

JLN and PHCPI Short Term Working Groups

As countries grapple with COVID-19, strong primary health care can provide a critical first line of defense and response to keep people safe and healthy. The Primary Health Care Performance Initiative (PHCPI) and Joint Learning Network (JLN) are initiating **3 short-term working groups** over the course of 2-3 weeks each to further explore primary health care-related topics related to COVID-19 response and recovery. These short-term working groups will seek to further prioritize issues related to three topics:

- 1. Maintaining Essential Services at the Primary Care Level during the Pandemic**
- 2. Understanding and utilizing data to inform COVID-19 response and recovery**
- 3. Ensuring PHC serves as a cornerstone for health system future planning**

For each topic, the short-term working group offering will consist of:

1. A 90-minute virtual meeting, including some technical presentations sharing country experiences
2. Facilitated discussion via discussion board and online polling over the course of 2-3 weeks

Descriptions of each of the topics and participant profiles can be found below. Please use the registration links below to sign up for one or more of the short-term working groups.

Maintaining Essential Services at the Primary Care Level during the Pandemic

During the response to the Covid-19 pandemic, the world cannot afford to ignore people's broader health needs—including vaccinations; reproductive, maternal and child health care; HIV/AIDS, TB, and malaria services; mental health, and treatment for chronic diseases. Governments and donors must ensure that essential health services—which are delivered predominantly through the primary health care system—are maintained throughout the pandemic.

This working group will look at identifying and unlocking the most pressing barriers to maintaining essential services. Topics could include:

- **Human resources:** staff are being pulled to other levels of the system, absenteeism, insufficient resources for maintaining staff safety, death of staff
- **Supply chain:** needed drugs and supplies have been disrupted/ are not available
- **Demand:** community members are not seeking services for broader health issues because they are scared to come to clinics
- **Finances:** provider autonomy to utilize resources when and where needed; lack of reimbursement for alternative care models such as telemedicine

Participant Profile:

This conversation will benefit from engaging those closest to the work. We're particularly interested in perspectives from the first/last mile, i.e. clinicians, pharmacists, and others.

Registration Details:

Virtual discussion will take place on June 16th at 12pm (GMT+5), 5pm (GMT+8). The online discussion will take place from June 16- June 26. [Register to join the short-term working group.](#)

Understanding and utilizing data to inform COVID-19 response and recovery

Data plays a critical role both in the rapid response to the Covid-19 pandemic and to effectively maintaining essential services during the crisis. Without surveillance data to identify hotspots or service statistics to warn about reduced utilization of critical services, policymakers and health programmers will not be well positioned to respond effectively or efficiently. What creative approaches are health care providers and policymakers now using to collect and use real-time data at the primary level? How can these innovations be carried over into the post-pandemic recovery period?

In this moment that is marked by a desire to have more frequent and accurate reporting of health statistics to understand the impact that COVID-19 is having, this working group will look at what innovations can be leveraged when exploring the use of data in the response to COVID-19? Potential areas of focus include:

- How can mobile technology be used to increase reporting from the health facility level? What mobile technologies can be leveraged to deliver care remotely?
- Are there particular indicators of quality (i.e. sanitation within the facility) that can or should be prioritized in PHC reporting?
- Are there ways to utilize CHWs better to enhance surveillance and monitor changes in service utilization?
- How can providers better use data to inform their COVID-19-responsive service delivery?

Participant Profile:

As we consider data flows and needs, it will be helpful to have participants both who are collecting and using data (frontline health workers) and those analyzing data at the central level for planning and policymaking (for example, HMIS experts and others). If there are non-government innovators working in this space who could bring additional insights, we are open to that engagement as well.

Registration Details:

Virtual discussion will take place on June 22: 12pm (GMT+5), 5pm (GMT+8). The online discussion will take place from June 22- July 3rd. [Register to join the short-term working group](#)

Ensuring PHC serves as a cornerstone for health system future planning

Emerging from this pandemic, countries and donors must prioritize investments in primary health care as the cornerstone of the global recovery, and the most inclusive, effective and efficient way to protect people's health and wellbeing. As the world moves from emergency response to the control phase of COVID-19, it will be essential to utilize primary health care to ensure everyone has access to testing and treatments, as well as a future vaccine. Governments should maintain and even increase investment in primary health care, as a cost-effective 'best bet' in avoiding preventable deaths and helping to maintain confidence in the health system's ability to meet basic needs.

This working group will look at what is required to ensure PHC remains a priority in resource allocation decisions.

- Given how we expect COVID-19 to inform funding decisions and future planning, where do we have real advantages and moment for ensuring Primary Health Care is prominent in the health agenda at the country, regional, and global levels?
- What obstacles will we need to overcome?

Participant Profile:

This group will be looking to engage both government (Ministry of Health, Ministry of Finance) and non-government (CSO, NGO) stakeholders in the discussion.

Registration Details:

Virtual discussion will take place on June 29: 12pm (GMT+5), 5pm (GMT+8) The online discussion will take place from June 29- July 10. [Register to join the short-term working group.](#)