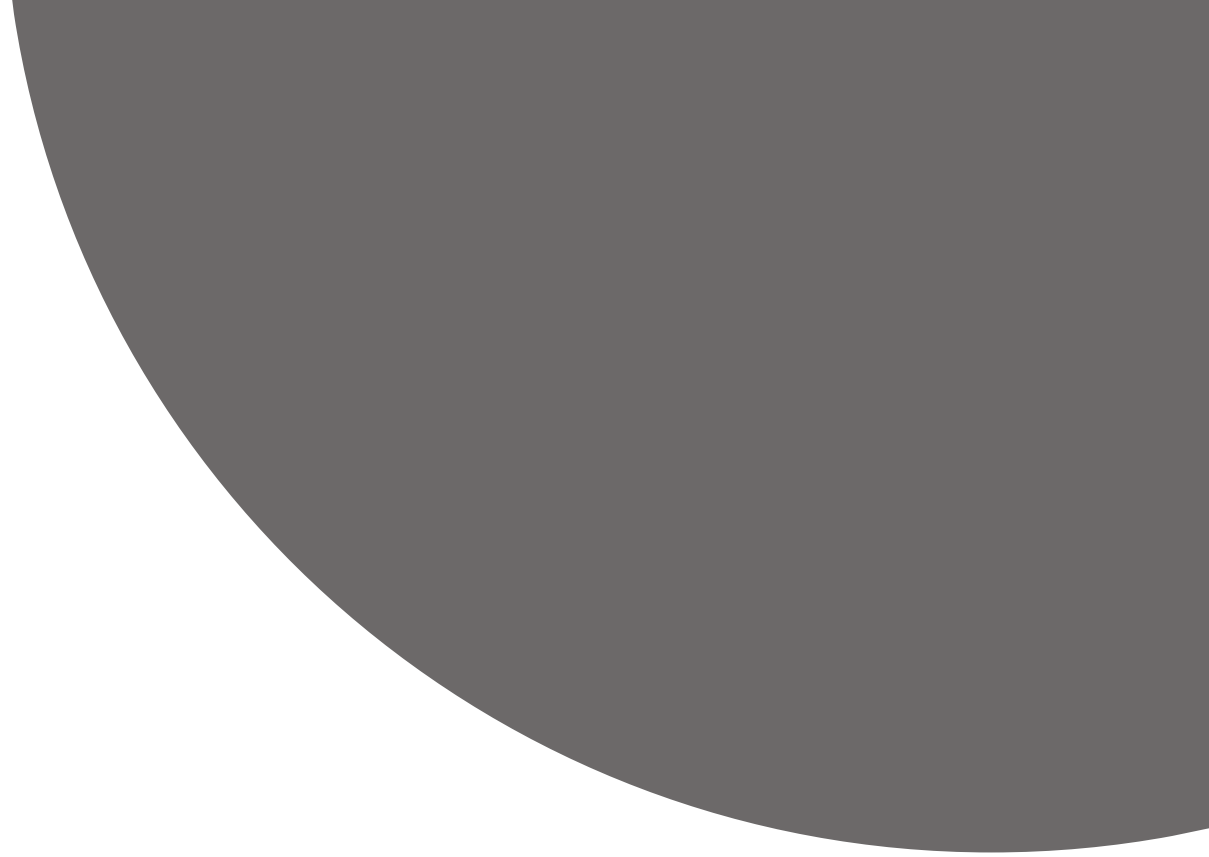
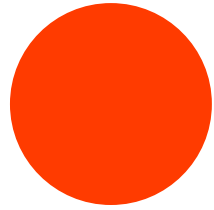
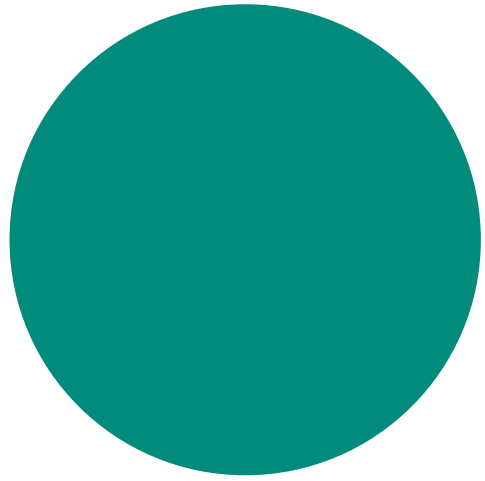
- **Demographics** (age, sex, wealth index, de-identified geospatial location)
- **Patient-reported outcomes** (self-rated health status)
- **Care-seeking behaviors** (facility visited, reason for seeking or not seeking care)
- **Patient experience** (trust, respect, waiting time, facility cleanliness,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

