

System/structure

Governance

A comprehensive national health sector policy, strategy or plan with goals and targets that includes all three components of a PHC approach exists and has been updated (2018)



Adoption of a Health-in-All-Policies approach and existing mechanism for multisectoral governmental coordination (2019)



Inclusion of indicators on relevant social, economic, environmental and commercial determinants of health in National Health Policies, Strategies and Plans (2018)



Finance

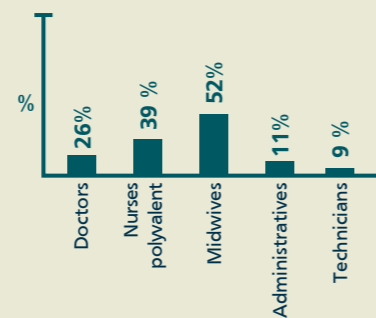
PHC expenditure per capita in USD (2015)

Domestic general government expenditure on PHC as % of GGHE-D (2016)

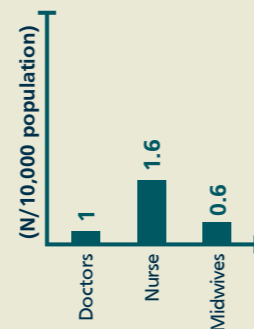
Inputs

Health workforce

% of health workforce in primary care by occupation (Ministry of Health, 2019)



Density of PHC by occupation (2018)



Health information systems

Presence and use of unique patient identifiers¹



Use of patient health records follow a patient through their encounter with the health care system (2018)



Infrastructure

12% % of population that have to travel more than 5 km or 1 hour to arrive at PHC facility

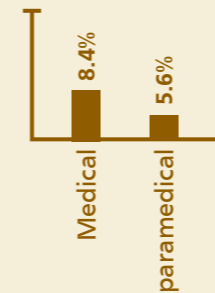
Processes

Model of care

% of patients who are registered at PHC facilities



% of cases referred to secondary care



Gatekeeper role for general practitioners/family physicians



Formal process exists for referrals



Quality processes

15% % of facilities that monitor patient experience (Concours Quality, 2019)

Empowerment and engagement

Community/patient participation in facility management meetings



Outcomes

Effective coverage and quality of care

% of hospital admissions for ambulatory care sensitive conditions

Average availability of 5 tracer Reproductive, maternal, newborn and child health (RMNCH) services

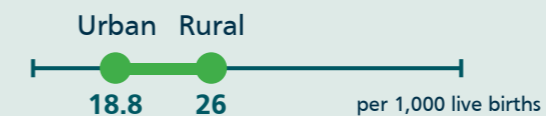
Empowerment and engagement

% population who believe decision making is inclusive [SDG 16.7.2]

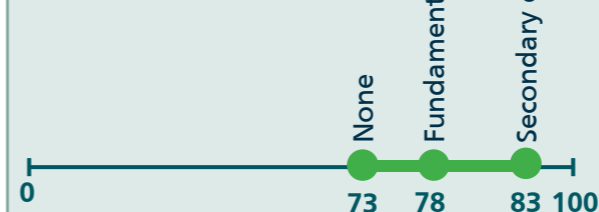


Equity

Under-5 mortality by residence



% coverage of RMNCH by mother's education (DHS report)



Impact

Financial protection

0.6% % population with catastrophic health expenditure

Mortality

Maternal mortality ratio [3.1.1]

72.6 Per 100,000

Premature Noncommunicable diseases (NCD) mortality [3.4.1]

12%

Country context

GDP per capita (PPP current international \$)

\$ 7,826

(World Bank, 2019)

Population living in poverty (Under \$1.90 int'l dollars/day)

2.2%

(2014)

Life expectancy at birth

76.1 Years

All data are country reported unless otherwise indicated

INTEGRATED SERVICES/PRIMARY CARE

System/Structure

Governance

- Presence of UHC legislation inclusive of PHC
- Equity mainstreamed in health policy
- Existence of regulatory authorities for (HWF, facilities, EMP) for both public and private sectors
- Presence of quality improvement and assurance processes in the national health plan
- Participatory governance structures

Finance

- Government health spending as percentage of GDP 2%
- PHC expenditure as % current health expenditure
- Domestic general government expenditure on PHC as % of PHC spending
- Other sources of PHC expenditure (out of pocket, donor, etc.) as % of total PHC expenditure

Inputs

Health Workforce

- % of primary care workforce specialized in family practice (by occupation)

Physicians	3.5%
Nurses	14.9%
- Proportion of HWF in PHC have received minimum continuous professional education according to national requirements in the last year
- Vacancy rate in PHC 4%

Health Information Systems

- % of births registered 96%
- % of deaths registered 62%
- Explicit adoption of a set of PHC indicators for monitoring and evaluation
- Inclusion of section on PHC performance in annual health sector reporting
- % of public sector PHC that reports performance data 100%
- Presence of a comprehensive individual patient record
- Presence of a comprehensive family record²
- Is there a functioning electronic health information system in the country?
- % of PC facilities using eHIS 16%

