Evaluation of the WHO Special Programme on Primary Health Care

Chile case study

World Health Organization

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Acronyms

APS	Atención Primaria de Salud
FONASA	Fondo Nacional de Salud (National Health Fund)
GNI	gross national income
GPW	General Programme of Work
ISAPRES	Instituciones de Salud Previsional (private insurance institutions)
KIs	key informants
KIIs	key informant interviews
MAIS	Modelo de Atención Integral en salud (Integrated Health Care Model)
NHSS	National Health Services and Systems
PAHO	Pan American Health Organization
PHC	primary health care
SP-PHC	WHO Special Programme on Primary Health Care
UHC	Universal Health Coverage
UHC-P	Universal Health Coverage Partnership
UN	United Nations
UNGA	United Nations General Assembly
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organization

1. Purpose

Three country case studies (in Chile, Kenya and Tajikistan) were conducted as part of the preliminary evaluation of the WHO Special Programme on Primary Health Care (SP-PHC).

The overall purpose of the case studies was twofold:

1. To generate evidence for the evaluation questions, including opportunities to strengthen the SP-PHC support to countries in achieving the objectives and mandate; and

2. To generate learning on how SP-PHC is working in practice to support countries in operationalizing selected strategic and operational levers of the WHO/UNICEF Operational Framework for Primary Health Care (PHC) *(1)*, and/or how SP-PHC has applied an innovative approach or best practice, which could be learned and replicated elsewhere.

This case study in Chile focused on the following two strategic levers of the WHO/UNICEF PHC Operational Framework during the implementation period 2022–2023: "Political Commitment and Leadership" and "Governance and Policy Frameworks". This included examining how support from the three levels of the Organization (WHO headquarters, Pan American Health Organization (PAHO)/WHO Regional Office for the Americas and PAHO/WHO Chile Country Office)[1] has been coordinated and operationalized. The case study also explored how, through these two strategic levers, catalytic actions have been planned and implemented in relation to other operational levers, in particular "Models of care".

The specific levers were agreed upon through a collaborative process involving key stakeholders. Criteria included the potential to harvest wisdom on best practices and/or current challenges from country experiences (even if not yet related to SP-PHC support) that were relevant to WHO's work in supporting other countries or in collaborating with Chile in the future.

2. Methods and approach

2.1 Data collection and analysis

The case study used mainly qualitative methods for data collection and analysis. An initial document and data review was supplemented by primary data collection through key informant interviews (KIIs) undertaken from 21 to 25 August 2023 with key stakeholders from national and subnational levels involved in PHC.

Key stakeholders were purposely selected to take part in KIIs to collect relevant evidence and information and to encourage experience sharing for learning. Altogether, 14 one-on-one interviews with key informants (KIs) were conducted. 10 KIs were external to WHO. These included representatives from the Ministry of Health (MoH) involved in the Health Reform, members of the different bodies advising the Health Reform (Universalization of PHC and Health Sector Reform councils) and informants from the academic world, National Health Fund (FONASA) and Chilean Municipalities Association. Additional information on KIs is available upon request to the WHO Evaluation Office.

[1] PAHO wears two institutional hats: it is the specialized health agency of the Inter-American System and also serves as Regional Office for the Americas of the World Health Organization (WHO), the specialized health agency of the United Nations.

KIIs were conducted using a semi-structured interview guide that listed a predetermined set of questions related to the themes of this country case study. The interview guides (internal/external to WHO/PAHO) are available in Annex 2.

Data from KIIs were recorded in notes, analysed, and organized according to themes and content. Analytical approaches included data triangulation and content analysis.

The best practices and learnings were explored with emphasis on key enablers, critical factors, specific results, and their potential for replication, scale-up and sustainability.

2.2 Limitations

The SP-PHC was established in 2020, the year the COVID-19 pandemic started. Furthermore, contacts between the SP-PHC and the Ministry of Health Chile started in May 2022, 16 months prior to the country case study visit. During this time period President Gabriel Boric took office on 11 March 2022. The President articulated an agenda of social reforms, including fiscal reform and the intention to pool funding through a National Health Fund, which was part of a proposal for a new constitution, which was rejected by a referendum in September 2022. Subsequently, public health actors, including the PAHO/WHO and the SP-PHC as a whole, changed strategy to adapt to the situation in order to further advocate for and support PHC. The short timeframe since late 2022 and a challenging period meant that the outcomes or impact of the support provided by the SP-PHC could not be confidently assessed. However, some concrete outputs were achieved for which good practices and lessons learned are highlighted.

Both the number of KIs and the time dedicated to undertaking this case study were limited. The study used a purposive sampling strategy by which KIs were selected to bring forward perceptions on the selected themes and learnings to be documented from a variety of stakeholders. At least one KI per key area of interest was interviewed. This approach, however, has an inherent risk of bias, particularly observer bias and selection bias. The study applied standardized tools for data collection and triangulated evidence in an effort to mitigate bias; however, bias might not have been completely eliminated.

Primary Health Care service users were purposefully not interviewed as the case study focused on the strategic levers of the operational framework, “Political Commitment and Leadership” and “Governance and Policy Frameworks”. An interview with the SP-PHC and with Universal Health Coverage Partnership (UHC-P) at WHO Headquarters about their support to Chile would have provided a more complete picture but was not pursued as the evaluation focused on the country perspective. A few national actors were not available for interviews, such as the current Minister of Health, who was managing the health crisis following heavy flooding in central Chile.

Interpretation of report findings should take into consideration these limitations. Nevertheless, important information, learnings, opportunities and gaps are presented in this report.

3. Background

3.1 Government of Chile’s progress on Primary Health Care for Universal Health Coverage *(2)*

The Chilean health system is a mixed public and private system for financing, insurance and service provision. Seventy-eight percent of the population receives health services through the public and solidarity-based insurer FONASA and 14% through the private health insurers, the Instituciones de Salud Previsional (private insurance institutions, ISAPRES).

The health sector is coordinated by the National Health Services System (NHSS). The NHSS consists of the Minsal (MoH), the Network of Health Services, FONASA (the public insurance fund), ISP Services (laboratories), Cenabast (the Central Supply Centre of the National Health Services System) and the institutions under agreement.

The provision of health care services is the responsibility of the 29 Health Services (decentralized state agencies under the supervision of the Ministry of Health), which are distributed throughout the country, and of municipal primary care services. They are responsible for carrying out integrated health actions ranging from health promotion and protection to treatment, rehabilitation and palliative care.

In turn, the Health Care Network of each Health Service is made up of a set of public health care facilities, whose base are the municipal primary care facilities (Atención Primaria de Salud municipal, APS) in its territory. These are complemented by other public or private facilities that have agreements with the respective Health Service to carry out health actions.

The network of each territory is organized with a first level of primary care, which refers patients to a second or third level of the Health Service, according to the technical norms set by the Ministry of Health.

In the context of the 2005 Health Reform, PHC began to be implemented in Chile through the Integrated Health Care Model (MAIS), which is defined as:

> "A model of the relationship between the members of the health teams of the health system and individuals, their families and the community of a territory, in which people are placed at the center of the decision making, thus recognizing them as members of a diverse and complex sociocultural system, where its members are active in caring for their health and where the health system is organized according to the needs of its users, the best possible state of well-being, through comprehensive, timely, high quality and responsive health care across the entire network of providers, which is also socially and culturally accepted by the population, as it considers people's preferences, social participation in all of its actions including in the intersectoral actions, and the existence of indigenous health systems."*(2)*

In this model, health is understood as a social good and the health network as the articulated action of the network of providers, the organized community and intersectoral organizations. This MAIS may be defined as a PHC-oriented model of care.

In Chile, primary care is implemented mostly through the municipal PHC mechanism, which is administered by the municipal health administration entities and their network. The resources allocated to the provision of public health care (municipal PHC and public hospitals) represented 66.9% of the total national health budget in 2017 *(3)*, of which hospital spending accounts for 68.7% and PHC for 30.2%. Municipalities complement the financing of PHC.