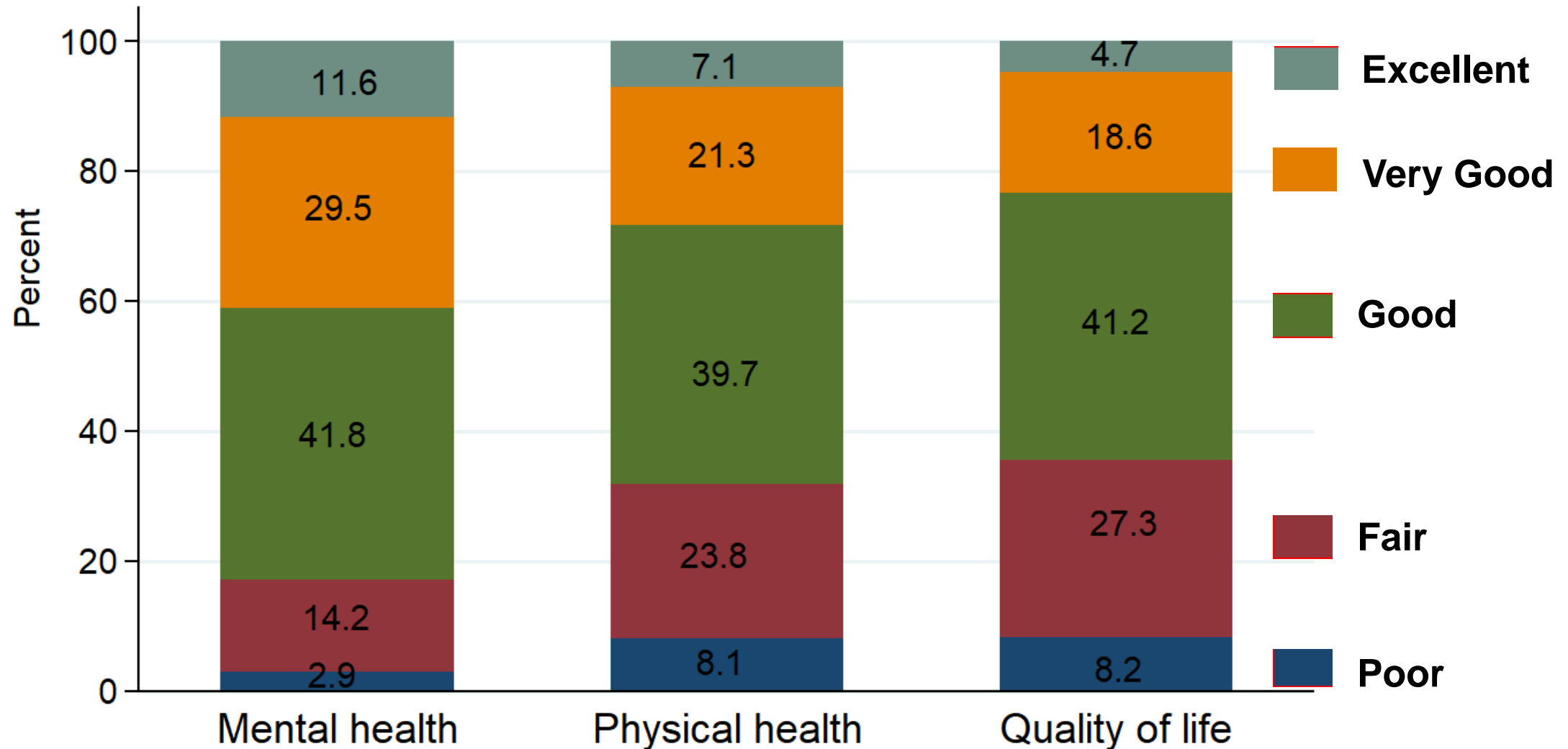
Gender: 60% female

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

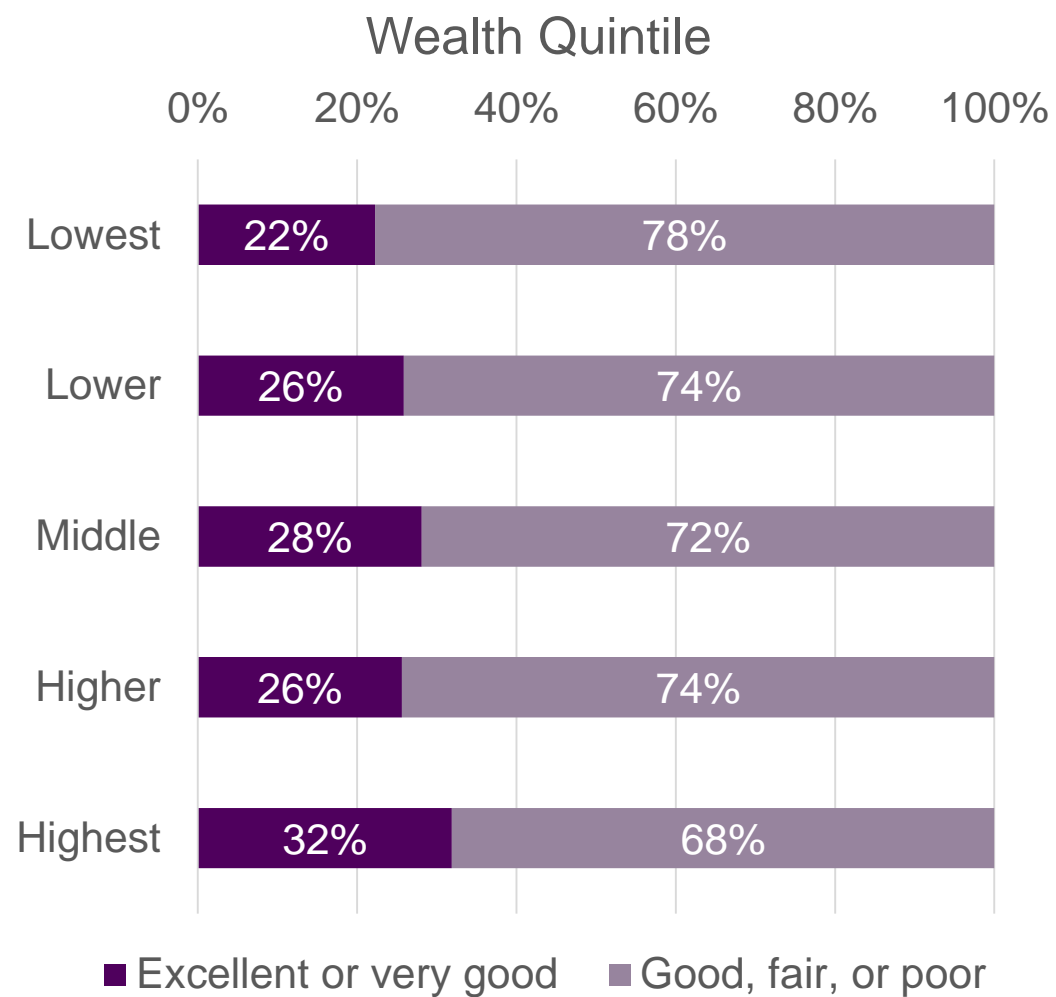
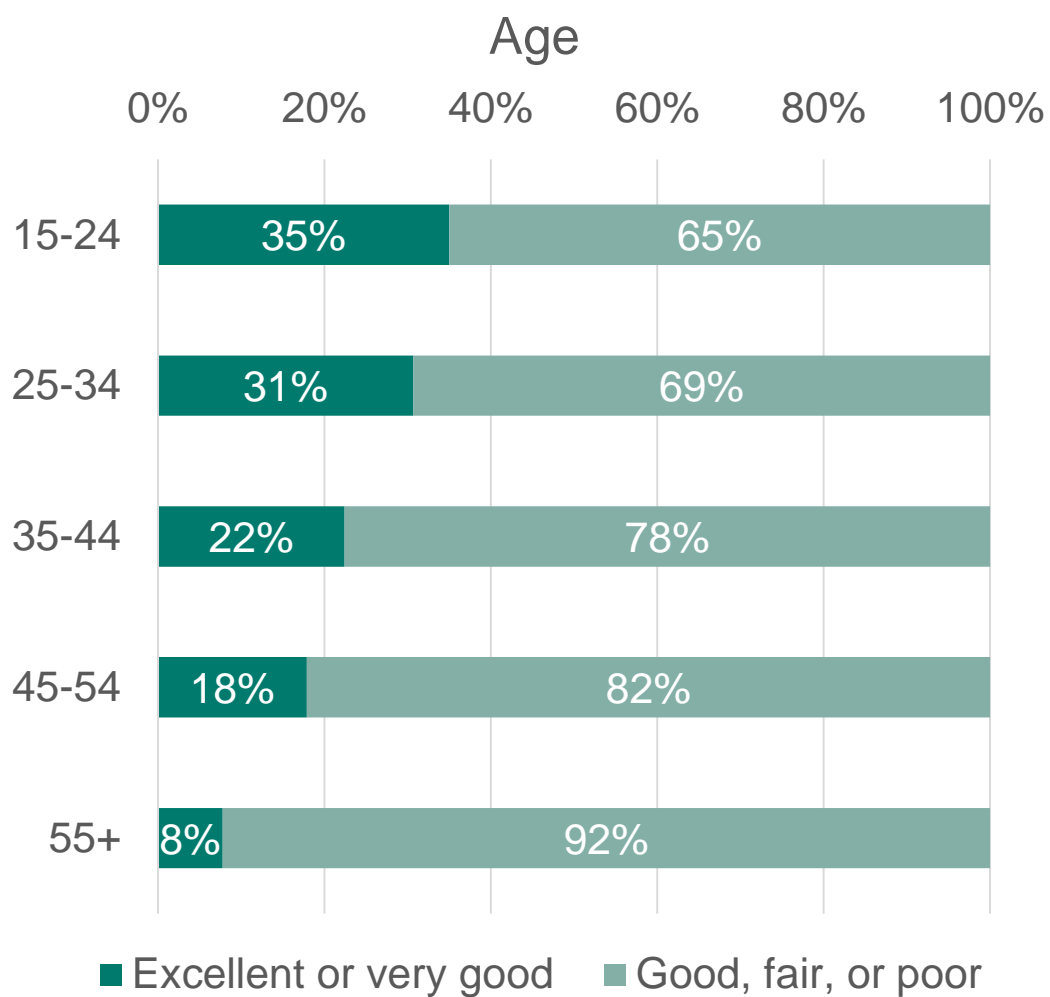
Marital status: 60% married or living with a partner, 23% never married

Location: 80% rural, 20% urban

Majority of Ugandans report good health and quality of life, particularly in mental health



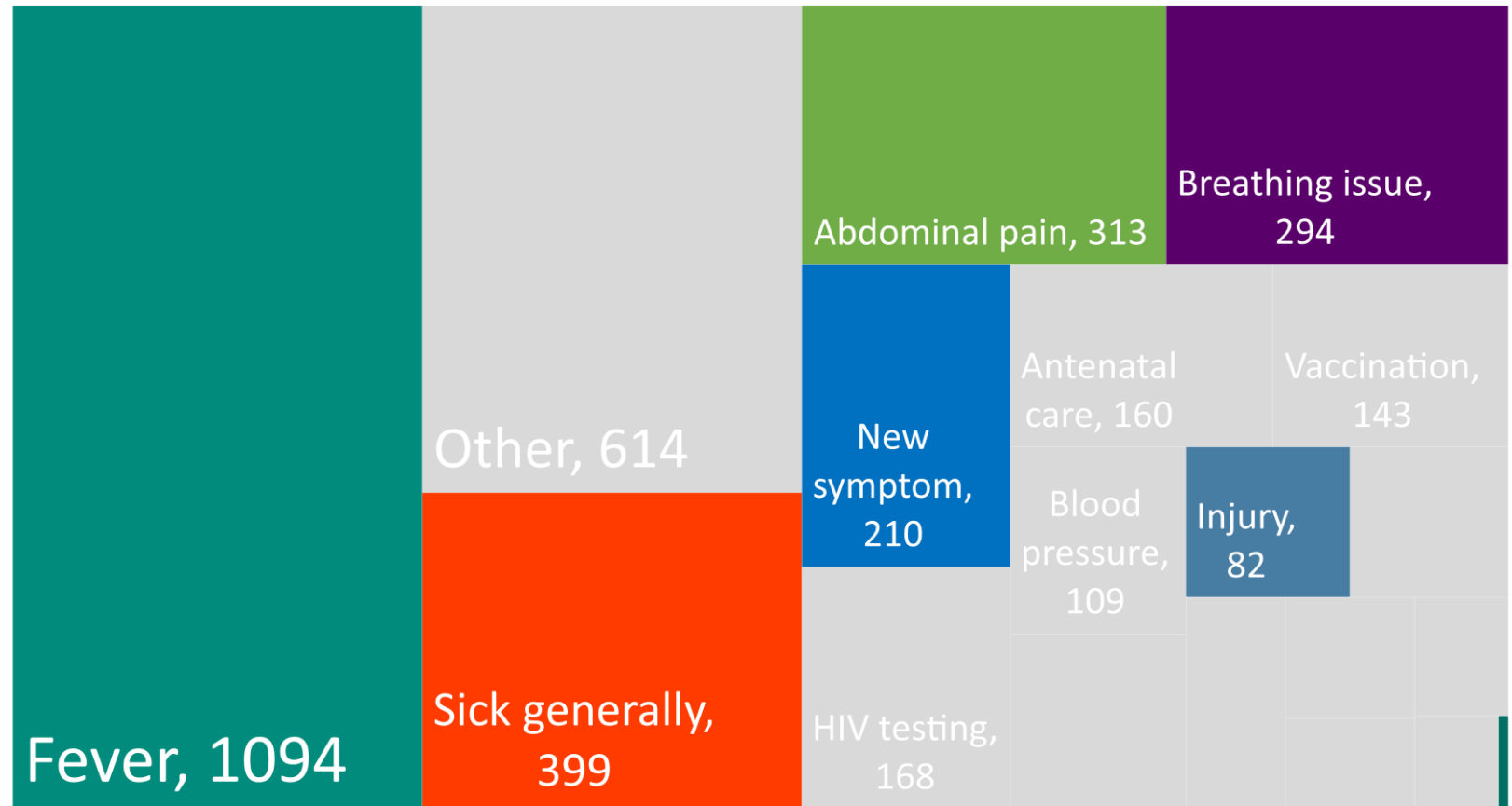
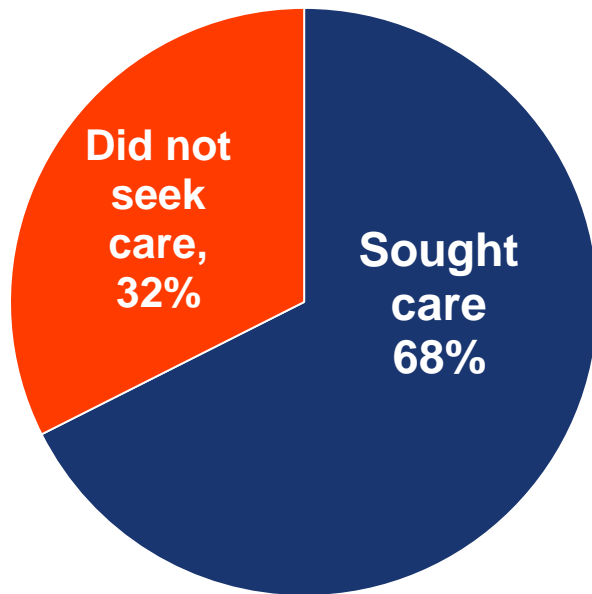
Patient-Reported Overall Health in Uganda