Infrastructure

- % of PHC facilities with adequate WASH 100%
- % of PHC facilities with rooms with auditory and visual privacy for patient consultations 100%
- % of PHC facilities with communication equipment (phone or shortwave radio) 99%

- % of PHC facilities with access to computer with email/internet access 16% health centers
100% CDTMR
- % of PHC facilities with standard precautions for infection prevention
- % of PHC facilities with all infection control items

Medicines

- % of PHC facilities with correlated to package of services 100%
- Proportion of facilities in which essential medicines are available (no stock outs in one year)

Supplies

- % of PHC facilities with standard priority diagnostics and equipment available 100%

Processes

Model of care

- Annual outpatient department utilization rates per capita

0.6 C/H	0.7 C/H
Medical	Paramedical
- % of PHC facilities that can provide mental health services³ 14%
- Number of consultations per health worker (physician, nurse, etc.) per day

29	19
Physicians	Nurses

Management/quality improvement

- Evidence-based national guidelines/protocols/standards exist for the management of all priority causes of morbidity and mortality
- Professionalized management at PHC level
- Proportion of facilities with up-to-date performance reports in the last 6 months to 1 year 100%
- % of PC facilities with systems to support quality improvement 44.1%

Outcomes

Effective coverage/quality of care

- Number of adverse events reported (immunization/medication) 107.6
- % of PHC prescriptions that include antibiotics in out-patient clinics
- % of PHC prescriptions that include injectable medicines

- % of registered hypertension patients with blood pressure <90/140 at last 2 follow up visits
- % of registered diabetic patients with fasting blood sugar controlled at last 2 follow up visits/A1C <7%
- % of registered NCD patients with 10 years cardiovascular risk recorded in past 1 year
- % of women who delivered and received at least once postnatal care within the first 40 days 22%
- % of substance users including tobacco users in receipt of brief intervention
- % of under 5 children that had weight and height measured in past 1 year

15.1	4.7%	10.8%	2.9%
Stunted	Wasted	Overweight	Obese

- Children under 5 with diarrhoea receiving ORS 32.8%
- Exclusive Breastfeeding 0-5 months (%) 35%
- Cervical cancer screening rates 12.4%
- Vaccination of Measles2 93.2%
- Vaccination of DPT3 94.9%
- Average availability of services for 3 Tracer Communicable Diseases (STI, TB, HIV) 83%
- Average availability of diagnosis and management of 3 tracer NCDs (diabetes, CRD, CVD) 70%
- Care seeking for suspected child pneumonia 70.3%

Equity

- Coverage of DPT3 immunization
- Perceived access barriers due to treatment costs 62.9%
- Perceived access barriers due to distance 37%
- % of households with adequate WASH [6.2.1/6.1.1] 77.7%
- % of households cooking with clean fuel [7.1.2]
- % of children under 5 years of age who are developmentally on track [4.2.1]
- Malaria incidence [3.3.3]
- Physical inactivity in adults 26.2%
- Proportion of population subjected to physical, psychological or sexual 15%
- Use of insecticide-treated nets for malaria prevention violence in the previous 12 months [16.1.3] (ever-married women age 49-15 years)

Impact

Health status

• Adult mortality rate 15–60 years	5.2 per 1000
• Adolescent mortality rate	
• Under-5 mortality rate	22.2 per 1000 live births
• Infant mortality rate	18 per 1000 live births
• Neonatal mortality rate	13.6 per 1000 live births
• Total fertility rate	2.4 Children per Woman
• Met need for family planning [3.7.1]	80.3%
• DPT3 dropout rate	3%
• TB treatment success	
• Antenatal care quality score based on WHO guidelines	
• Antenatal care coverage (4+ visits)	60.9%
• Family planning quality score based on WHO guidelines	100%
• Demand for family planning satisfied with modern methods	80.3%
• Sick child quality score based on IMCI guidelines	
• People living with HIV receiving anti-retroviral treatment	
• Prevalence of raised blood pressure (age-standardized estimate)	

Mortality by cause

• Household and ambient air pollution [3.9.1]	
• Road traffic injuries [3.6.1]	11 per 100,000
• Homicide [16.1.1]	1.4 per 100,000
• Suicide rate [3.4.2]	3 per 100,000
• Causes of death	
	80% NCDs
	14% communicable
	6% injuries

Efficiency

• Proportion of caregivers who were told the sick child diagnosis	
• Proportion of family planning, antenatal care, and sick child visits over 10 minutes	
• Provider absence rate	
• Adherence to clinical guidelines	
• Diagnostic accuracy	
• Adequate waste disposal	

Risk factor/chronic disease prevalence

• Obesity prevalence	20/5
• Diabetes Mellitus prevalence	10.6%
• Hypertension prevalence	29.3%
• Tobacco use [3.A.1]	13.4%

Resilience

• IHR Core Capacity Index/JEE	75 (Index Score) 53 (JEE Score)
• Disaster-related death rate [1.5.1]	0

Alternative indicators

Notes:

