



Joint Learning Network for Universal Health Coverage & Primary Health Care Performance Initiative
Virtual Learning Exchange on Transforming the Health System to Prioritize
Primary Health Care
Call for Expressions of Interest
August 2020

Background

The **Joint Learning Network for Universal Health Coverage (JLN)** brings network members together for productive and high-impact practitioner-to-practitioner exchanges on a variety of health systems topics, often related to health finance or primary health care service delivery. The network is responding to country demand related to COVID-19 related topics by introducing the new JLN COVID-19 Network for Open Dialogue and Exchange, (the JLN NODE). With facilitation by the **Primary Health Care Performance Initiative (PHCPI)**, the “Transforming the Health System to Prioritize Primary Health Care Learning Exchange” under the JLN NODE will bring together a group of country health leaders in cross-country virtual engagements to address practical challenges related to amplifying and elevating the role of primary health care (PHC) in the COVID-19 response, and prioritizing investments in PHC as part of longer-term recovery efforts.

COVID-19 provides an inflection point for health systems around the world, highlighting existing challenges as well as opportunities. While there is widespread agreement that PHC is a critical, cost-effective component of health systems, it has historically not been prioritized in funding and service delivery arrangements relative to secondary care. At the same time, much of the pandemic response is currently focused on hospital-based care for seriously ill patients. As the world moves from the emergency response to the control phase of COVID-19, it will be essential to strengthen PHC systems to ensure everyone has access to testing and treatments, as well as a future vaccine. Governments should maintain and even increase investment in PHC 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.

Given that decisions and investments made during the COVID-19 response will inform health system future planning, there is a need to amplify and elevate discussions around prioritizing PHC as we emerge from the pandemic and rebuild stronger health systems. Policy makers and implementers need to learn effective advocacy skills to communicate the importance of PHC – to legislature, ministry of finance, private sector and community— in the pandemic response and the anticipated shifts to the health system in the wake of the pandemic. As countries move from acute response to longer term recovery, this group will explore the role of PHC in “building back better.”

In early July, a rapid scoping working group explored what is required to ensure PHC remains a priority in health system planning and resource allocation decisions. The scoping included a virtual meeting session and facilitated online discussion. Participants identified a number of factors at play in determining and realizing health system priorities, including leadership and political will, creation and implementation of relevant policies and plans, and community demand and mobilization.

Focus of the Learning Exchange

A longer-term (1 year) Learning Exchange will seek to address key questions surfaced during the short-term scoping.

1. How can we (re)prioritize PHC in the recovery phase of COVID-19?
 - o What might shifting resources and incentives to the PHC level look like, and what might be required to achieve this?
 - o How can we meaningfully include the most vulnerable groups in this system transformation to ensure their needs are met?
2. How can we generate credible, evidence-based messages to support PHC service delivery innovation and prioritization?

Objectives of the Learning Exchange

This Learning Exchange will enable sharing of best and promising practices related to PHC prioritization and advocacy. It will promote collaboration to solve challenges brought forward by members on specific implementation issues aligned with the priority sub-themes above. Through participation in the Learning Exchange, participants will access and apply timely, relevant experience and expertise enabling them to advance efforts to prioritize primary health care in COVID-19 response and recovery.

In addition, the strain that COVID-19 is placing on primary health care around the world threatens to further exacerbate health inequality and leave the underserved further behind. This learning exchange will therefore seek to bring an equity lens to the work to ensure vulnerable populations are prioritized in the PHC response and recovery.

Structure of the Learning Exchange

Acknowledging the fast-changing nature of country needs during the pandemic, this learning exchange builds on initial work done through rapid scoping with two new phases. The **Collaborative Problem-Solving Phase** builds upon the priorities identified via the CCG survey and rapid scoping led by PHCPI. The Collaborative Problem-Solving Phase will use virtual communication methods (monthly virtual meetings, a WhatsApp group, MyJLN dialogue, etc.) to build community and to facilitate peer support, rapid information sharing, and continuous learning both during and between monthly meetings. The **Implementation Learning Phase** will take forward the discussions and decisions made by participants in the Collaborative Problem-Solving Phase through more focused action and learning at country level.