Over two-thirds sought care, mostly for acute issues rather than preventive or chronic problems

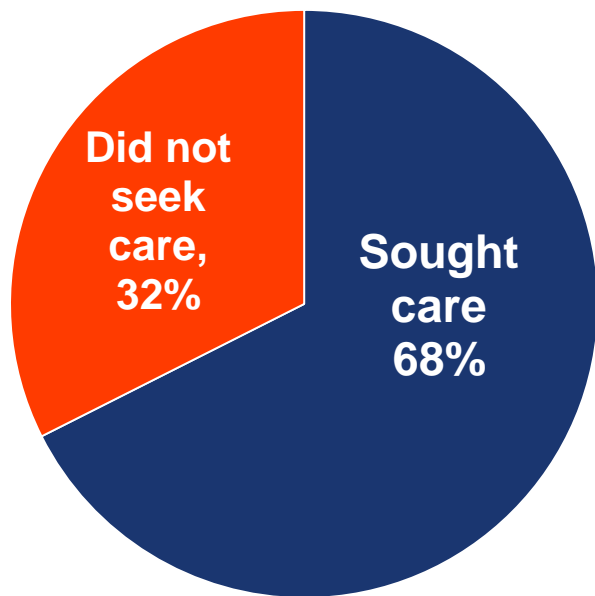
Reasons for Seeking Care in Past 6 Months

Visited a health facility in past 6 months

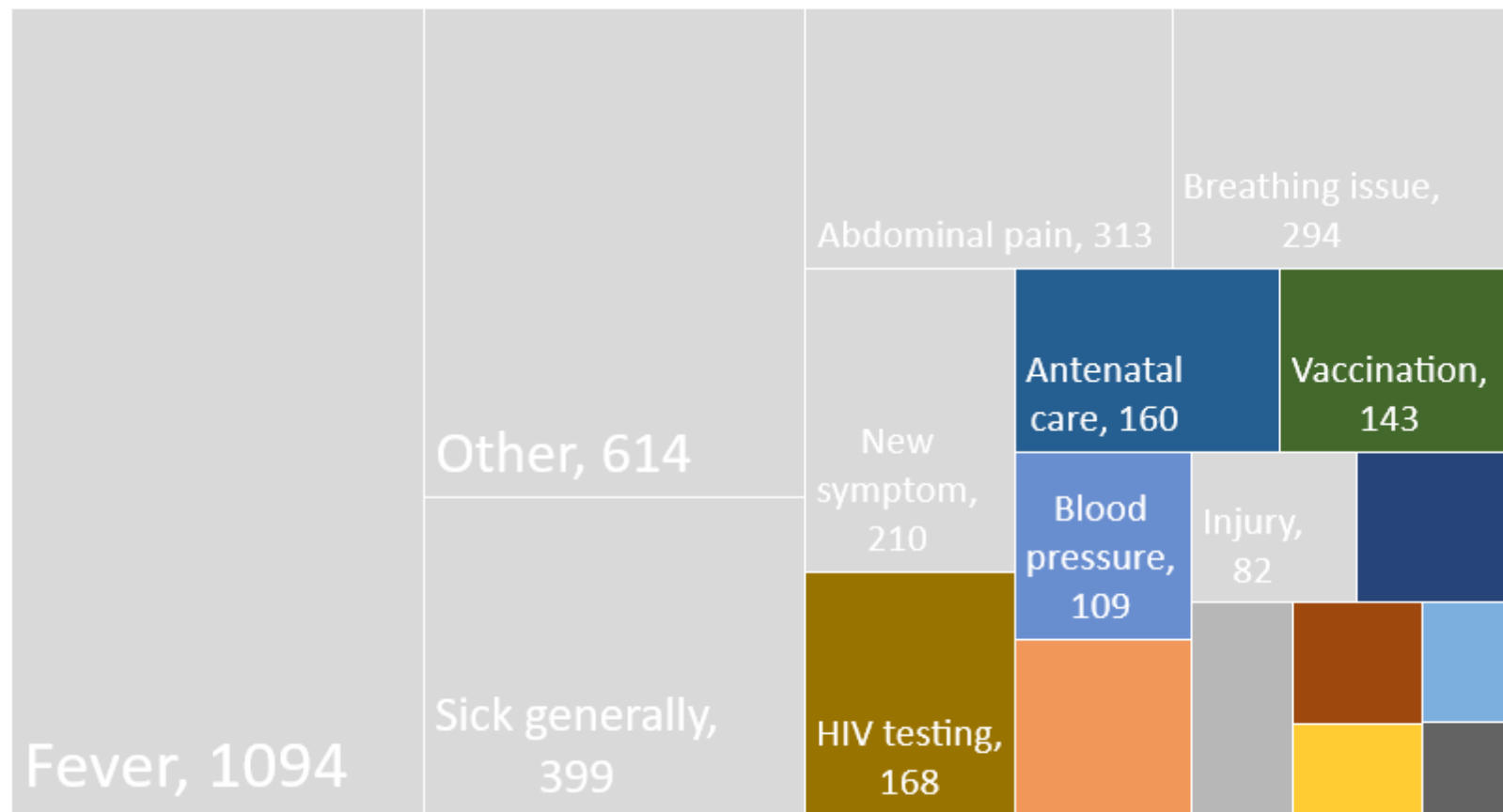


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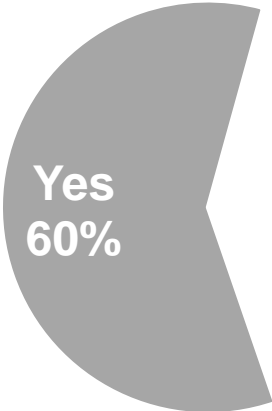


Reasons for Seeking Care in Past 6 Months



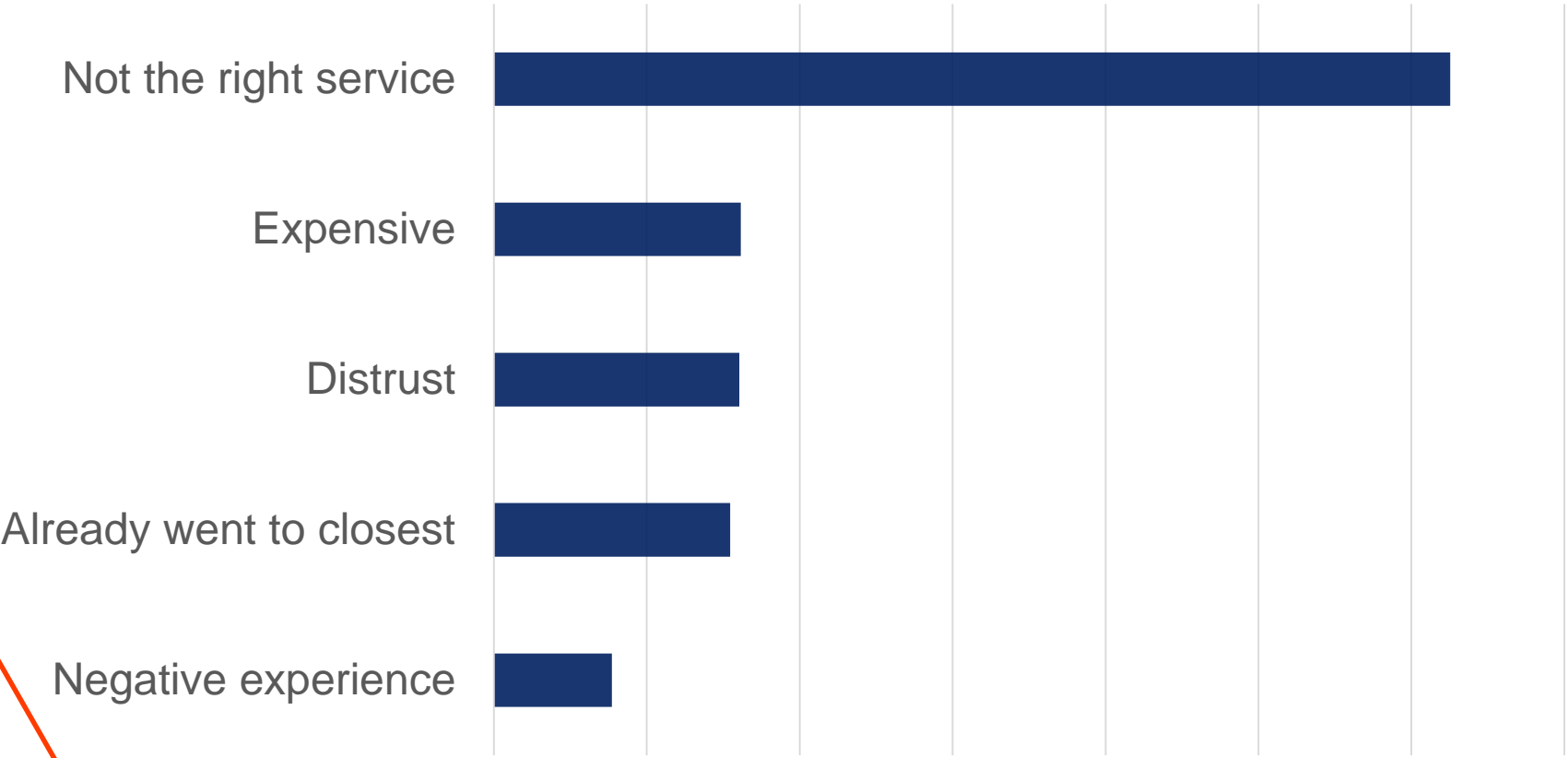
Reasons for not seeking care at closest facility

Did you go to your closest facility?



