The PHC in Policies Tracker

A new tool by PATH explores how policies in LMICs help build robust health systems for primary health care

Policies that build strong primary health care systems are essential to advancing health equity—but they are complex and difficult to design. PATH created the **PHC in Policies Tracker** as a consolidated source of information to equip stakeholders including policymakers, advocates, implementers, and donors with information about existing policies that shape PHC systems.


This new virtual public dashboard tool maps and analyzes data about national-level health policy documents relevant to primary health care (PHC) in 26 low- and middle-income countries—comparing content of these policies with recommendations laid out in key global-level guidance frameworks such as the WHO PHC Monitoring Framework and Indicators (MFI). *(See methodology section on page three for more information on how policies were assessed.)* The tracker aims to improve understanding of policies for PHC in LMICs, add to the global conversation about how to design robust policy for PHC, and help users identify high-impact opportunities for action toward better health for all.

Close alignment of policy with global PHC frameworks is an important step in building a foundation for a strong and resilient health system—but what is written in policy is only one piece of the puzzle. Where gaps exist between policy and practice, there may be sub-optimal health system performance regardless of the amount of political will for PHC among key decision-makers. More research is needed to determine the links and synergies between PHC policy design and implementation—and advocates and other non-state actors have a key role to play in supporting implementation and promoting accountability for ensuring that all people have access to PHC.

The tracker reveals that countries’ policies for PHC are moderately well aligned with key global guidance—**78% alignment on average.** Our analysis assesses policies’ alignment with global guidance over **39 key topics** for building a robust health system to support PHC service delivery, grouped into **7 themes.** The following overview of findings for each theme reveals opportunities for advocacy and/or further research.
Theme: Governance
Includes: government prioritization of PHC, link between PHC and achieving UHC, governance structures for PHC at the national and subnational levels
Average alignment score: 84%
- Policies in 77% of countries highlight the link between robust PHC and achieving UHC.
- 92% of countries state in their policies that high-quality PHC is core to their national health strategy.

Theme: Models of care
Includes: defined PHC service package, adopting a multisectoral approach, engaging local communities in feedback loops, the role of the private sector, quality of care, person-centeredness
Average alignment score: 88%
- Ensuring primary care is high-quality is the only topic analyzed where 100% of countries were fully aligned with global guidance.
- Additionally, 3 other topics in the models of care theme are at least mentioned by 100% of countries analyzed: taking a multisectoral approach, ensuring person-centered care, and integration of the private sector.

Theme: Infrastructure & workforce
Includes: human resources for health, training and supervision for providers, the role of community health workers and their compensation, equitable geographical distribution of resources, facility readiness, and availability of medical supplies
Average alignment score: 77%
- The importance of fostering and supporting human resources for health is prominent in most countries’ policies (usually with significant detail and often has separate strategy text as well).
- Only 15% of countries have policies recommending salaries for CHWs, though many policies do discuss non-monetary incentives and there is also discussion around the feasibility of salaried CHWs.

Theme: Financing
Includes: financing mechanisms for PHC, government domestic resource mobilization for PHC, innovative financing, reducing out-of-pocket spending, funding flows to the decentralized level, and autonomy for local-level care systems
Average alignment score: 77%
- Importantly, more than 50% of countries do not include specific financial commitments for maintaining or increasing PHC financing—highlighting this as a key area for advocacy.
- Almost 75% of countries include innovative financing schemes in their policies (more research is needed to further characterize these schemes).
- Local-level autonomy is often promoted in policies.
- Inclusion of mechanisms to enable timely and flexible funding flows to subnational level in policies is infrequent, despite being essential to efficient operation at the facility level.

Summary of findings
Average alignment score: 78%
- Countries are most closely aligned with global guidance for topics in the theme models of care, and least closely aligned with global guidance in the themes data/digital health as well as equity.
- Although the extent of alignment with global frameworks varies from country to country and from topic to topic, across all countries assessed, it is rare that topics for robust policy for PHC are completely omitted from a country’s policies. In fact, the majority of countries fully address most topics in their policies.
- On average, each topic is fully addressed in policies by approximately two thirds of countries we assessed.
Theme: Equity
Includes: reaching vulnerable groups, defining and addressing equity gaps, gender, and disaggregation of data to enable evaluation of equity

Average alignment score: 68%
- While many policies include strong statements of support for the importance of protecting vulnerable groups, details for how to provide this support are less common. (Ensuring equity considerations are integrated throughout policy design could be a key advocacy area.)
- The need for data disaggregation (e.g., by socio-economic status) is not often discussed in policies—and disaggregation by gender is especially rare.

Theme: Consultation & accountability
Includes: engagement, consultation, and participation of civil society, community representatives, and other community-based organizations in the policymaking process as well as establishment of policy mechanisms for consultation and accountability through monitoring and implementation

Average alignment score: 86%
- Most countries’ policies encourage the importance of collaboration with communities and civil society.
- All countries at least mention the need for mechanisms for multistakeholder consultation and input in policy implementation (e.g., civil society engagement in policy review processes).

Theme: Data & digital health
Includes: evidence-based policymaking, defined M&E frameworks, data collection tools and methods, interoperable data systems, use of data for decision-making, and digital health technologies to enable and support models of care, the PHC workforce, logistics management, and financing

Average alignment score: 69%
- Although digital health tools are often mentioned in national health policy, they are often described in a standalone section rather than being integrated into other theme areas. For example, few policies address how digital health tools can support financing, logistics and procurement, models of care, and/or the PHC workforce.
- The digital health topic most often mentioned in policies is the importance of establishing processes for collecting health data in a systematic way that ensures data quality.
- Few policies address methods for ensuring interoperable data systems—more commonly they recommend aggregation of data in new information systems rather than building links between existing data systems.
- There are often separate standalone data/digital health policies which may contain more detail on how digital health can support PHC service delivery. (Such policies were beyond the scope of this review and are not included in analysis.)