Despite excellent progress in health indicators since 1990 (see Table 1), some inequalities persist in access and population outcomes *(4, 5).*

Table 1: Chile country profile (6)

Key demographic and health indicators 1990 and 2021		
	1990	**2021**
Population, total (millions)	13.34	19.49
Poverty headcount ratio at US$ 2.15 a day (2017 purchasing power parity) (% of population)	10.7	0.7
Gross national income (GNI) per capita, purchasing power parity (current international $)	4200	26 680

Key demographic and health indicators 1990 and 2021		
Income share held by lowest 20%	3.4	5.5
Life expectancy at birth, total (years)	73	79
Fertility rate, total (births per woman)	2.6	1.5
Adolescent fertility rate (births per 1 000 women aged 15–19)	68	24
Births attended by skilled health staff (% of total)	99	100
Mortality rate, under-5s (per 1000 live births)	19	7
Immunization, measles (% of children aged 12–23 months)	97	92
School enrolment, primary (% gross)	102.6	101.5
School enrolment, secondary (% gross)	74	104
School enrolment, primary and secondary (gross), gender parity index	1	1
Prevalence of HIV, total (% of population aged 15–49)	0.1	0.6
Gross domestic product growth (annual %)	3.3	11.7
Inflation, gross domestic product deflator (annual %)	22.5	6.8
Mobile phone subscriptions (per 100 people)	0.1	136.3
Individuals using the Internet (% of population)	0	90.2
Net migration (thousands)	-5	114
Personal remittances, received (current US$) (millions)	0	66
Foreign direct investment, net inflows (current US$) (millions)	661	15 933
Net official development assistance received (current US$) (millions)	109.1	..

The unequal distribution of resources between the public and private subsectors contributes to Chile's large health outcome inequalities. Additionally, the configuration of the bipartite health insurance model results in an underinvestment in preventive care and PHC in the private sector, and a concentration of patients with worse health outcomes in the public sector. In fact, the private health insurance institutions (ISAPREs) charge individual risk-based insurance premiums, thereby performing a risk selection of those they insure. This practice has led to most elderly and chronically sick patients being covered by FONASA because they cannot afford the risk-based premiums of an ISAPRE or would not be accepted by another ISAPRE due to existing conditions.

The health system is also characterized by long waiting lists in the public sector, disarticulation of primary care with the rest of the care network, and clear insufficiencies in the care model for dealing with the problems of an aging population and the new epidemiological situation in which chronic degenerative diseases dominate. The burden of chronic diseases, including mental health and disability, is worsening in particular for people living in a situation of socioeconomic vulnerability (including migrants). Out-of-pocket and catastrophic health expenditures remain very high for the poorest population groups. Catastrophic health expenditures affect 4.1% of households in Chile each year, for whom health spending represents an average of 35.1% of their total expenditure.

The proposed Health Reform guaranteeing universal access to health is one of the four structural reforms proposed by President Boric in the Government Programme for the period 2022–2025. It emphasizes the development of an intersectoral health strategy at the local level, based on the PHC system, capable of ensuring universal access and zero discrimination in the public health network, and focused on people and their diversities as well as the role of communities.[2] The measures it proposes include some to modernize health management and to improve both access to the public health system and the efficiency of public spending in this area.

[2] The four axes of the Health Reform are: Axis 1: Dignifying and modernizing the public health system; Axis 2: Guaranteeing universal PHC coverage; Axis 3: Generating equitable healthy living conditions; and Axis 4: Building a new social security system for health.

The Health Reform is guided by a Health Reform Advisory Board

The Government of Chile Programme for the Universalization of PHC is one of the fundamental steps to begin the transformation of the Chilean health system into a Universal Health System. It is the main strategy of the Government of Chile to improve effective and timely access to high-quality health services for the entire population. This Programme is advised by the National Council for Universal PHC.

The universal PHC programme has four objectives:

(a) expanding effective coverage through PHC optimization

(b) making PHC more resilient

(c) improving the health and social care model, with dignity and quality

(d) optimizing resources and implementing a performance monitoring and evaluation framework that supports the PHC strategy.

Implementation began in 2023 with pilot programmes in seven communes. These pioneering municipalities were chosen following a "scalability strategy", a roadmap for ensuring that the lessons of the pilot programmes can provide as much information as possible on future feasibility and implementation (e.g. on regulatory aspects, resource needs, the functioning of the health network). This will allow coverage to be increased annually to reach half of the communes by March 2026. The seven municipalities also reflect the diversity and heterogeneity of Chile's different territories, including, but not limited to, location (urban versus rural), composition of the population (already covered/reached by PHC or not) and availability of infrastructure for delivering PHC *(5)*.

The construction of a new social security system has been put on hold following the rejection of the fiscal reform. Nevertheless, the Chilean government took a step with establishing the “Co-Pago Cero’’ strategy. Since September 2022, all FONASA beneficiaries can attend the public system free of charge (no more co-payment), regardless of their income bracket. This makes public PHC and care in hospitals free of charge for an additional five million Chileans.

3.2 PAHO/WHO Country Office Chile structure, strategy and workstreams in relation to health systems, Primary Health Care approach and Universal Health Coverage

Historically, the PAHO/WHO Country Office in Chile has been well aligned with the WHO’s global PHC work, in particular since the Astana Conference and the development of the Operational Framework for PHC. Currently of the team of 20 persons in the PAHO/WHO Country Office, three (including the WHO Representative) work directly on PHC.

PAHO/WHO Chile Country Office and SP-PHC relations and interactions

From March 2022 onwards, the PAHO/WHO Chile Country Office health systems and services advisor and PAHO/WHO Representative have coordinated the Chilean delegation visit to the World Health Assembly in May 2022 (and again in May 2023) as well as the high-level visit of the Director, WHO SP-PHC and the Regional Health System and Services Director to Chile in August 2022. The PAHO/WHO Country Office in Chile has been following up on the commitments made during the high-level visit in August 2022. Cooperation grew closer in early 2023, with the appointment of a UHC-P grant to Chile and the invitation of the PAHO/WHO Chile Country Office health systems and services advisor by the SP-PHC to bi-monthly dialogues with the UHC-P (which since 2021 has been under the auspices of the SP-PHC) in Geneva. A US$ 400,000 grant was allocated to be executed

between June 2023 and December 2024, of which US$ 130,000 have been received to date and US$ 106,000 have been executed. The organization of the September 2023 United Nations General Assembly (UNGA) side event further strengthened the cooperation between the Country Office and the SP-PHC.

PAHO/WHO Chile Country Office support to the Chilean Government on PHC

The PAHO/WHO Chile Country Office has been supporting all four Health Sector Reform axes in Chile.

Efforts started in 2020 with the review and provision of recommendations to national authorities on the "Better FONASA" Law Proposal and the Policy Dialogues with key actors on the Health System challenges. When building a new social security system (Axis 4) became politically difficult following the rejection of the fiscal reform and the draft constitution, PAHO/WHO efforts were directed towards the other three reform axes, in particular the universalization of PHC, which has more political support. The universalization of PHC process uses the PHC operational framework; the UHC-P contribution is exclusively financial so far, channelled from the SP-PHC through the PAHO/WHO Regional Office for the Americas. The main responsibility for technical cooperation lies within the PAHO/WHO Chile Country Office team, with support from the PAHO/WHO Regional Office for the Americas.

In December 2022, the PAHO/WHO Chile Country Office and the PAHO Regional Office contributed to concept papers on the integrated health services networks and essential public health functions. Work also started on supporting the development of concrete models of care, as part of the concept of universal PHC, in very diverse settings (seven pilot communes) in Chile. It is hoped that the success of these models (achieving population and health professionals' acceptance, health services utilization, mayors' approval, reduction of waiting lists, better management of noncommunicable diseases, etc.) will cement support for the universalization of PHC and for its financing.

PAHO/WHO Chile Country Office and the Regional Office for the Americas staff sit on the National Council for the Universalization of PHC and on the Health Sector Reform Advisory Board.. PAHO/WHO Chile Country Office and Regional Office for the Americas also supported five decentralised regional and municipal ''Consultation days", whose results still need to be synthetized and published. These working groups and regional and municipal consultation days all contributed to the strategic lever "Governance and Policy Frameworks".

Upon government request, PAHO/WHO offered three national consultants to strengthen the Health Reform and PHC national teams; international speakers to provide expertise on the various Health Reform areas; facilitators; and methodological approaches for consultation days. PAHO/WHO furthermore funded the participation of speakers in the working groups and consultations as well as logistical costs of the consultations, including simultaneous interpretation, travel of participants and food costs. However, these were not WHO SP-PHC allocated financial resources.

Technical assistance has been provided for the universalization of PHC in Chile in the following areas with PAHO/WHO Chile Country Office and Regional Office for the Americas resources; this technical assistance will be scaled-up with a recent UHC-P grant (channelled from the SP-PHC through the PAHO/WHO Regional Office for the Americas) in the seven pilot communes:

1. **Integrated health services networks:** updating the health facilities list; preparing a mapping of networks and analysing availability and accessibility finalizing the tools for the network planning and operational programming model in the Bíobio Health Services; technically assisting the adaptation of the model and tools used for planning and operational programming of demand, and strengthening referral and counter-referral processes (including liaison) in networks; technically assisting the implementation of the productive management methodology for health services examining hospitalizations for conditions amenable to outpatient management.