Why did you not go to your closest facility?

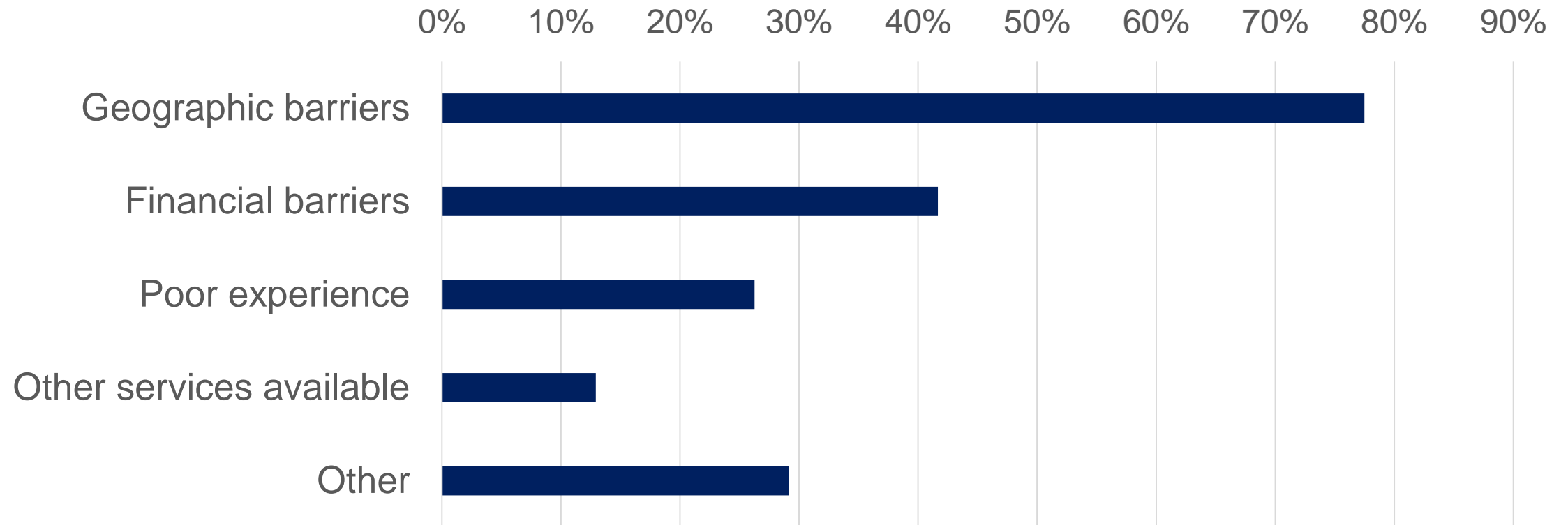
0% 10% 20% 30% 40% 50% 60% 70%



Reasons for not seeking care in last 6 months

83% reported they were not sick

Reasons for not seeking care for those presumed to be sick



Access & Affordability

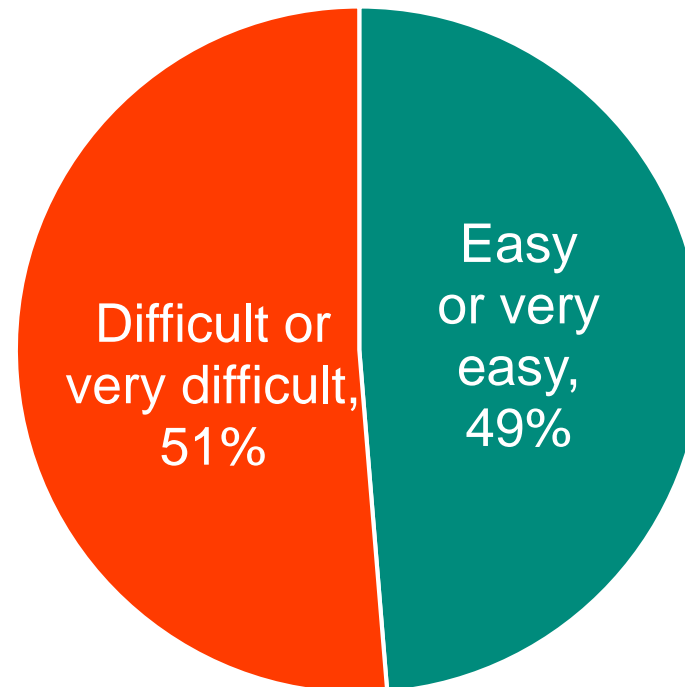
- Primary health care services should be accessible when and where people need them
- Services should be affordable in order to be just and equitable
- Affordable care can also allow people to seek care earlier and subsequently avoid more costly treatment or hospitalizations for complications or severe illness

Percent who had difficulty in paying for a health visit, and who borrowed or sold asset to pay for a visit