Duration: September 2020- February 2021
Cadence: Monthly meetings
Focus: real-time joint problem-solving; sharing best and promising practices



Duration: March 2021-August 2021
Cadence: 3-4 meetings; monthly check-ins
Focus: action-oriented implementation of practical approaches

1. **Introductory session (September):** At the introductory session, country participants will discuss prioritization of sub-topics to be covered in future sessions as best/promising practices. The aim will be to select PHC prioritization “how-to” topics that are actionable within existing institutional mandates and policy frameworks- to support rapid, incremental improvements in this ongoing period of crisis/COVID response, and plan for recovery. The Facilitation Team will introduce the collaborative-problem solving model to be used in subsequent sessions.
2. **Collaborative Problem Solving (October-February):** This phase will consist of monthly 90-minute meetings that feature a 30-minute presentation and discussion around a best/promising practice followed by 60 minutes of facilitated problem solving. The facilitated problem-solving will be modeled after Feedback Labs LabStorm. One country team will bring forward a challenge they are facing and pose 3 questions to the group, who will, in turn, draw on their own knowledge and expertise to provide reflections and possible solutions. Facilitators will work with the country team in advance to prepare for the session. These resources from Feedback Labs explain [how](#) and [why](#) this type of collaborative problem-solving model works.
3. **Implementation Learning (March-August):** During this phase, country teams will apply learnings gathered through the previous phase to work on problems related to *Transforming the Health System to Prioritize Primary Health Care*. This phase is intended to be implementation- and application-oriented, but the specific nature of activities remains flexible at this point.

Sub-groups may decide on a set of projects or products to be co-produced with help from the technical facilitator and experts, or continue regular themed discussions geared toward implementation of the ideas they have encountered. An illustrative example for co-production might include a group of countries working together to develop an evidence-based advocacy strategy and messaging framework for PHC prioritization that can be adapted for use in different contexts and by different partners in the health ecosystem. Alternatively, countries might each bring forward a relevant use case related to prioritizing PHC in their context based on the work in Phase 1. Examples of use cases could include: identifying funding opportunities for PHC prioritization/system design related work, mobilizing a system design working group for shifting resources and incentives to the PHC level, or working to include specific language around PHC service delivery in a national strategy or planning document. Participants would test and monitor the application of a specific best practice to that use case while seeking group feedback on their experience.

This group will convene in 3-4 virtual meetings over the 6-month timeframe. Participants will

receive more targeted and ongoing peer and facilitator coaching as they implement. On a monthly basis, the facilitation team will offer virtual “office hours” and participants will be expected to update the Implementation Learning Progress Tool with progress, milestones, and key questions or challenges where they need support. These inputs will inform the agenda for subsequent virtual meetings which will seek to address common implementation challenges and promising practices that are identified.

Expected outcomes

Participants can expect to get the following benefits through participation in the Learning Exchange:

1. Collaboration with a network of practitioners who are facing similar challenges
2. A facilitated approach to soliciting feedback from others to address challenges in your own work
3. Support from a dedicated technical facilitation team who can help you and your group to identify the right resources and solutions to your context
4. Opportunities to access the experience and expertise of PHCPI partners
5. Periodic updates from the facilitation team synthesizing the learning and collating relevant learning and resources for the community.

Level of effort/Expected contributions

The Learning Exchange will convene between September 2020 and August 2021.

Phase 1: **Collaborative Problem-Solving** will run from September 2020-February 2021

Phase 2: **Implementation Learning** will run from March 2021-August 2021

We aim to cultivate a consistent community of participants across both phases, but as we move into the Implementation Learning phase will have an inflection point to re-consider continuing into the next phase, and may also be able to accept additional participants at that time.

Over the course of the exchange, participants will be expected to:

1. Attend and actively participate in all the virtual meetings
2. Participate in discussions via discussion board and online polling
3. Identify data-related challenges and openly share progress and obstacles in real-time as they implement solutions
4. Engage with, and be responsive to, the technical facilitator(s) via email, MyJLN, Whatsapp groups and other social media platforms previously discussed with the technical facilitator

Participant Profile

The group will be comprised of approximately 8-10 country teams. Country core groups and PHCPI focal points may nominate up to 4 individuals to participate in the learning group. Individuals may also apply.

This group will be looking to engage:

- Government stakeholders: Ministry of Health—i.e. Planning Department, Primary Health Services unit and Ministry of Finance
- Non-government stakeholders: representatives from civil society organizations and non-governmental organizations

This work will be most beneficial to those working at the strategic level on issues like:

- strategic communications
- resource mobilization
- system design
- program integration

How to Submit an Expression of Interest

The technical facilitation team welcomes all JLN CCGs and PHCPI country partners to submit an Expression of Interest for interested participant(s). Participants should submit the EOI application [in this link](#).

Please submit your response via the MyJLN submission form or email by **Wednesday, September 9th**. All applications will be reviewed, and decisions communicated by **Wednesday, September 16th**.

In the event that you are not able to access MyJLN, please write to the JLN network manager at jln@msh.org for alternative arrangements to submit your EOI. For any questions related to the application, please contact Emma Stewart, at estewart@r4d.org.