2. **Tele triage – telemedicine** (free application/training/scaling up): implementing the Demand Management Model using Tele triage (Telehealth).

3. Rural health: completing the situational diagnosis of the rural health programme; technically assisting the formulation of development plans to close the gaps; systematizing experiences, developing protocols and operating manuals for the implementation of care modalities at the community level.

4. Model of care and PHC strategy training (based on using the PAHO virtual campus): generating training courses for priority topics and publishing them in the National Node of the Public Health Virtual Campus.

5. Communities of practices (collaborative workspaces) that accompany the implementation of PHC universalization (free to use on the PAHO virtual campus).

6. Experience exchange with Costa Rica (and also with Brazil in the near future).

7. Equity: including the equity and social determinants of health approaches and intersectoral action for health, while working with local governments. Making online course for local governments available; developing a module for health in the Local Social Management System, to include intersectoral interventions on social determinants of health and strengthening social participation.

8. One health fund (limited technical assistance) and PHC system financial efficiency: adapting new tools; technically assisting with revising, updating and costing the Family Health Plan; technically assisting with the "zero co-payment strategy"; proposing a visit to the WHO Barcelona Office for Health Systems Financing to learn about health systems financing.

3.3 Direct support received by Chile from the WHO Special Programme on Primary Health Care since 2020

For this case study, it is important to note that in most cases the support to the Chilean government referred to in section 3.2 above came from the PAHO/WHO Country Office in Chile or the PAHO/WHO Regional Office for the Americas, and not the WHO SP-PHC as such. However, significant funding support was provided by the global WHO programme along with some activities directly involved or were initiated by the SP-PHC:

- The SP-PHC has engaged in policy dialogue with the Chilean Ministry of Health and other national health authorities on health system reform based on PHC.
- The SP-PHC has provided high-level political, policy and technical support, notably through a joint mission including the Director, SP-PHC and the Health Systems and Services Regional Director at the inception of these reforms. The three-level mission was organized to review and assist the formulation of technical guidance to the Ministry of Health on the reform agenda.
- UHC partnership funding. A US$ 400,000 grant was allocated in 2023 to be executed between June 2023 and December 2024.
- The planning, technical assistance and partial financing of a UNGA side event session (September 2023).

4. Key findings

Key findings are reported against evaluation questions.

4.1 Design of the WHO Special Programme on Primary Health Care – Relevance and coherence

Design (relevance and coherence): These questions are concerned with the design of the SP-PHC and the extent to which the SP-PHC design and objectives respond to global, regional, country and partner needs, and support the achievement of the SP-PHC mandate. The coherence of the design, objectives and interventions of the SP-PHC and the degree to which this supports the PHC approach internally within WHO and with external partners also need to be examined.

4.1.1 How relevant and appropriate is the design of the SP-PHC for achieving its aims and objectives and for supporting the wider aims of the GPW13?

Overall evidence strongly affirms that the design and objectives of the SP-PHC have responded to Chile's needs and are supporting the achievement of the wider aims of the GPW13.

- **Operationalization of the PHC Operational Framework (the SP-PHC "compass")**

The PHC Operational Framework has been found to be very helpful in Chile for reflecting on the implementation of PHC universalization. The Operational Framework has also been a valuable analysis framework for all PAHO/WHO units, and for all PAHO/WHO country visits as a starting point for discussions and for concrete actions. It has additionally been useful for discussing differences in approaches to PHC, while respecting regional strategies. SP-PHC and PAHO have different points of view on the relative importance of reaching universal health coverage versus universal health access and the weight of the social determinants of health *(7, 8)* [3]. In 2021, the PHC Operational Framework was translated into Spanish to make it more accessible for Hispanophone professionals and countries *(9)*.

> ***''Since 2022, there have been regular activities between PAHO/WHO Regional Office for the Americas and the SP-PHC to harmonize the framework, tools and technical assistance. The SP-PHC has been flexible and agile. It has clear objectives and expected results. It has supported the PAHO/WHO Regional Office for the Americas."***

[3] In essence, universal health coverage is the obtainment of good health services de facto without fear of financial hardship. It cannot be attained unless both health services and financial risk protection systems are accessible, affordable and acceptable. Yet universal access, although necessary, is not sufficient. Coverage builds on access by ensuring actual receipt of services. Thus, universal health coverage and universal access to health services are complementary ideas. Without universal access, universal health coverage becomes an unreachable goal. Addressing the broader social determinants of health will also improve access to health services.

PAHO/WHO Regional Office for the Americas and Chile Country Office consider the Operational Framework to be the SP-PHC compass. However, it needs to be more widely known and used by PAHO's numerous technical departments. The new PAHO Regional Director started this process in 2023, focusing on two priorities (out of five): 1. All the work undertaken by PAHO must be integrated within PHC, with the objective of overcoming the different silos existing within PAHO; and 2. All the work undertaken must relate to the transformation of health systems based on the PHC approach.

- **Communication and advocacy**

The high-level PHC engagement (WHO headquarters, PAHO/WHO Regional Office for the Americas and Chile Country Office) is seen in Chile as a strong advocacy instrument for the Chilean government's Health Reform.

The UNGA event (September 2023) matched the country and PAHO/WHO regional and global objectives. It was jointly organized by Chile and all three levels of the WHO. The PAHO/WHO Regional Director started the process in April 2023, seeing the UNGA meeting as an opportunity for advocacy on PHC. President Boric accepted the invitation to participate in a UNGA event about the importance of the PHC approach for health systems resilience (as was demonstrated during the pandemic in Chile). The first version of the concept note was developed by the Chilean government with contributions from PAHO. Following President Boric's visit to the WHO headquarters, a parallel event on PHC financing was discussed. After further coordination between the three WHO levels, the decision was taken to organize a single event. The concept note was then reviewed by the SP-PHC and the agenda worked out collaboratively between the three WHO levels and the Chilean authorities (Foreign Affairs and Ministry of Health). The event is expected to give visibility to Chile's Health Reform towards the universalization of PHC, at a global level. This will be of great value for Chile and for WHO/PAHO. Discussions on PHC financing are expected to be useful for the reform of the Health Fund in Chile.

- **Leadership, visibility (including how well the SP-PHC leverages the Director-General and senior leadership team of WHO to promote the work and vision of the SP-PHC)**

Since May 2022, the WHO Director-General, the PAHO/WHO Regional Director and the PAHO/WHO Representative to Chile with their teams have consistently collaborated with the SP-PHC and UHC-P staff in WHO headquarters to respond to Chile's needs. They have brought together different technical and financial resources (PAHO and UHC-P) to support Chile's Health Reform needs, including high level and decentralised policy dialogues, PAHO/WHO Regional Office for the Americas and Chile Country Office expertise, digital tools, national consultants, trainings and South-to-South learning strategies (Costa Rica, Brazil). These complementary regional and local resources have all contributed to the Health Reform in Chile. They would not have been dedicated if there was no consensus or synergy at the different levels of the Organization to achieve country impact, in line with the SP-PHC work and vision and the WHO GPW13.[4] *(10*) The SP-PHC supported the PAHO/WHO Regional Office for the Americas and the Country Office in achieving a common goal in Chile.

[4] The SP-PHC was created in 2020, in the context of wider WHO transformation, as a holistic cross-cutting platform to provide better integration of the PHC Approach across all levels of the Organization. As envisaged in the SP-PHC Manifesto, the programme is intended to be an "agile, integrated platform to connect the Triple Billion strategic goals, enhance technical coherence and synergies and thus present an opportunity for adopting a new way of working". In this context, the SP-PHC is intended to provide a 'one stop' network for PHC implementation support to Member States. This support is based on an agile network approach across WHO's three levels of organization (country, regional and global), supporting the operationalization of the PHC approach and leveraging opportunities to reorient health systems. This is currently articulated through the SP-PHC's functions and three interrelated workstreams which continue to evolve.

No evidence has been found that the following specific areas from the SP-PHC **Evidence and Innovation Unit of the SP-PHC** have directly responded to Chile's country needs:

- PHC measurement framework and indicators
- "implementation solutions"
- country case study compendium
- scaling Innovation

However, there is strong evidence that the PAHO/WHO Regional Office for the Americas and the Chile Country Office have supported Chile's needs through the PAHO virtual academy (which is the WHO academy branch in Latin America and the Caribbean) by establishing and scaling-up communities of practices, and through various trainings.