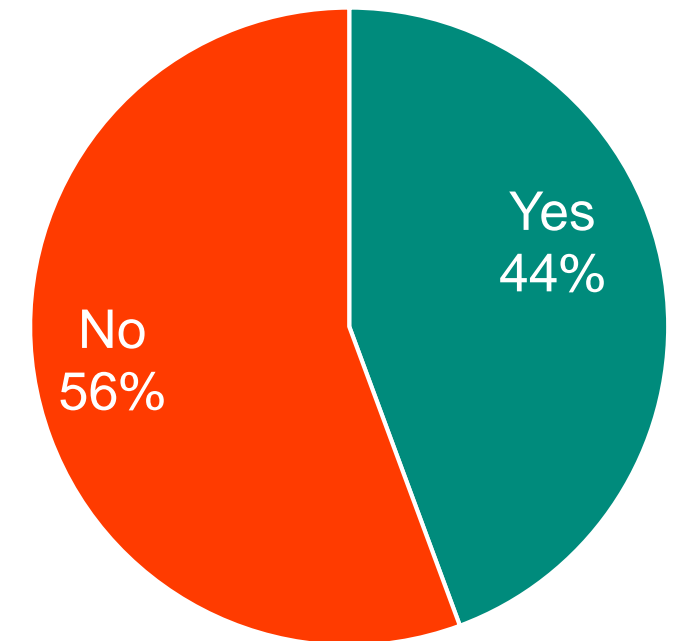
99%

**without
health
insurance**

Ease or Difficulty of
Paying for Visit

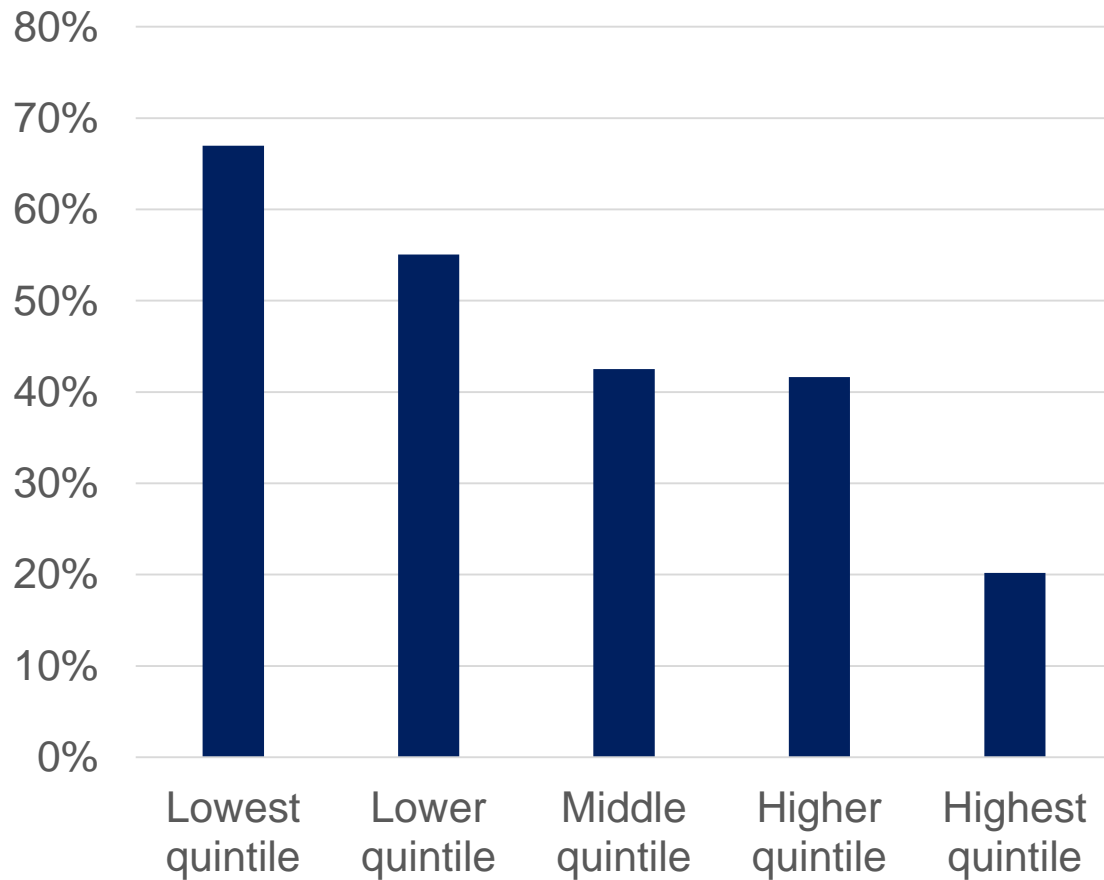


Borrowed Money or
Sold Something to
Afford the Visit

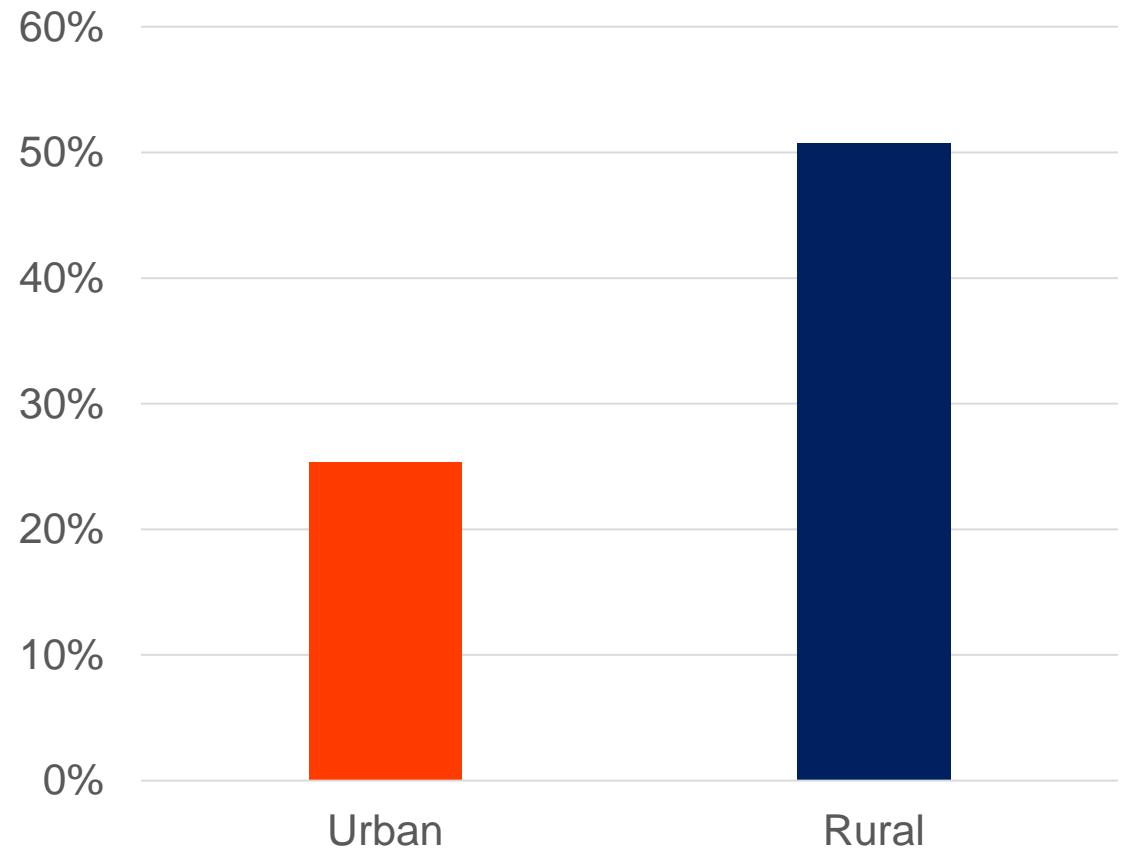


Percentage of people who had to borrow money or sell something to afford their visit

By Wealth Quintile



Urban vs Rural



Borrow Money or Sell Something To Afford Visit?

	Percentage who had to borrow money or sell something to afford the health care visit	
	Urban	Rural
Lowest wealth quintile	42%	68%
Lower quintile	27%	55%
Middle quintile	22%	45%
Higher quintile	31%	47%
Highest quintile	19%	16%

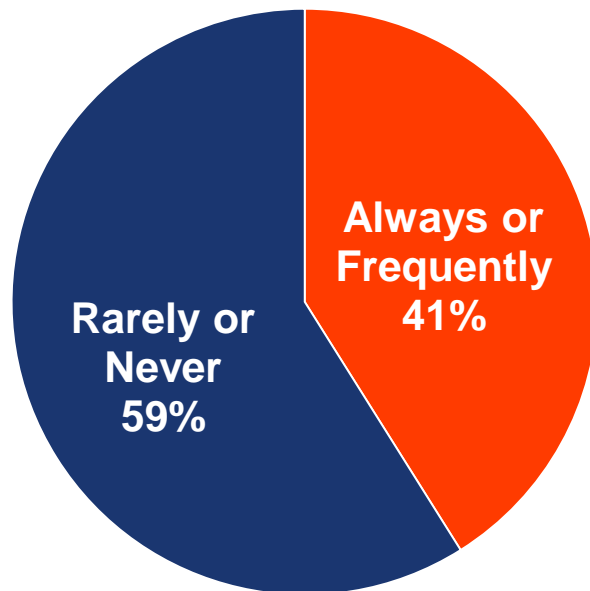
Rural poor were more likely to borrow/sell relative to their urban counterparts

Continuity & Coordination

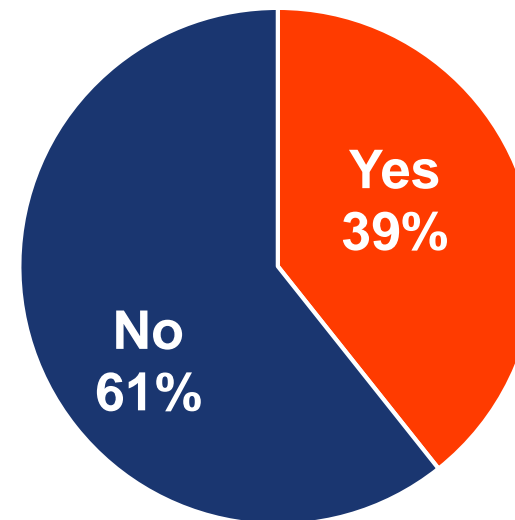
- The long-term healing relationship between a person and his or her primary care provider or care team over time
- Continuity can contribute to patient-provider trust, patient satisfaction, and communication, and is associated with improved preventive care and reduced inpatient utilization (Haggerty 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)



Did the provider have your information from prior visits? (informational continuity)



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:

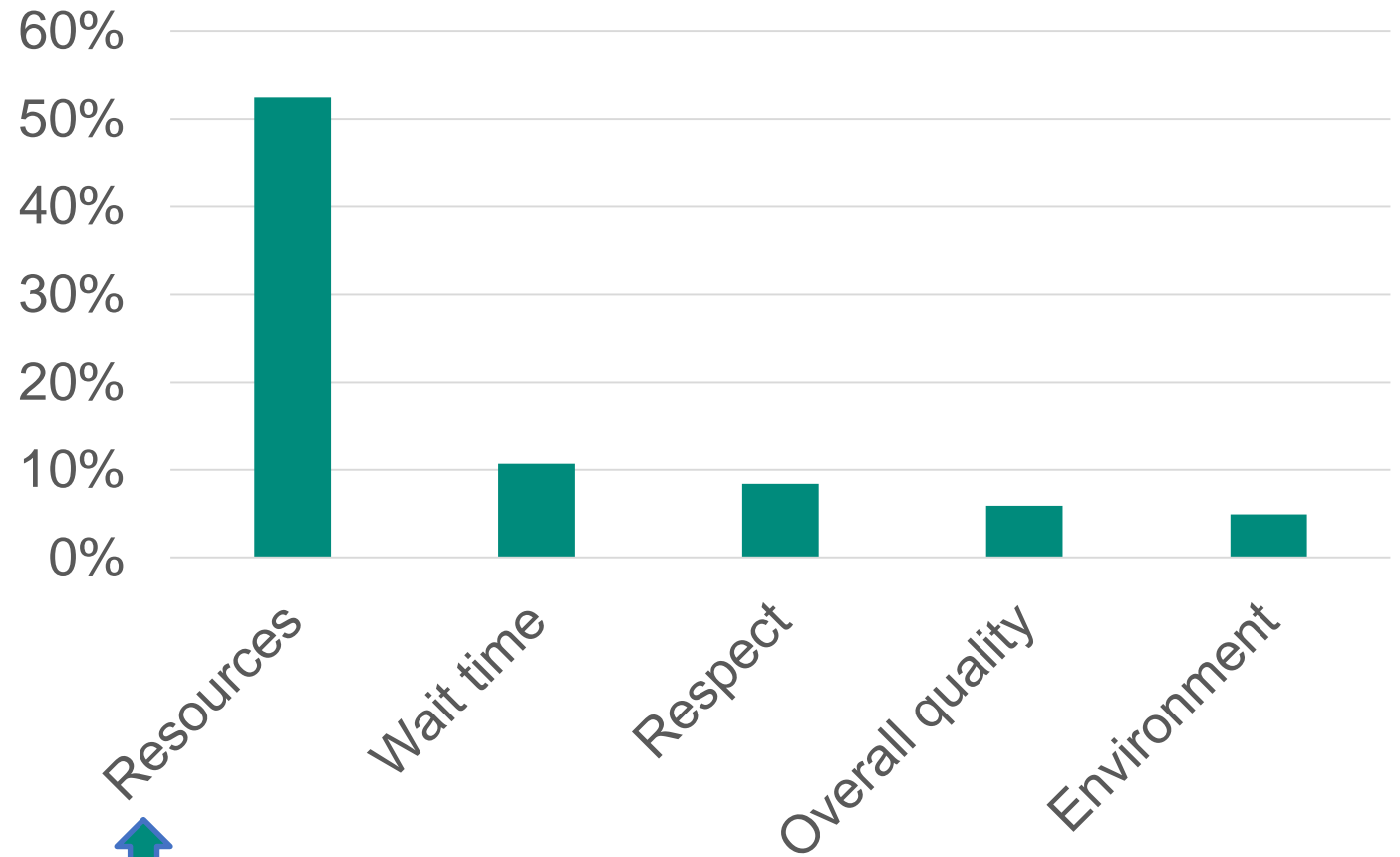
Ratings of “good” or better		
	Public	Private
Provider’s knowledge	92%	93%
Privacy	83%	84%
Ease of following provider’s advice	91%	95%