METHODOLOGY

PATH developed a ‘rubric’ with 39 recommended topics to include in health policies toward PHC, pulling from three key global-level guidance frameworks about designing health policies to build robust PHC systems: the WHO PHC MFI, the Primary Health Care Performance Initiative’s PHC progression model, and the Global Digital Health Monitor indicators. The 39 topics were aggregated into 7 broader themes for analysis. (See following page for full list of topics by theme.) PATH then compiled policy documents via outreach to Ministries of Health and other partners as well as searching public websites (e.g. government web portals and WHO’s Country Planning Cycle Database).

The analysis focused on national health strategies and plans, PHC- and UHC-specific national policies, and community health strategies; it did not include subnational policies, policies specific to a health area or disease, budgets or financing strategies, standalone M&E frameworks, curricula, detailed operational plans, or right to health legislation. By not including these other types of policies, we may have missed significant detail on specific topics laid out intentionally in a separate document. We also note that in more decentralized health systems, the type of national-level policies we analyzed would likely include less detail. A limitation of our analysis was that these dynamics may have artificially lowered alignment scores in some cases.

For each policy document collected that met the inclusion criteria, two coders independently assessed how closely the text aligned to global guidance for each of these 39 topics—specifically, if the policy never mentions the topic (✗), only briefly mentions the topic without detail (△), or fully addresses the topic in detail, in line with global guidance (√). We then conducted data analysis aggregated at the country level (is this topic addressed in at least one of this country’s policies?), the topic level (how many countries/policies address this topic?), and at the theme level (on average, how aligned are countries to global framework recommendations for the topics in this theme?).
**THEME: GOVERNANCE**
1. Policy names PHC as a central government priority
2. PHC connected as a core strategy to achieve UHC
3. Named national government authority accountable for coordinating, monitoring, and implementing PHC
4. Named subnational government authority accountable for coordinating, monitoring, and implementing PHC

**THEME: MODELS OF CARE**
5. PHC service package defined
6. Policy identifies quality of care as a priority
7. Policy includes named collaboration with government ministries other than health ("multi-sectoral approach")
8. Policy includes epidemic/pandemic preparedness and emergency/disaster management within PHC system
9. Policy prioritizes community outreach and community linkages around delivery of PHC care
10. Policy is inclusive of the private sector (referrals, data reporting, feedback mechanisms, private insurance)
11. Policy emphasizes people-centered care

**THEME: INFRASTRUCTURE & WORKFORCE**
12. Policy addresses robust PHC workforce (distribution, retention, absenteeism, salary)
13. Policy addresses in-service training/mentorship of HCWs (diagnostic accuracy, dissemination of guidelines)
14. Policy addresses role of community health workforce in PHC system
15. Policy recommends remuneration for community health workforce
16. Policy addresses facility accessibility (geographical distribution to ensure all have access to a facility)
17. Policy addresses facility readiness: condition of infrastructure, water/electricity, availability of medicines/medical supplies

**THEME: FINANCING**
18. Mechanism for financing PHC services included (purchasing and payment systems)
19. Government commitment to increase domestic PHC funding (ideally as a % of government health expenditure)
20. Innovative financing schemes proposed
21. Commitment to reduce out of pocket (OOP) spending
22. Policy recognizes the need for local-level autonomy/adaptations in decision-making and funding for local context
23. Policy addresses improving funding flows to the subnational level (timely, flexible)

**THEME: DATA & DIGITAL HEALTH**
24. Indication of evidence-based policy design/priority setting is informed by data and evidence
25. M&E framework defined in policy for assessment of success and/or decision-making on implementation of PHC programs
26. Data collection via HMIS mentioned as a key priority and tool (ie new indicators, facilities transitioned to electronic records)
27. Policy addresses building capacity, systems, or tools to support data use for decision-making at all levels
28. PHC workforce supported by digital health technologies (i.e. training on digital literacy training, HRH info systems)
29. Logistics management and procurement supported by digital tools and infrastructure (i.e. LMIS, forecasting stockouts)
30. Models of care/service delivery priorities enabled and supported by digital health technologies/systems that improve or expand access to care (i.e., telemedicine, apps)
31. Policy enables interoperability of data systems across disease verticals, geographies, levels, and time that allows tracking an individual via a unique identifier in a national database
32. PHC financing priorities are supported by digital health technologies/systems (i.e., digital platforms for national health insurance and HW payments, mobile money)

**THEME: CONSULTATION & ACCOUNTABILITY**
33. Indications that non-government entities at the local level (i.e., civil society, faith-based orgs, etc.) provided input and participated in the development of this policy specifically
34. Mechanisms established to promote community engagement in policy implementation and governance of PHC (i.e., social accountability, CSO advocacy and implementation support)

**THEME: EQUITY**
35. Policy intends to reach and protect vulnerable groups (i.e. via financing provisions, or strategies to target specific groups)
36. Policy identifies and addresses equity gaps in and barriers to accessing PHC services
37. Policy addresses gender equality issues
38. Data collection includes disaggregation by sex
39. Evidence and data collection are disaggregated to identify issues for vulnerable groups (i.e. SES, facility, age, religion)