Limited evidence has been found that the **Policy and Partnership Unit of the SP-PHC** has directly responded to Chile's needs. However, some activities were planned for August 2023 with the Barcelona WHO Office for Health Systems Financing following an initial request from Chile. These were delayed, first due to changing priorities within Chile's government and then due to other organizational considerations within WHO regarding the Barcelona WHO Country Office.

Policy and Partnership Unit activities

The following activities were carried out by the Policy and Partnership Unit:

- PHC-Accelerator/The Global Action Plan for Healthy Lives and Well-being for All (SDG3 Global Action Plan) and other partner engagement and collaboration, e.g. with UHC 2030
- PHC-Global Health Initiatives
- Living Partnerships for PHC, specifically Collaborating Centres on PHC
- Strategy Advisory Group on PHC

There is strong evidence that the **Country Impact Unit** responded to Chile needs through UHC-Partnership and Joint Working Teams; one network for putting into action the Operational Framework; and reinforcement of regional priorities.

First, through the attribution of a significant UHC-P grant in 2023 (US$ 400,000). The August 2022 SP-PHC mission highlighted that the Health Reform would have to address several levers to be successful.[5] The UHC-P grant will support the following levers *(11)* towards the universalization of PHC: Models of care, PHC workforce; funding and allocation of resources strategy for the pioneer (pilot) municipalities (see above, section 2.3)

Second, the establishment of new ways of working by the SP-PHC, directly involving the country level health systems and services advisors with the Geneva based UHC-P, has been innovative and responsive to PAHO suggestions. However, there are no Health Policy Advisers in the Region of the Americas. Through these regular working groups, the SP-PHC is more aware of the country situation, and the country office better understands the SP-PHC's work and vision.

[5] A comprehensive approach to the reform is required, where multiple levers such as governance, financing, health workforce, determinants of health, digital technology, research, monitoring and evaluation work with each other in a synergetic manner. Managing technical levers within a process of political change in such a way that technical elements are configured at the right time in the right way will determine the success of the reform.

4.1.2 How coherent is the design of the SP-PHC (its objectives, activities, products) "internally" across WHO at global, regional and country levels?

Strong evidence was found to conclude that the design features of the SP (its main activities supporting Chile) are coherent "internally" across WHO at regional and country levels, while also allowing for regional and country contextualization**.** No dissenting voices were heard. PAHO/WHO Regional Office for the Americas is autonomous and has its own traditional approach to PHC. PAHO/WHO Regional Office for the Americas Technical Departments were referred to in some instances as working in silos. The PHC Operational Framework offers an opportunity to integrate the work of the Technical Departments and to further adjust the differing weight accorded to certain concepts (coverage versus access, social determinants of health).

4.1.3 How coherent is the design of the SP-PHC (its objectives, activities, products) "externally" with wider development partners and country partners (e.g. UNICEF, other UN agencies, Global Fund, GAVI, World Bank, governments, non-governmental organizations, civil society organizations, others)?

There was limited evidence that the design of the SP-PHC is coherent "externally" across Latin America and the Caribbean and Chile. Synergies with the World Bank have been achieved in Chile, led more by the government itself than by WHO-PAHO. During the case study period, there has been less engagement with UNICEF, other UN agencies, non-governmental organizations, civil society organizations, etc. All KIs agree that more attention needs to be given to these aspects. However, strong evidence has been found that the PHC Operational Framework has been very helpful in Chile to reflect on the implementation of PHC universalization.

4.2 Implementation – Efficiency and effectiveness of the Special Programme on Primary Health Care

Implementation (efficiency and effectiveness): These questions are concerned with the implementation of the SP-PHC, including the efficient use of funds, progress implementing the SP-PHC activities, results achieved and key factors that are helping or hindering SP-PHC performance.

4.2.1 What evidence is there to suggest that resources are adequate for the SP-PHC to achieve its mandate?

The UHC-P grant is significant for achieving PHC in Chile. Without it, despite the support offered through different PAHO/ WHO funding sources, progress on PHC would be much more challenging and slower. The World Bank has provided a complementary four-year loan through the Program-for-Results Financing instrument to support the scaling up of the PHC models developed in the seven pilot *communes*. Nevertheless, there is still a need for funding to support developing governance and policy frameworks, models of care, local financing mechanisms, and to train, consult, inform, document and disseminate good

practices nationally and internationally. This is where the UHC-P grant is significant. It is hard to quantify whether these resources will be adequate. However, for a high-income country to receive US$ 400,000 over two years from the WHO/PAHO seems to underscore the importance attributed to achieving the PHC agenda in Chile. At this moment, no WHO Headquarters staff support Chile directly.

4.2.2 To what extent are SP-PHC activities being implemented as intended and achieving or expecting to achieve their objectives and results?

Activities have been implemented in a very short period of time while having to adapt to the complex national context with its changing priorities. The SP-PHC has demonstrated its agility and flexibility in reacting to Chile's change of focus from supporting the One National Health Fund to providing UHC-P funding to strengthen the PHC work in pilot *communes*; in the UNGA side event; and by including the health systems and services advisers to the Health Policy Advisers group).

At the moment, there is high potential for the UHC-P and PAHO/WHO Regional Office investments (see above) to achieve results in the pilot *communes* in the short-term and at national level in the longer-term, in tune with the current and historical support provided by PAHO/WHO to PHC in Chile and the existing consensus on the importance of applying a PHC approach in Chile.

4.2.3 How efficiently are SP-PHC resources being utilized (e.g. are activities being implemented in a timely and economic way)?

No evidence has been gathered to confidently assess whether those activities are being implemented in an efficient way. However, the PAHO/WHO Regional Office and Country Office have been providing timely, concrete, relevant technical assistance, pulling resources (human and financial) from regional and country levels in line with the SP-PHC vision objectives and have obtained UHC-P funding through the SP-PHC to continue supporting the Heath Reform, in particular PHC universalization. The UHC-P grant of US$ 400 000 was allocated to be executed between June 2023 and December 2024. US$ 130 000 have been received to date and US$ 106 000 have been executed (as of 28 September 2023).

Table 2 Overview of SP-PHC financial support to Chile 2020–2023 via the UHC-P

Start and status of implementation of activity	LPHC operational framework ever	Description of activities and actual or potential achievements and results	Potential funding source (in US$)
May 2023 to June 2024	Models of care	Model of care (health services utilization and improved resolution capacity) High potential for results in pilot *communes*	100 000 from UHC-P
May 2023 to June 2024	Models of care	Rural Health High potential for results	75 000 from UHC-P
May 2023 to December 2024	Models of care	Integrated health services networks High potential for results in pilot *communes*	75 000 from UHC-P

July 2023 to December 2024	Funding and allocation of resources	PHC financing and accountability High potential for results in pilot *communes*	50 000 from UHC-P
April 2023 to December 2024	PHC workforce	PHC teams' capacity building High potential for results in pilot *communes*	50 000 from UHC-P
April 2023 to December 2024	Models of care	% of noncommunicable diseases patients controlled High potential for results in pilot *communes*	50 000 from UHC-P

4.2.4 How is the SP-PHC adding value to the work of WHO and external partners at country level?

At this crucial political moment for PHC universalization in Chile and the UHC agenda for WHO, the SP-PHC has been adding much value to the Chilean government (technically, politically and financially) and to PAHO-WHO Regional Office for the Americas (strong operational framework, strong support). However, so far, the SP-PHC does not seem to have brought value to external partners, such as the Economic Commission for Latin America and the Caribbean or other UN agencies.

The World Bank will also be financing the coverage, quality and efficiency of PHC and health system resilience in Chile (loan of US$ 200 for 2024–2027 to progressively increase the number of *communes* to 187). The World Bank support is not managed by PAHO/WHO but by the government. World Bank and PAHO/WHO staff meet at ''working tables'' but no other links have been mentioned.

4.2.5 How sustainable are the interventions of the SP-PHC?

The interventions by the SP-PHC appear sustainable in the long run. The technical assistance provided builds upon government leadership, governance and ownership, and national plans. Human resources contracted by PAHO/WHO Regional Office for the Americas and Chile Country Office (national consultants) are temporary until the government's budget is approved. Subsequently, they are expected to be absorbed by the Ministry of Health. These resources are crucial in bridging national budget periods and allowing the government to drive its agenda and show results.

The UHC-P funds build upon existing initiatives, strengthening and scaling them up. Again, this sustains progress and achieves results, which is crucial to government and WHO agendas. Developing a set of scalable models of care is likely to make the interventions of the SP-PHC sustainable.

Investment in professional training (technical and change management) for a PHC approach is a strategy that enhances sustainability as it builds a critical mass of professionals committed to the PHC approach, who will advocate for it and implement it.