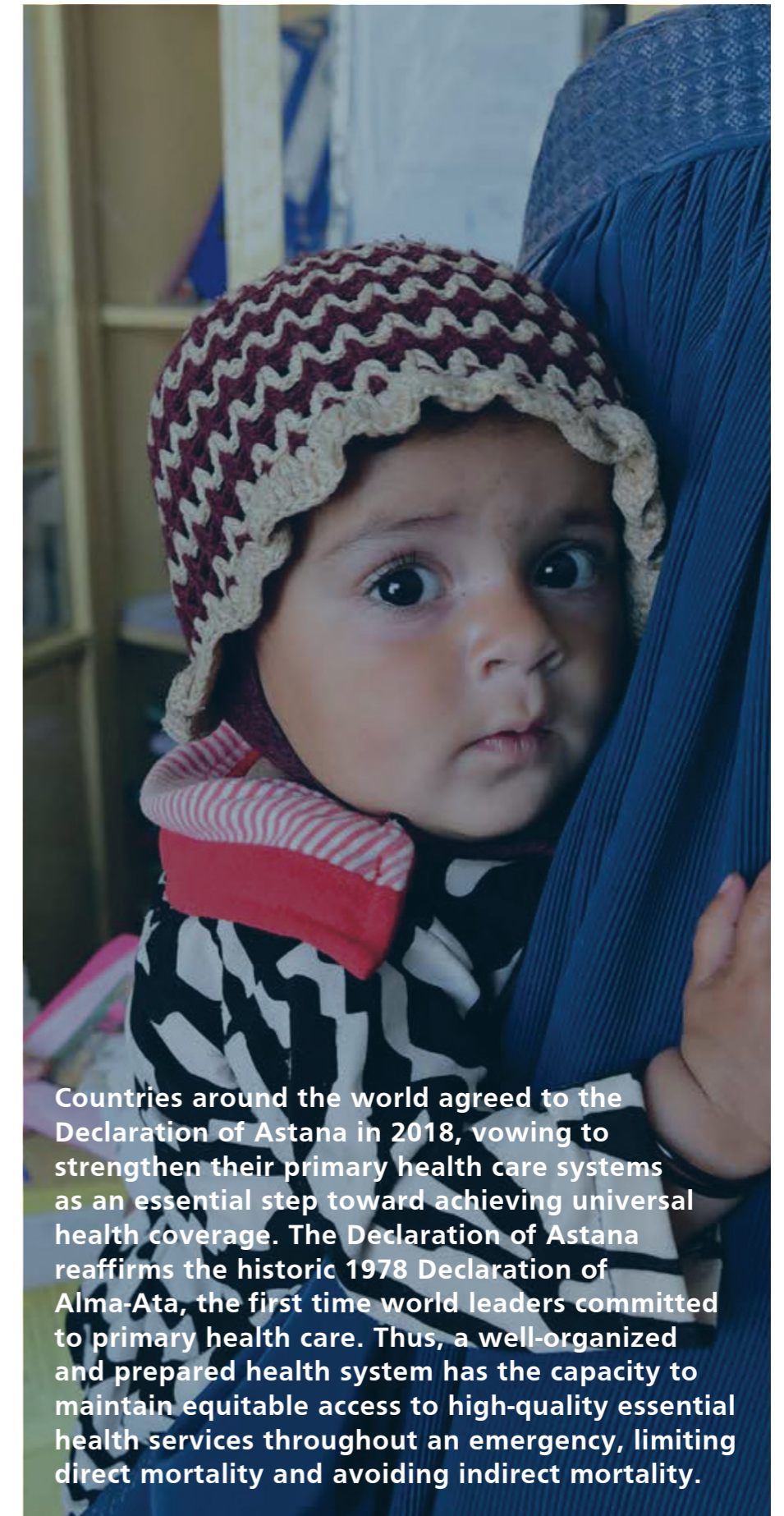
- 1 Available for HIV and cancer patients. Plans for scaling up with family medicine approach "Family and individual electronic folder" in progress.
- 2 Available for MCH and patients with chronic morbidities. A pilot project was launched in Casablanca for the implementation of family medicine approach.
- 3 Out of 2888 PHC facilities, 587 have the capacity to provide mental health services. Of these, 83 are currently providing the service.

REFERENCE KEY

- Yellow fill indicates a Vital Signs Profile Indicator
- Purple fill indicates an SDG indicator. The numbers included in brackets these refer to the SDG indicator number. Standard reporting sources or accepted UN estimates should be used.
- Present
- Absent
- Not available or not reported
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The data present here are reported by countries, come from UN estimates, or are directly collected from publicly available sources such as Demographic and Household Survey reports.

Jointly developed by:
Department of UHC/Health Systems (UHS) and
Department of Science Information and Dissemination (SID)



Countries around the world agreed to the Declaration of Astana in 2018, vowing to strengthen their primary health care systems as an essential step toward achieving universal health coverage. The Declaration of Astana reaffirms the historic 1978 Declaration of Alma-Ata, the first time world leaders committed to primary health care. Thus, a well-organized and prepared health system has the capacity to maintain equitable access to high-quality essential health services throughout an emergency, limiting direct mortality and avoiding indirect mortality.

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