Substantial differences reported in domains relating to access:

Ratings of “good” or better		
	Public	Private
Wait time	46%	82%
Patient’s input into medical decisions	64%	80%
Choice of provider	62%	83%

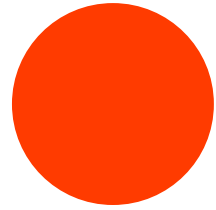
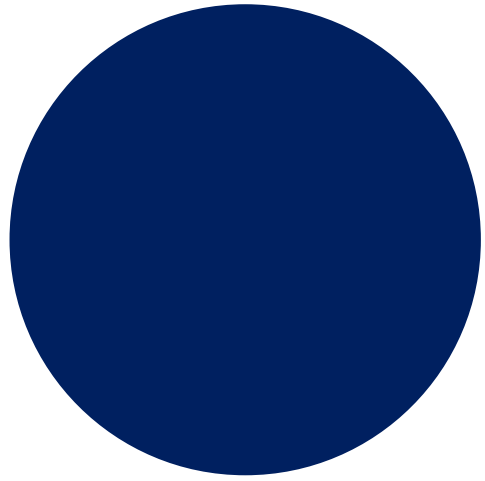
Most people felt that the health system needed more resources

Most important area for improvement



Not enough medications, equipment, or staff



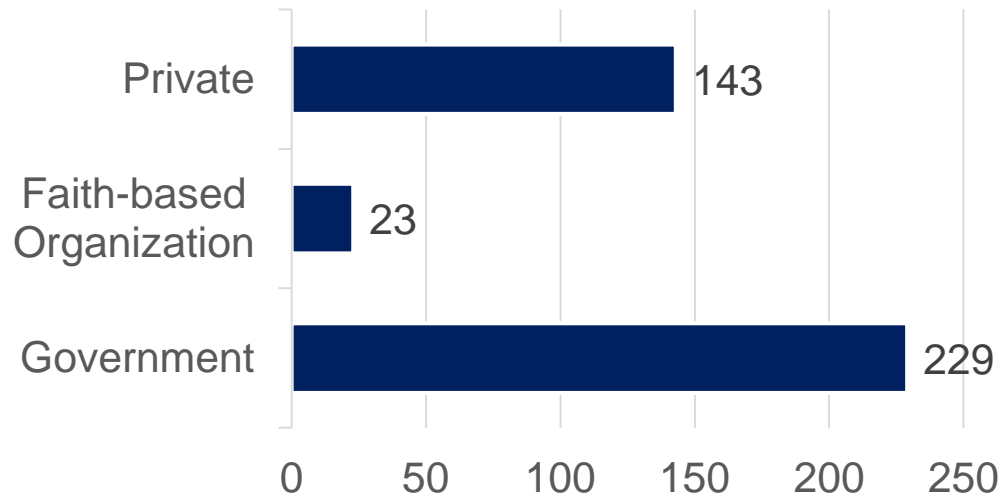


Facility Survey

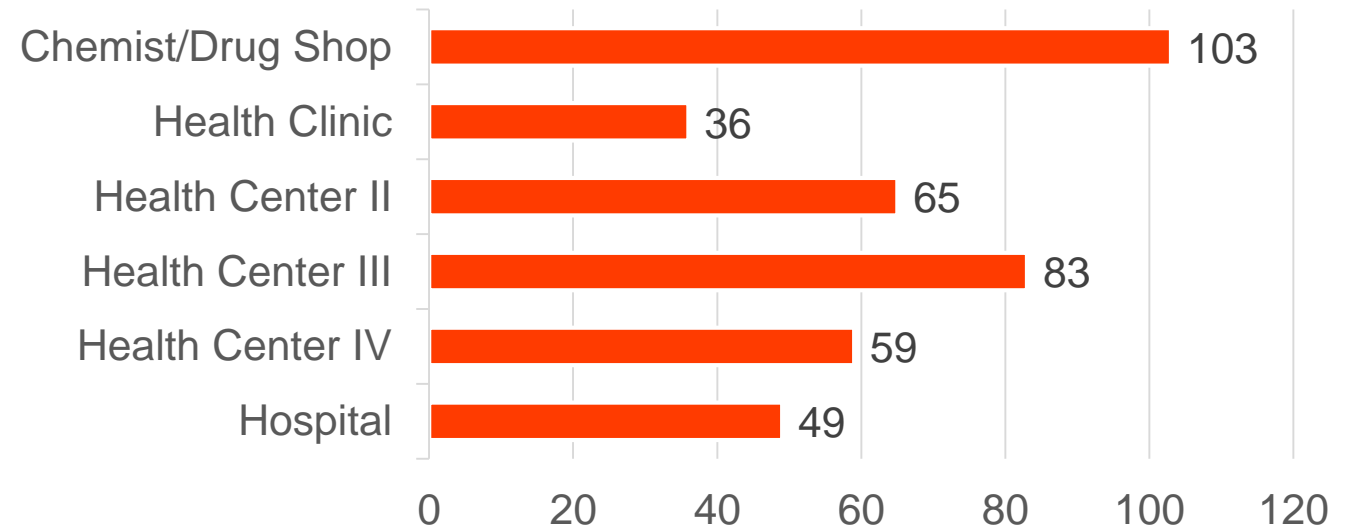
Facility Characteristics
Resources of High-
Quality Primary Health
Care

What types of facilities were surveyed?

Managing Authority



Facility Type

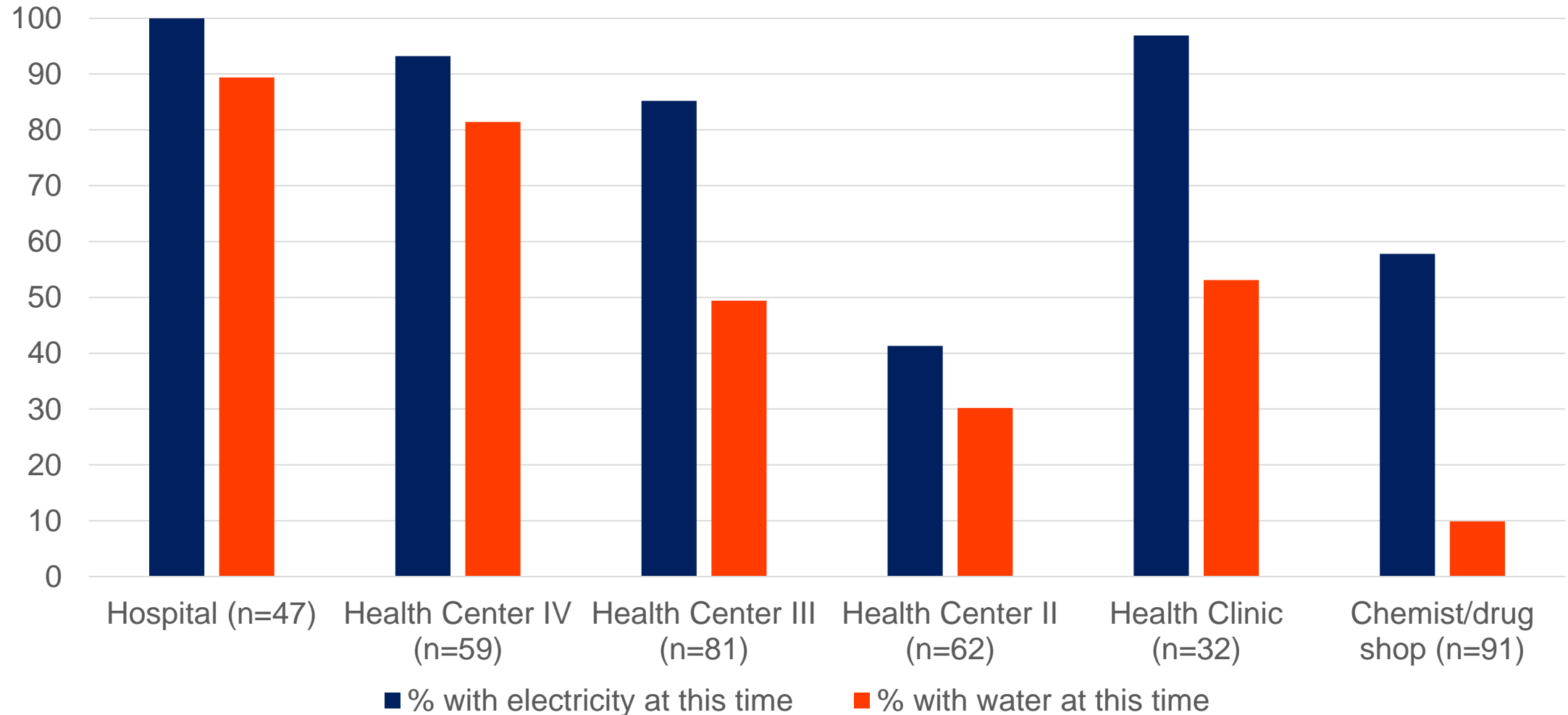


Space

Clean and sanitary environments for treating patients promote patient-centeredness and prevent spread of infectious diseases