Nevertheless, PHC universalization is political. Finding opportunities to protect and advance UHC in legislation and other means would increase sustainability.

4.3 Gender, equity and human rights considerations

Gender, equity and human rights. This question is concerned with how well the SP-PHC is addressing the most vulnerable populations in its promotion of PHC.

How well has the SP-PHC supported the inclusion of gender, equity and human rights considerations across its core functions and technical products? (Examples and reflections)

All KIs mentioned that gender, equity and human rights considerations are implicit in the PHC approach and the PHC operational framework. There was limited evidence to assess this component beyond this finding. Yet one example includes equity-based targets for access and coverage that are found under the rural health interventions in the UHC-P grant. Isolated rural populations are considered to be living in conditions of vulnerability.

However, other equity, gender and human rights findings not related to the SP-PHC as such include the following: Evidence of recent training for Chilean PHC professionals on gender, equity and human rights is found in the PAHO virtual academy; PAHO Chile included equity and social determinants of health approaches while working on PHC with local governments; the Government Health Reform is itself based on the principles of equity, gender and lesbian, gay, bisexual, trans, intersex or queer equality and human rights. The World Bank has explicit gender, equity and human rights requirements linked to its funding.

4.4 Lessons learned and best practices related to advancing selected Primary Health Care levers in Chile

Strategic levers: "Political Commitment and Leadership" and "Governance and Policy Frameworks".

Catalytic actions planned and implemented in relation to the operational lever "Models of care".

Introduction/Background

As of September 2023, the Ministry of Health has learned from experience and is better equipped to advance the PHC agenda. It has a clearer policy framework, good governance processes and relatively more resources to operationalize the Health Reform and develop more equitable, responsive, efficient and impactful models of care based on the PHC approach.

Lessons learned

- National political commitment and leadership are crucial. The donors and international institutions support the process but the government leads and owns it.

- The importance of participatory governance mechanisms and decentralized consultative-informative processes to input to the policy framework.
- More specifically, in Chile, PHC is in the hands of the municipalities. The Ministry of Health needs to pursue a dialogue with mayors and their teams.
- Strong conceptual and technical frameworks are needed to sustain a Health Reform.
- The PHC approach does not have to be uniform and should adapt to diverse geographies, communities and resources
- The health workforce needs to embrace and co-create the PHC approach in their geographies and communities with their local resources.
- Financial resources are required to implement a Health Reform (experts, studies, research, evaluations, publications, training, change management, processes of strategy and guideline development, citizen participation, construction of new infrastructures, etc.).

Best practices

Governance structures such as the National Council on the Universalization of the PHC and the Health Reform Advisory Board (with their working tables) have been set up and are offering the Ministry of Health multisectoral platforms. Their work will feed into new policies/strategies in support of PHC, while building consensus and partnerships within and across sectors such as unions, users and professional associations, academy, parliamentarians, mayors, etc.

The decentralised information and consultation days in the regions and at municipal level have been much appreciated. They provide a way to clarify concepts, express doubts, propose solutions and engage all actors, in particular the mayors, in favour of PHC universalization and other Health Reform axes.

The Ministry of Health has reached out to the SP-PHC at WHO Headquarters to help clarify ideas and concepts. The SP-PHC, PAHO/WHO Regional and Country offices have offered timely and relevant, concrete technical assistance, foreign experts' inputs, examples from other countries, etc., to strengthen the conceptual and technical frameworks. They also have offered catalytic financial support.

The Ministry of Health has chosen an incremental approach starting in diverse pilot communes to explore the feasibility of PHC universalization at local level and in different contexts, providing information on implementation needs and issues (e.g. regulatory aspects, resource needs, the functioning of the health network).

The authorities are not only investing in the training of health professionals (Health nodes) but also in change management (communities of practices), funding the learning process and offering dedicated time to the health workers to learn and share their experiences.

Results/expected results

The development of strong frameworks discussed and agreed upon through the governance structures and decentralized consultations should provide a solid basis for the implementation of the Health Reform and the universalization of PHC. The feedback from the governance structures and consultative processes will be incorporated into pragmatic draft policies and strategies.

The progressive piloting of PHC models in diverse settings, while resolving bottlenecks and sharing learnings, will also allow the Ministry of Health to build strong models that are more responsive to local needs and more efficient, impactful and acceptable. The ultimate objective is to make the universalization of PHC a

reality, with adequate funding and population support. The ongoing processes are building arguments and evidence in support of the universalization of PHC and its financing.

Gaps and challenges

- A broad coalition will be needed to promote the basic tenets of PHC and support the universalization and institutionalisation of PHC.
- The rejection of the fiscal reform and uncertainties about the 2024 and 2025 health budget are a constraint.
- Working across diverse teams that represent different national geographies is a challenge for Ministry of Health authorities. However, they see themselves as learners.
- There needs to be social communication to change the mind of the population on the public sector and towards healthy lifestyle.

Obstacles

- Insufficient health infrastructures and land for these infrastructures;
- Insufficient human resources;
- Long waiting lists for health care;
- In certain areas, partial demand for change from the biomedical model to an integrated preventative, promotional, curative, rehabilitative model of care that is centred on the family and the community; and
- Lack of inter-operability across health information systems between the different health systems and the health insurance schemes.

Potential of replication, scale-up and sustainability

The establishment of a renewed health system – resilient, responsive to the new epidemiological transition and population demand, more equitable and with sustainable financing based on solidarity, with improved governance and updated health care models – is meant to improve the health outcomes of all Chileans and the long-term sustainability of the health system. The conceptual and governance frameworks in place are solid. The proposed incremental, participatory and learning-based process has good potential for replication and scalability in Chile. The country is known to have successfully driven several health sector reforms. PHC enjoys broad technical and political support. Nevertheless, the Health Reform – including the universalization of PHC – may be delayed if there are changes in the political and economic climate.

5. Conclusions and opportunities for future Special Programme on Primary Health Care support to Chile

5.1 Conclusions

This case study covers the period from March 2022 to August 2023, a period during which challenging political events unfolded, leading to changes in Health Reform priorities and means to achieve reforms.

Overall, strong evidence confirms that the design and objectives of the SP-PHC have responded to Chile's needs and are supporting the achievement of the wider aims of the GPW13. The objectives have been described as "internally" coherent across PAHO/WHO at regional and country levels while allowing for regional and country contextualization**.** However, the objectives were found not to be "externally" articulated across the UN, donors, financing institutions and non-governmental actors, beyond the Chile government. This is a gap to be filled.

The PHC Operational Framework in particular has been found to be conceptually very helpful for the Ministry of Health authorities and for the PAHO/WHO staff from the Regional Office and the Chile Country Office. However, there is still a need to make the Framework more widely known and more widely used by PAHO/WHO staff in the Region of the Americas.

The WHO Director-General, the PAHO/WHO Regional Director, the PAHO/WHO Representative to Chile and their teams are reported to have worked together consistently and synergistically with the SP-PHC and UHC-P staff in WHO Headquarters in responding to Chile's country needs since March 2022. This coordinated three-level support – from Headquarters, the region and the country – has resulted in agile, coherent and relevant advocacy and policy, technical and financial support to Chile in line with the SP-PHC Manifesto.

Furthermore, the establishment of new ways of working by the SP-PHC by directly involving the country level health systems and services advisors with the Geneva-based UHC-P is considered innovative and responsive to PAHO suggestions. Through regular working groups, the SP-PHC is more aware of the country situation, and the WHO Country Office better understands the SP-PHC's work and vision.

Strong evidence was found that the PAHO virtual academy, which is the WHO academy branch in Latin America and the Caribbean, has been a strong tool for the training of health professionals and scaling-up of communities of practices in PHC.

Despite challenges of the current political context, there is high potential for the investments made by the SP-PHC and PAHO/WHO Regional Office and Chile Country Office to achieve results in the short-term in the pilot *communes*. Likewise, the longer-term investments have good potential to achieve results at national level, in tune with the current and historical support provided by PAHO/WHO to PHC in Chile and the existing consensus on the importance of applying a PHC approach.

At this critical political moment for the universalization of PHC in Chile and the UHC agenda for WHO, the SP-PHC has added much value to the Chilean government (technically, politically and financially) and to

PAHO/WHO Regional Office for the Americas. The SP-PHC does not seem to have brought value to external partners, such as the Economic Commission for Latin America and the Caribbean or the wider UN.

The interventions by the SP-PHC seem sustainable in the long run. The technical assistance provided builds upon government leadership, ownership and national plans.

