





Development of the subsaharan african version of the primary care assessment tool (PCAT-SSA)

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Rationale

- Several initiatives to improve operationalisation and measurement of primary health care (PHC), especially since the Astana conference in 2018
- Operational framework for PHC in 2020
- PHC measurement framework and indicators in 2022
- Assessing the core primary care functions as key recommendation for measuring the quality of care
- Few tools exist to assess the core functions of primary care in Africa

Service delivery

[prevention, promotion, treatment, rehabilitation, palliation]

Processes

Models of care*

- Selection and planning of services
- Service design
- Organization and facility management
- Community linkages and engagement

Systems for improving quality of care*

Resilient health facilities and services

Outputs

Access and availability

- Accessibility, affordability, acceptability
- Service availability and readiness
- Utilization of services

Quality care

- Core primary care functions
- First-contact accessibility
- Continuity
- Comprehensiveness
- Coordination
- People-centredness
- Effectiveness
- Safety
- Efficiency
- Timely access





The PCAT tool

- Originally developed in the USA in the 1990s, to measure four core primary care functions (firstcontact accessibility, continuity, comprehensiveness and coordination)
- Found to be reliable and valid (Shi et al, 2001)
- Adapted and validated in South Africa, Kenya, Uganda (with the addition of the peoplecentredness function)
- Proved suitable for adapting and integrating country specificities, while resonating with the PHC measurement framework



Methodology for developing the PCAT-SSA

Face validity by a face-to-face workshop with PRIMAFAMED experts

- 4-hours workshop (August 2023)
- World café format with participant amending all items for each functions
- Production of a version integrating participants inputs

In-depth content validity by an online Delphi study

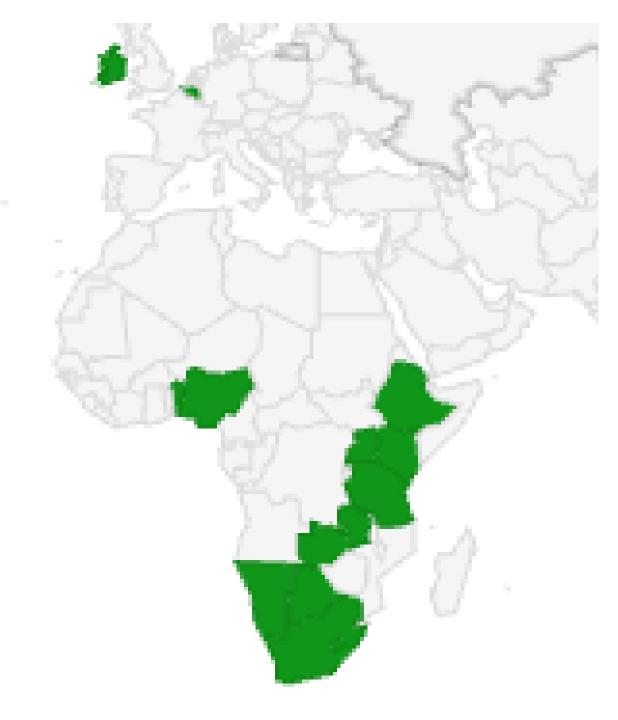
- 20 people from 19 countries (mainly family physicians within PRIMAFAMED)
- Questionnaire developped in Redcap and individually sent by email
- Consensus reached when >70% agreed on a designation for an item.

Feedback from experts and policymakers in public health and PHC

- Provided feedback on the version of the PCAT-SSA derived from the first the Delphi process.
- All feedback integrated by the research team

Findings (1)

- Representatives from 13 countries in the PRIMAFAMED workshop
 - Recommended rephrasing 39 items, deleting six and adding four new items.
- All items approved in the first round of the Delphi study



Findings (2)

- Seven additional stakeholders provided feedback
 - 3 country-level WHO offices, 3 departments of health and 1 PHC researcher
 - 23 suggestions on rephrasing items, one deletion suggested and one addition on financial barriers to access.
- Final PCAT-SSA version after integration of all feedback: 85 items

Concluding reflections

PCAT-SSA provides a tool to improve PHC measurement in Africa

Broad range of countries and stakeholders involved in the development

However, need to assess the internal reliability and conduct a confirmatory factor analysis.

Also need to integrate viewpoint of community members, patient representatives and more various cadres of primary care workers

Pilot study currently ongoing in South Africa, Benin and Uganda, with a deliberative workshop with local stakeholders foreseen.