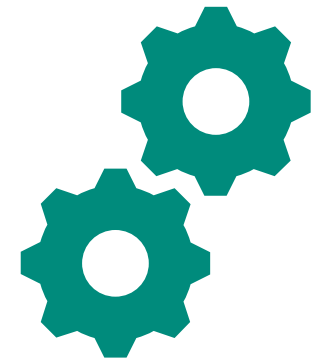


Many facilities lack basic infrastructure such as electricity and water

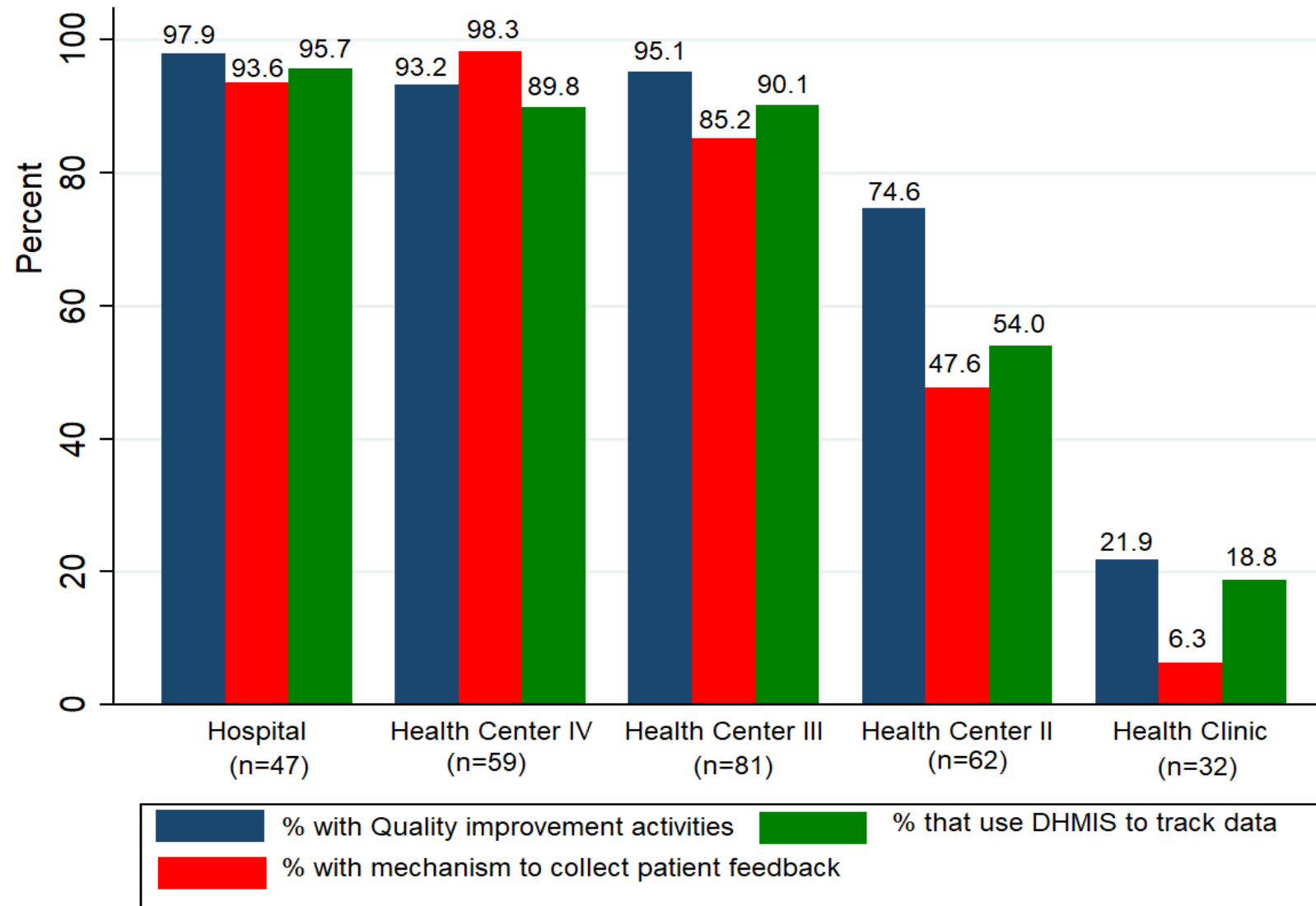


Systems

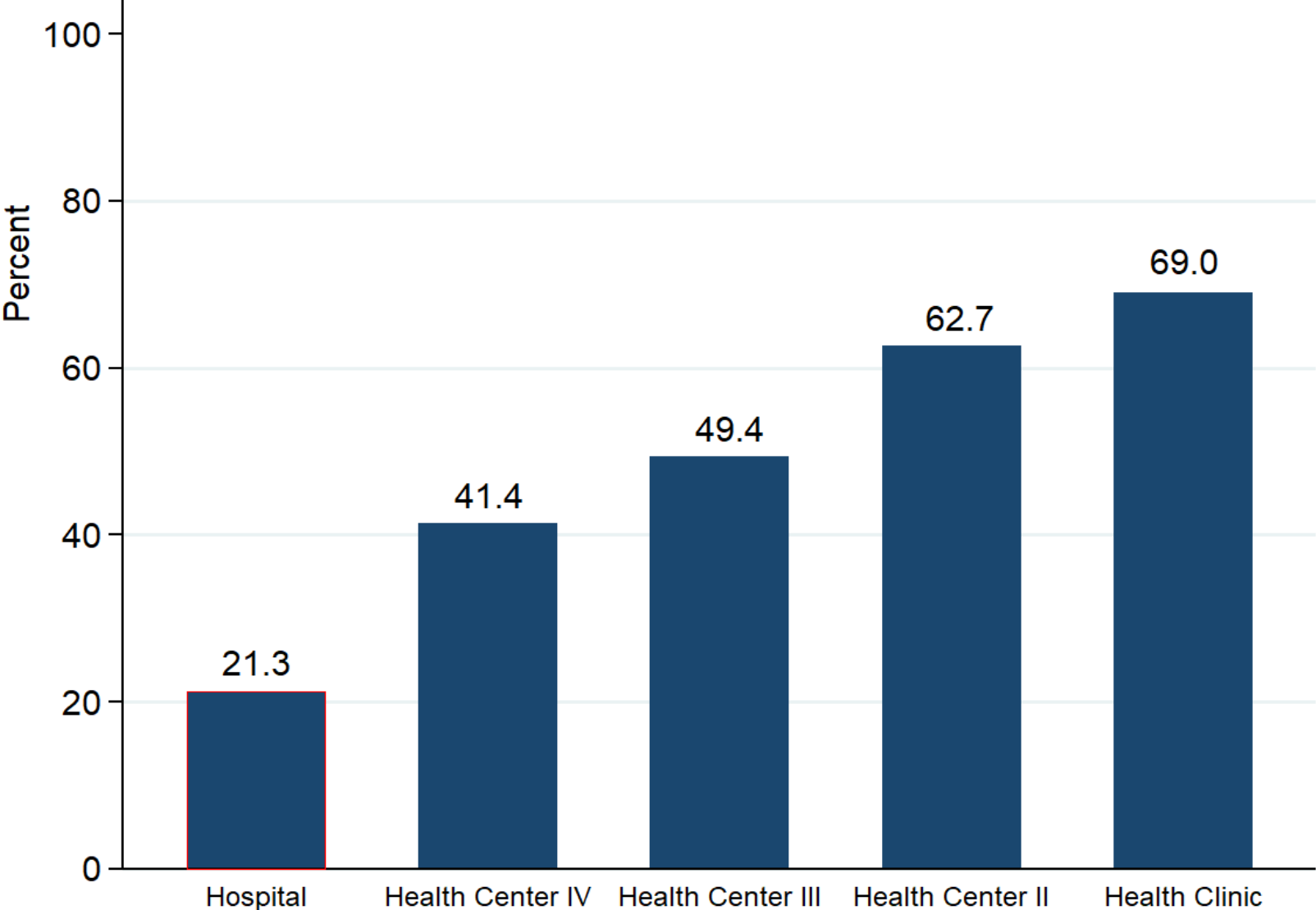
Infrastructural and logistical organization, including information systems and quality improvement activities, that lead to better facility management and outcomes