5.2 Opportunities for the Special Programme on Primary Health Care to support Chile's Primary Health Care agenda

- Continuing high-level political advocacy;
- Sharing other countries' experiences related to PHC transformation;
- Engaging all UN agencies in the PHC effort;
- Knowledge management: helping to digest the existing research on PHC;
- Donor management: assisting in coordinating donors' agendas, strategies and resource- mobilizing mechanisms to reduce the burden on small country teams, and supporting countries to develop quality proposals for different donors;
- Mitigating the "distance" between WHO Headquarters and the country level by improving communication and mutual understanding;
- Ensuring that reference literature is translated into Spanish, French and Portuguese in a timely fashion; and
- Documenting Chile's PHC experience.

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7. Annexes

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Annex 2. Discussion guides for interviews and focus groups

GUÍA DE ENTREVISTA PARA INFORMANTES CLAVE - EXTERNOS A LA OPS/OMS

Introducción:

La Oficina de Evaluación de la OMS ha encargado a Euro Health Group, a petición del Director del Programa Especial para la Atención Primaria de Salud (PE-APS), una evaluación prospectiva. La evaluación se realiza tres años después de la creación del PE-APS en el 2020. Su finalidad es examinar los progresos realizados hasta la fecha y generar enseñanzas que puedan utilizarse para mejorar la ejecución y el desempeño futuros del PE-APS, así como fundamentar los debates y las decisiones pertinentes tanto dentro de la OMS como con los asociados.

La evaluación se basa en la teoría del cambio del PE-APS. Se ha desarrollado un conjunto de preguntas de evaluación basadas en los resultados esperados del PE-APS. Los métodos de recopilación de datos incluyen una encuesta en línea, entrevistas a informantes clave y debates en grupos focales, revisión bibliográfica y de datos. Se utilizan enfoques y herramientas analíticos para examinar los datos y los resultados recolectados, como por ejemplo el análisis de campo de fuerzas para identificar los factores que favorecen y obstaculizan el cambio y la fuerza de cada factor. Las pruebas generadas a partir de todas las fuentes de datos se triangularán para responder a las preguntas de la evaluación y generar recomendaciones. Por último, se organizará un taller para considerar, generar y/o perfeccionar las recomendaciones de cara al futuro.

El estudio de caso de Chile se centrará en dos mecanismos estratégicos básicos del marco operativo de la APS: Compromiso y liderazgo políticos y Marcos de gobernanza y de política, incluyendo, cómo se ha coordinado y operacionalizado el apoyo de los tres niveles de la Organización (Sede de la OMS, Oficina Regional de la OPS/OMS y Oficina de País de la OPS/OMS). También explorará cómo, a través de estos dos mecanismos estratégicos básicos, se han planificado e implementado acciones catalizadoras en relación con otros Mecanismos operacionales, en particular: modelos de atención.

Confidencialidad

Tenga en cuenta que toda la información compartida para esta evaluación se tratará de forma confidencial y anónima. Las opiniones y citaciones no se podrán relacionar con las personas ni con sus cargos.

La entrevista se limitará a 45-60 minutos.

Guía para la entrevista

1. Pregunta introductoria

- Por favor, preséntese. ¿Cuál es su función?
- ¿Conocía el PE-APS antes de esta entrevista?

- ¿Qué relaciones ha desarrollado / tiene con la oficina de la OPS/OMS en Chile y/o con el PE-APS?

2. Eficiencia y eficacia de la implementación del apoyo recibido de la OPS/OMS/PE-APS

- ¿Qué actividades relacionadas con la APS ha emprendido con el apoyo de la OMS/OPS desde el 2020?
- ¿Quién inició la solicitud de apoyo para estas actividades?
- ¿Cuál ha sido el proceso seguido? ¿Ha sido oportuno? ¿Qué tipo de apoyo concreto ha recibido?
- ¿Ha sido el apoyo adecuado para responder a las necesidades de su país?
- ¿Cuáles han sido los principales logros/resultados previstos del apoyo prestado? Por favor proporcione ejemplos.
- Más concretamente
    - ¿Cómo se ha visto afectado el Compromiso y liderazgo políticos hacia la APS por este apoyo?
    - ¿Cómo ha cambiado el Marco de gobernanza y de política de la APS? (o las perspectivas de cambio)
    - ¿Ha sido el apoyo catalizador o innovador? ¿Ha acelerado las acciones? ¿Ha mejorado las intervenciones nacionales? ¿Ha tenido un efecto multiplicador?
    - Si es demasiado pronto para decirlo, ¿cuál es en su perspectiva el potencial de cambio/impacto a nivel nacional?

- ¿El apoyo brindado por la OPS/OMS CO/ PE-APS ha agregado valor a su trabajo en la APS en Chile? ¿Por favor proporcione ejemplos?
- ¿En qué medida el apoyo brindado por la OPS/OMS a Chile estuvo bien coordinado con los socios?
- ¿En qué medida el apoyo brindado por la OPS/OMS a Chile promueve la equidad y los derechos humanos?
- ¿En qué medida el apoyo brindado por la OPS/OMS a Chile promueve la sostenibilidad del sistema de salud?
- ¿Está la OPS/OMS bien situada para ofrecer este apoyo?

3. ¿Contexto, aprendizajes, mejores prácticas?

- ¿Qué aprendizajes/**mejores prácticas desean destacar de Chile en relación con la reorientación de los sistemas de salud hacia la APS** - específicamente el compromiso político y el liderazgo hacia la APS y la gobernanza y el marco político para la APS.
- ¿Cuál ha sido el **mayor reto**, en su opinión, **en la reorientación radical del sistema sanitario chileno hacia la Atención Primaria de Salud**? ¿Cómo se ha superado este obstáculo? ¿Facilitadores? ¿Factores críticos?
- ¿Cuáles son los principales **desafíos u obstáculos** potenciales pendientes **para lograr la cobertura sanitaria universal a través de la APS** en Chile? (indagar: ¿equidad? ¿otras áreas?)

4. ¿Apoyo futuro de la OPS/OMS/PE-APS?

- ¿Existen formas mejores o diferentes para apoyar a Chile en la implementación del enfoque de la APS? ¿Qué apoyo adicional podría brindar la OPS/OMS/SP-CPH en Chile?
- ¿Tiene otras ideas o recomendaciones?

¿Desea agregar algo más? ¿Tiene algún comentario o pregunta para nosotros? Muchas gracias por su tiempo.

GUÍA DE ENTREVISTA PARA INFORMANTES CLAVE - INTERNOS

Introducción:

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La evaluación se basa en la teoría del cambio del PE-APS. Se ha desarrollado un conjunto de preguntas de evaluación basadas en los resultados esperados del PE-APS. Los métodos de recopilación de datos incluyen una encuesta en línea, entrevistas a informantes clave y debates en grupos focales, revisión bibliográfica y de datos. Se utilizan enfoques y herramientas analíticos para examinar los datos y los resultados recolectados, como por ejemplo el análisis de campo de fuerzas para identificar los factores que favorecen y obstaculizan el cambio y la fuerza de cada factor. Las evidencias a partir de todas las fuentes de datos se triangularán para responder a las preguntas de la evaluación y generar recomendaciones. Por último, se organizará un taller para considerar, generar y/o perfeccionar las recomendaciones de cara al futuro.

El estudio de caso de Chile se centrará en dos mecanismos estratégicos básicos del marco operativo de la APS: Compromiso y liderazgo políticos y Marcos de gobernanza y de política, incluyendo, cómo se ha coordinado y operacionalizado el apoyo de los tres niveles de la Organización (Sede de la OMS, Oficina Regional de la OPS/OMS y Oficina de País de la OPS/OMS). También explorará cómo, a través de estos dos mecanismos estratégicos básicos, se han planificado e implementado acciones catalizadoras en relación con otros Mecanismos operacionales, en particular: modelos de atención.

Confidencialidad

Tenga en cuenta que toda la información compartida para esta evaluación se tratará de forma confidencial y anónima. Las opiniones y citaciones no se podrán relacionar con las personas ni con sus cargos.

La entrevista se limitará a 45-60 minutos.

Actividades específicas en Chile directamente relacionadas con la PE-APS

- La PE-APS ha iniciado un diálogo político con los ministros de Salud chilenos y otras autoridades sanitarias nacionales sobre la reforma del sistema de salud basada en la APS.
- La OPS/OMS ha proporcionado apoyo político de alto nivel, especialmente a través de una misión conjunta que incluyó al director de PE-APS y al director regional de HSS al inicio de estas reformas. La misión de tres niveles se organizó para examinar y ayudar a formular orientaciones técnicas al Ministerio de Salud sobre el programa de reforma.
- Financiación de la Alianza para la Cobertura Sanitaria Universal (UHC partnership)
- Sesión paralela de la AGNU (sep. 2023)

Guía para la entrevista

1. Pregunta introductoria

- **Por favor, preséntese, su función y la naturaleza de su compromiso con el SP- PHC**.
    - o ¿Qué actividades ha realizado con el apoyo del SP- PHC?

- ¿Qué relaciones ha desarrollado / mantiene con el SP- PHC?

2**. Pertinencia y coherencia del diseño del PE-APS**

- En su opinión, ¿cuáles son las metas y objetivos del SP-CPH de la OMS?

- ¿Hasta qué punto es pertinente y adecuado el diseño del PE-APS para alcanzar sus metas y objetivos?

- ¿En general, en qué medida el PE-APS facilita el enfoque de la APS (los servicios de salud integrados, la política y la acción multisectoriales, y el empoderamiento de las personas y las comunidades)? ¿Está bien situado para ello?
- ¿En qué medida existe una visión clara, objetivos claros y una articulación clara del enfoque de la APS en toda la OMS? (frente a la atención primaria, por ejemplo)
- ¿Es el PE-APS tan ágil cómo debería en relación al apoyo a los países y como "mecanismo de ventanilla única" para la APS?
- ¿Cómo responde el diseño del PE-APS (reflejado en sus tres líneas de trabajo, es decir, evidencia e innovación, políticas y alianzas e impacto en los países) a las necesidades y el contexto de los países?
- ¿Ha sido beneficiosa para la agenda de la APS la fusión del PE-APS con la Alianza para la Cobertura Sanitaria Universal (UHC partnership)?
- ¿Qué factores favorecen u obstaculizan la capacidad del PE-APS para cumplir su mandato y sus objetivos?

- **¿Cómo se alinea y coordina internamente el PE-APS dentro de la arquitectura de la OMS (Sede y 3 niveles)? Proporcione ejemplos**

- ¿En qué medida ha logrado la PE-APS funcionar como una plataforma transversal para la APS en la OMS en los tres niveles?
- ¿Está la APS, en términos prácticos, integrada en las prioridades estratégicas y departamentos de la OMS? (poblaciones más sanas, UHC, emergencias sanitarias, en los tres niveles)?
- ¿Ha estado bien coordinado internamente el apoyo prestado a Chile por el PE-APS?
- ¿Cómo ha sido la colaboración entre los 3 niveles en materia de APS? - ¿Fue un enfoque coherente y sinérgico?
- ¿En qué medida las actividades de la PE-APS están alineadas con las necesidades del país y de la región, las solicitudes, los marcos políticos y las actividades nacionales/regionales?
- ¿Cuáles fueron los factores que facilitaron la coordinación interna?
- ¿Percibe algunos retos para la coordinación interna?

- ¿Cómo se alinea y coordina el PE-APS externamente con sus socios? ¿Facilita el PE-APS sinergias y/o duplica otros esfuerzos globales?

- ¿En qué medida usted cree que la PE-APS ha facilitado y aprovechado las alianzas de salud mundial/ Iniciativas de Salud Mundial? ¿Cómo ha afectado esto a Chile? (¿Financiación de la Alianza para la Cobertura Sanitaria Universal (UHC partnership), etc.?)
- ¿Cuál ha sido el papel de UNICEF o de otras agencias de la ONU, del Gobierno o de otros socios/financiadores externos en Chile en la agenda de la APS?

3. Eficiencia y eficacia de la ejecución de las actividades del PE-APS

- ¿Cuándo comenzó el apoyo del PE-APS a Chile/ a la Oficina nacional de la OMS/a la Oficina regional de la OPS?
- ¿Cómo ha prestado apoyo a Chile el PE-APS?
- ¿Quién inició la solicitud al PE-APS?
- ¿Cuál fue el proceso seguido?
- ¿Cuáles fueron los plazos de las actividades del PE-APS? ¿Se cumplieron?
- ¿Ha sido adecuado el apoyo del PE-APS para responder a las necesidades del país? ¿Se proporcionaron todas las sugerencias de apoyo iniciales?
- ¿Cuáles han sido los principales logros/resultados previstos del apoyo prestado por el PE-APS? Por favor proporcione ejemplos.
- Más concretamente

- o ¿Cómo se han visto afectados por este apoyo el compromiso político y el liderazgo hacia la APS?
- o ¿Cómo se ha modificado el marco político y de gobernanza de la APS? (o perspectivas de cambio)
- o ¿Ha sido el apoyo catalizador o innovador? ¿Ha acelerado las acciones? ¿Ha mejorado las intervenciones nacionales? ¿Ha tenido un efecto multiplicador?
- o Si es demasiado pronto para decirlo, ¿cuál es, desde su punto de vista, el potencial de cambio -impacto a nivel nacional?

- ¿El apoyo de PE-APS ha añadido valor al trabajo de APS realizado en Chile? ¿Ejemplos?
- ¿Cómo promueve la equidad, el género y los derechos humanos el apoyo prestado por el PE-APS?
- ¿Cómo promueve la sostenibilidad el apoyo proporcionado por el PE-APS?

- o Por ejemplo, ¿cómo promoverá la sostenibilidad la financiación proporcionada a través de la Alianza para la Cobertura Sanitaria Universal (UHC partnership)?

4. ¿Contexto, aprendizajes, mejores prácticas?
- ¿Qué aprendizajes/mejores prácticas desean destacar de Chile en relación a los mecanismos estratégicos básicos de la APS: "compromiso político y liderazgo hacia la APS" y "gobernanza y marco político para la APS".

- ¿Cuál ha sido, en su opinión, el mayor desafío en la reorientación del sistema de salud chileno hacia la Atención Primaria de Salud? ¿Cómo se superó/se está superando este obstáculo? ¿Cuáles fueron los factores facilitadores? ¿Los factores críticos?

- ¿Cuáles son los principales desafíos u obstáculos potenciales pendientes para lograr la cobertura sanitaria universal a través de la APS en Chile?

5. Futuro del apoyo del PE-APS
- ¿Qué apoyo adicional podría prestar el PE-APS a la oficina de la OMS en el país, al Gobierno de Chile, a la oficina regional de la OPS y a otros asociados?

- ¿Tiene ideas o recomendaciones?

¿Desea añadir algo más? Cualquier comentario o pregunta para nosotros.

INTERVIEW GUIDE FOR KEY INFORMANTS –

INTERNAL WHO-PAHO STAFF

Introduction:

Euro Health Group has been commissioned by the WHO Evaluation Office at the request of the Director of the Special Programme on Primary Health Care (SP-PHC), to conduct a **forward-looking evaluation**. The evaluation comes three years since the establishment of the SP-PHC in 2020. Its purpose is to **review progress to date** and **generate learning** that can be used to enhance future implementation and performance of the SP-PHC, as well as inform relevant discussions and decisions both within WHO and with partners.

The evaluation is based on the theory of change of the SP-PHC. A set of evaluation questions has been developed based on the expected results of the SP-PHC. Data collection methods include an online survey; key informant interviews and focus group discussions, literature and data review. Analytical approaches and tools are used to examine evidence and findings such as for example the Forcefield Analysis to identify factors helping and hindering change and strength of each factor. Evidence generated from all data sources will be triangulated to answer the evaluation questions and generate recommendations. Finally, a workshop will be organized to consider, generate and/or refine forward-looking recommendations.

The Chile country case study will focus on two strategic levers of the PHC operational framework: **Political Commitment and Leadership** and **Governance and Policy Frameworks**. Including, **how support from the three levels of the Organization (WHO HQ, PAHO/WHO Regional Office and PAHO/WHO Country Office**) have been coordinated and operationalized. It will also explore on **how through these two strategic levers, catalytic actions are been planned and implemented** in relation to other operational levers, in particular: models of care.

Confidentiality

Please note that all information shared for this evaluation will be treated with **confidentiality and anonymized**. Any **citations and quotes will not be traceable** to individuals nor their titles/positions.

Specific activities in Chile with direct line of sight to the SP-PHC

- SP-PHC has engaged in policy dialogue with Chilian Ministers of Health and other national health authorities on health system´s reform based on PHC.
- PAHO/WHO has been providing high-level policy support, notably through a joint mission including the Director, SP-PHC and the HSS Regional Director at the inception of these reforms. The three-level mission was organized to review and assist the formulation of technical guidance to the Ministry of Health on the reform agenda.
- UHC partnership funding
- UNGA side event session (Sep 2023)

Interview guide

1. Introductory question

- Please introduce yourself, your role, and *the nature of your engagement* with the SP-PHC.
    - What activities have you undertaken with the support of the SP- PHC?
    - What relations have you developed / do you have with the SP-PHC?