Quality and information systems across health facilities



Percent of facilities **without** an annual budget

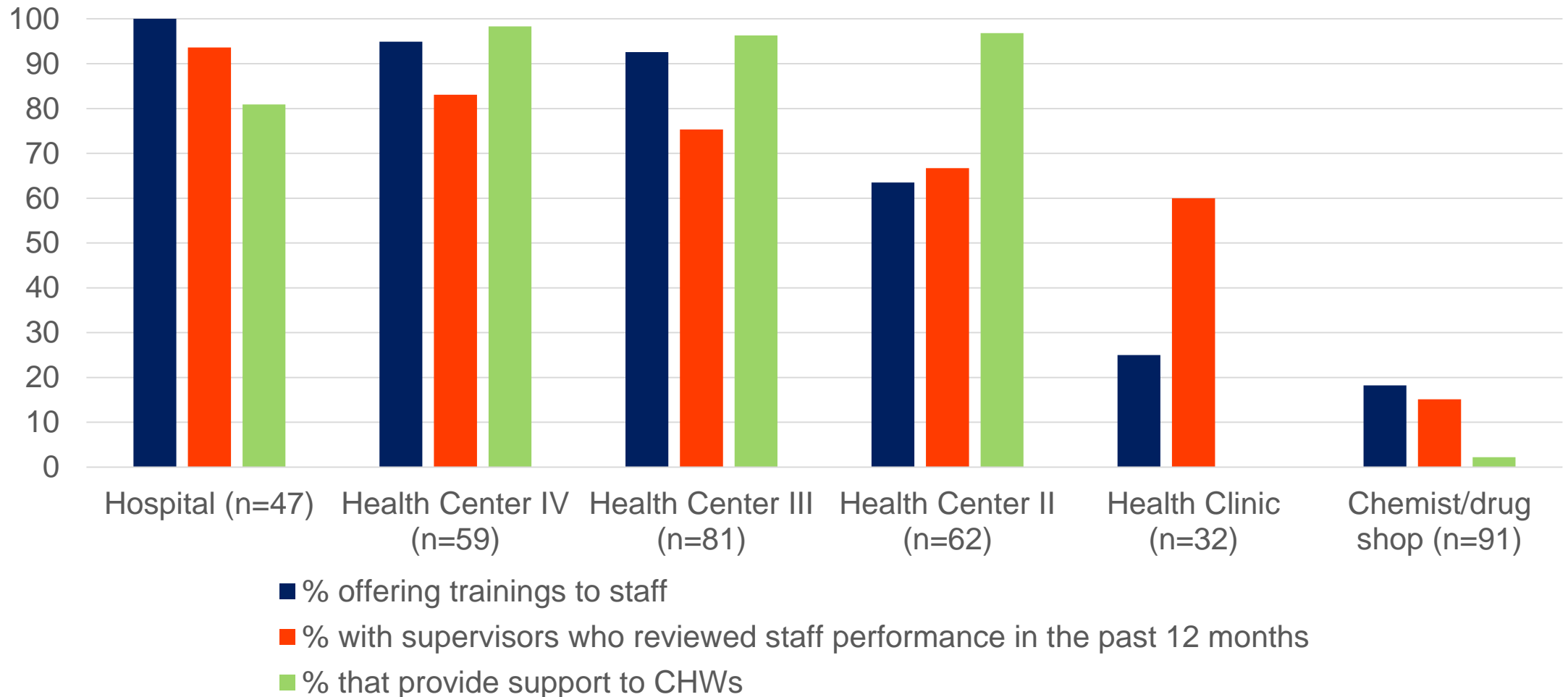


Staff

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

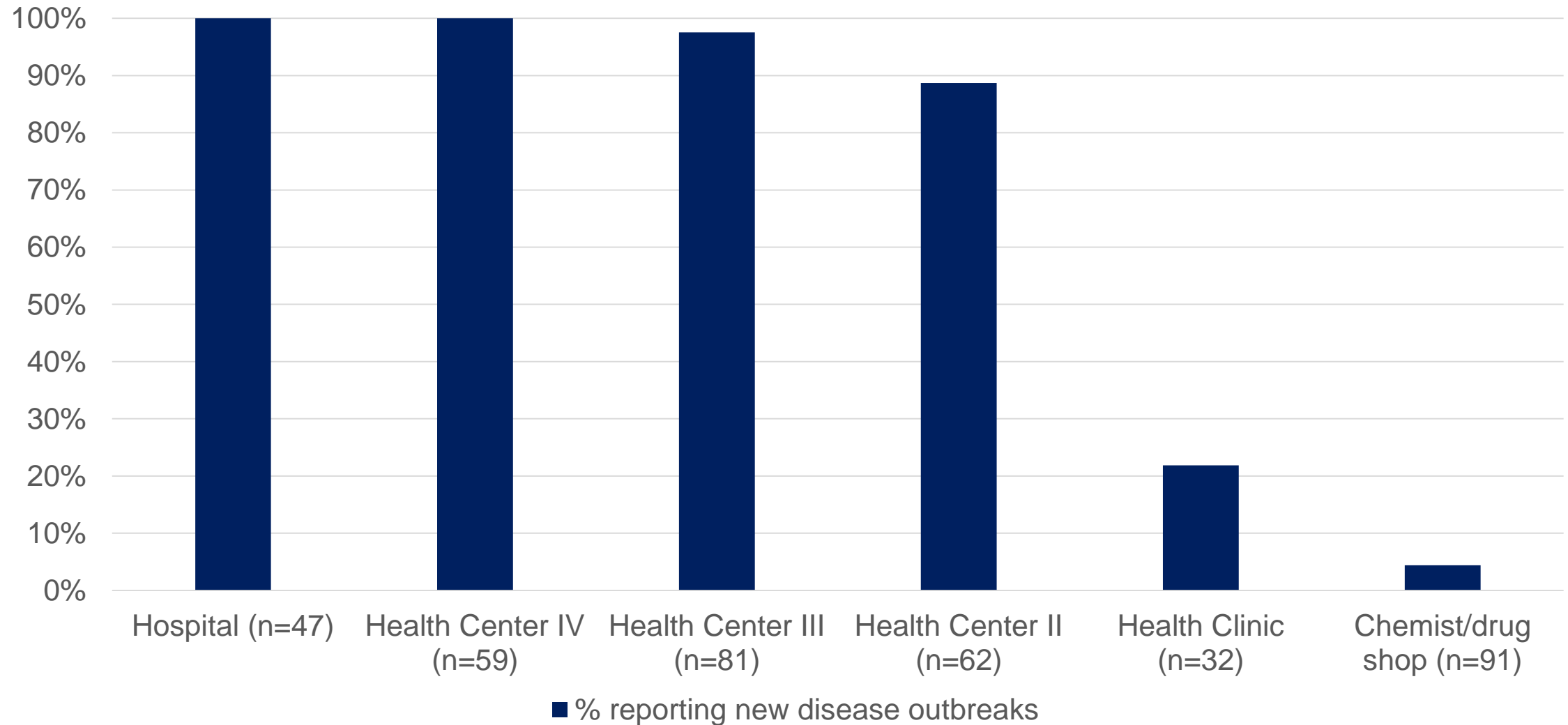


Surveillance

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

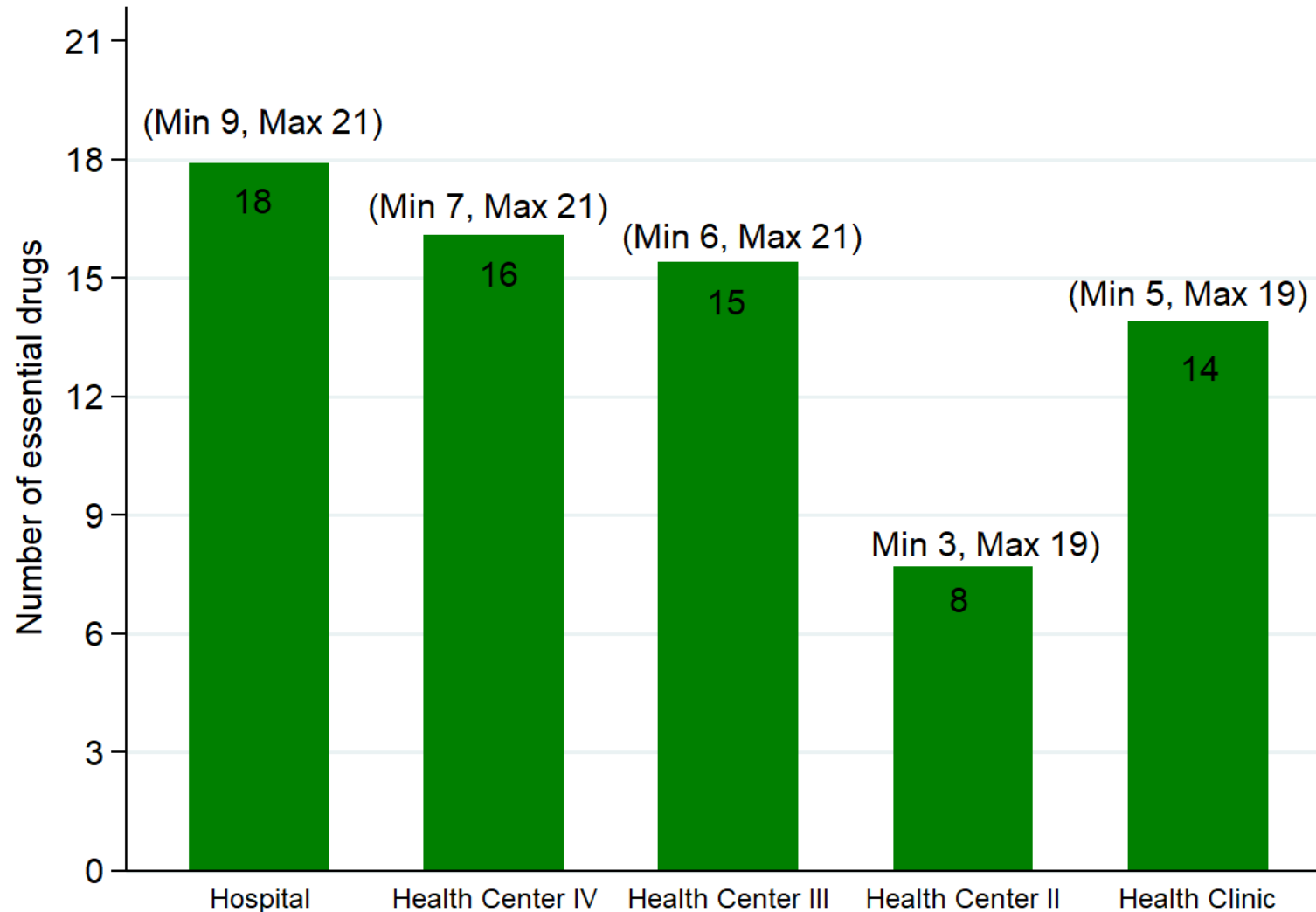


Supplies & Equipment

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)





Summary

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



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