2. Relevance and coherence of the design of the SP-PHC

- **In your opinion, what are the aims and objectives of the WHO SP-PHC?**
- **How relevant and appropriate is the design of the SP-PHC for achieving its aims and objectives?**
    - Overall, how well does the SP-PHC facilitate the PHC approach i.e., integrated health services, multisectoral policy and action, and empowered people and communities? Is the SP-PHC well placed to do this?
    - To what extent is there a clear vision, clear targets and clear articulation of the PHC approach across WHO? (versus primary care for instance)
    - Is the SP-PHC indeed agile as it should be? With a focus on country support, and "a one-stop mechanism" on PHC?
    - How does the design of the SP-PHC (reflected in its three workstreams i.e., evidence and innovation, policy and partnership and country impact) respond to country needs and context?
    - Has the merge of the SP-PHC with the UHC partnership been beneficial to the PHC agenda?
    - What factors are helping or hindering the ability of the SP-PHC to fulfil its mandate and objectives?

- **How does the SP-PHC align and coordinate internally within the WHO architecture (HQ and 3 levels)? Please provide examples**
    - To what extent has the SP-PHC managed to function as a cross cutting platform for PHC in WHO at all three levels?- Is PHC indeed, in practical terms, integrated to the WHO strategic priorities/ other departments in WHO? (UHC, health Emergencies, disease specific programmes etc – at the three levels)?

- Was the support provided to Chile by the SP-PHC well-coordinated internally?
- How has the collaboration between the 3 levels been on PHC? - Was it a coherent and synergistic approach?
- To what extent are SP-PHC activities aligned to country and regional needs, requests, policy frameworks, country/regional activities?- (Was SP-PHC support in line with PAHO's work, with the country's work?)
- What were the enabling factors to the internal coordination?
- Do you perceive some challenges to the internal coordination?

- **How does the SP-PHC align and coordinate its work externally with partners? Does the SP-PHC facilitate synergies and/or duplicate any other global efforts?**
  - To what extent do you think the SP-PHC has facilitated and leveraged global health partnerships/ GHIs? How has this affected Chile? (UHC-P funding etc?)
  - What has been the role of UNICEF or other UN agencies, Govt or other external partners/funders in Chile on the PHC agenda?

3. Efficiency and effectiveness of the implementation of the SP-PHC activities

- When has the SP-PHC started supporting Chile/WHO country office/PAHO regional office?
- How has the SP-PHC provided support?
- Who initiated the request to the SP-PHC?
- What was the process followed?
- What about timelines of the SP-PHC activities? Were they adhered to?
- Has the SP-PHC support been adequate in responding to the country 's needs? And were all initial support suggestions provided?
- What have been the main achievements/ anticipated results of the support provided by the SP-PHC? Please provide examples.
- More specifically:
  - How have political commitment and leadership towards PHC been affected by this support?
  - How has the governance and policy framework for PHC been changed? (or prospects on being changed)

- Has the support been catalytic or innovating? Has the support accelerated actions? Improved national interventions? Has it had a multiplier effect?
- If too early to say what is in your perspective the potential of change - impact at national level?

- Has the SP-PHC support added value to the PHC work undertaken in Chile? Examples?

- How does the support provided by the SP-PHC promote equity, gender and human rights?

- How does the support provided by SP-PHC promote sustainability?

    - For example, how will the funding provided through the UHC partnership promote sustainability?

4. Context, learnings, best practices?

- Which learnings/best practices do you wish to highlight from Chile in relation to the PHC levers: "political commitment and leadership towards PHC" and "governance and policy framework for PHC"

- What has been the biggest challenge, in your opinion, in the re-orientation of the Chilean health system towards Primary Health Care? How was/is this barrier overcome? Enablers? Critical factors?

- What are the potential outstanding main challenges or hinderances to achieving UHC through PHC in Chile? (probe: equity? Other areas?)

4. Future of SP-PHC support

- What additional support could the SP-PHC provide to WHO country office, Chile Govt, PAHO regional office, other partners?

- Do you have thoughts or recommendations?

Do you wish to add anything further? Any comments or questions for us.

Interview Guide For Key Informants - External to PAHO/WHO

Introduction:

Euro Health Group has been commissioned by the WHO Evaluation Office at the request of the Director of the Special Programme on Primary Health Care (SP-PHC), to conduct a **forward-looking evaluation**. The evaluation comes three years since the establishment of the

SP-PHC in 2020. Its purpose is to **review progress to date** and **generate learning** that can be used to enhance future implementation and performance of the SP-PHC, as well as inform relevant discussions and decisions both within WHO and with partners.

The evaluation is based on the theory of change of the SP-PHC. A set of evaluation questions has been developed based on the expected results of the SP-PHC. Data collection methods include an online survey; key informant interviews and focus group discussions, literature and data review. Analytical approaches and tools are used to examine evidence and findings such as for example the Forcefield Analysis to identify factors helping and hindering change and strength of each factor. Evidence generated from all data sources will be triangulated to answer the evaluation questions and generate recommendations. Finally, a workshop will be organized to consider, generate and/or refine forward-looking recommendations.

The Chile country case study will focus on two strategic levers of the PHC operational framework: **Political Commitment and Leadership** and **Governance and Policy Frameworks**. Including, **how support from the three levels of the Organization (WHO HQ, PAHO/WHO Regional Office and PAHO/WHO Country Office**) have been coordinated and operationalized. It will also explore on **how through these two strategic levers, catalytic actions are been planned and implemented** in relation to other operational levers, in particular: models of care.

Confidentiality

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We will limit this interview to 45-60 minutes.

Specific activities in Chile with direct line of sight to the SP-PHC : mainly for Marjolein:

- SP-PHC has engaged in policy dialogue with Chilian Ministers of Health and other national health authorities on health system´s reform based on PHC.
- PAHO/WHO has been providing high-level policy support, notably through a joint mission including the Director, SP-PHC and the HSS Regional Director at the inception of these reforms. The three-level mission was organized to review and assist the formulation of technical guidance to the MoH on the reform agenda.
- UHC partnership funding
- UNGA side event session (Sep 2023)
- WHO academy course on PHC? (not sure?)

Interview guide

1. Introductory question

- Please introduce yourself, your role
- Were you aware of the SP-PHC before this interview?
- What relations have you developed / do you have with PAHO/WHO CO Chile and/or the SP-PHC?

2. Efficiency and effectiveness of the implementation the support received from PAHO/WHO/SP-PHC

- What PHC-related activities have you undertaken with support of WHO/PAHO since 2020? (probe and especially concentrate on specific SP-PHC activities (e.g. policy dialogue on health reforms, the high level mission in 2022? with the WHO SP-PHC from Geneva and the HSS Regional Director at the inception of these reforms, UHC-Partnership support.)

    - Who initiated the request for support for this activity?

    - What was the process followed/was it timely? What kind of concrete support have you received?

    - Has the support been adequate in responding to your country 's needs?

    - What have been the main achievements/ anticipated results of the support provided? Please provide examples.

    - More specifically:
        - How has the political commitment and leadership towards PHC been affected by this support?
        - How has the governance and policy framework for PHC been changed? (or prospects on being changed)
        - Has the support been catalytic or innovating? Has the support accelerated actions? Improved national interventions? Has it had a multiplier effect?
        - If too early to say, what is in your perspective the potential for change/impact at national level?

    - Has the support provided by PAHO/WHO CO/ SP-PHC added value to your work on PHC in Chile? Examples?

    - To what extent was the support provided by PAHO/WHO to Chile well-coordinated with partners?

    - How does the support provided promote equity and human rights?

    - How does the support provided promote sustainability?

    - Is PAHO/WHO well placed to offer this support?

3. Context, learnings, best practices?

- Which learnings/best practice do you wish to highlight from Chile in relation to reorienting health systems towards PHC – specifically political commitment and leadership towards PHC and governance and policy framework for PHC.

- What has been the biggest challenge, in your opinion, in the **radical re-orientation of the Chilean health system towards Primary Health Care?** How was/is this barrier overcome? Enablers? Critical factors?

- What are the potential outstanding main challenges or hinderances to **achieving UHC through PHC** in Chile? (probe: equity? Other areas?)

4. Future support from PAHO/WHO/SP-PHC?

- Are there better or different ways for PAHO/WHO/SP-PHC to support Chile to implement the PHC approach and achieve country progress towards UHC than the support provided so far? ⁄ What additional support could PAHO/WHO/SP-PHC provide in Chile?

- Do you have other thoughts or recommendations?

Do you wish to add anything further? Any comments or questions for us?

Any enquiries about this evaluation should be addressed to:
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