Strengthening Primary Health Care in Tlaxcala

Health, Nutrition and Population Global Practice
The World Bank Group

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CONTEXT: STATEMENT OF PROBLEM

General Description of the State

With approximately 4,100 square kilometers, Tlaxcala is the smallest Mexican state. The state has a young population: median age of 26 years and population pyramid with a wide base (greatest number of inhabitants in the group of 10 to 14 years of age, followed by the group of 5 to 9 years). Living infrastructure conditions are generally very good: data for 2016 show that 99% of state’s households have electricity, 98% and 97% have sanitation and drainage systems, respectively, and while 99% have access to piped water, 65% have indoor pipe water connection (numbers similar or above the national average).

Health Conditions and Health Sector Structure

The healthcare of roughly 69% of its 1.3 million inhabitants (or approximately 920 thousand people) is under the responsibility of the state’s Secretary of Health, or Organismo Público Descentralizado de Salud (OPDS).

The health administration of the state is divided into three health jurisdictions (Jurisdicciones Sanitarias, JS): Tlaxcala, Huamantla, Apizaco. Approximately 56% of the state’s total population, 66% of the population dependent of the OPDS and 32 of the state’s municipalities are covered by the Tlaxcala Health Jurisdiction (which is also the smallest in geographic area). The health infrastructure of the state is composed of 179 health centers, four community hospitals, six general hospitals, two specialized hospitals, 12 mobile medical units and 14 support medical units.

The state of Tlaxcala faces a complex health challenge. On the one hand, the data show that different types of infections are still the main determinants of morbidity in the state in all age groups: acute respiratory infection is the main cause of morbidity in all age groups. Intestinal infections are the second most important cause of morbidity among children and adolescents (0 to 19 years of age), adult men (20-59 years of age) and third cause of morbidity in adult women and the elderly (over 60 years of age). Urinary infections, dental problems and ulcers, gastritis and duodenitis complement the five main causes of morbidity in the population of 10 years of age or more. In children less than 10 years, urinary, eye (conjunctivitis) and ear (otitis) infections are the other three main causes of morbidity. It must also be noted, that there are very large variations in morbidity rates across municipalities: e.g., the rate of morbidity due to acute respiratory disease is approximately nine times higher in the municipality with the largest incidence than in the municipality with the lowest.

On the other hand, the main causes of mortality for the population as a whole reflect the epidemiological transition that also characterizes the country as whole. In this sense, the five main causes of general mortality in the state of Tlaxcala are (in descending order): diabetes mellitus, ischemic heart diseases, cerebrovascular disease, cirrhosis and other chronic liver diseases and chronic obstructive pulmonary disease. Accidents and violence also show as important causes of death.

Based on this context, the OPDS defined the following health priorities: women’s health, chronic diseases, infectious diseases and accidents. The state has also identified human resources development as a transversal element, essential for the improvement of PHC as well as the relationship between users and service providers and, ultimately, to achieve better health outcomes.
Properly managing and confronting a context in which infectious problems still coexist with chronic diseases and external causes of death is the major challenge facing the OPDS.

**Context of the RAS**

The OPDS has recently completed a SWOT (Strengths, Weaknesses, Opportunities and Threats) Analysis. Some of the main elements identified through this work were:

**Strengths** – infrastructure close by; standardized clinical procedures; experienced personnel; leadership vision that favors the strengthening of primary health care (PHC).

**Weaknesses** – weak management of human, financial and physical resources; weak health jurisdictions; personnel with passive attitude and complex union context; ineffective monitoring and supervision; deficient information systems and electronic medical records; lack of communication at all levels; bad perception of health services by users; weak positioning of PHC amongst health personnel.

**Opportunities** – geographic characteristics of the state; comprehensive model of care (modelo de atención integral, MAI); federal and state investment in technology; potential strategic partnerships; attention to human resource development; PHC present in the State’s Development Plan.

**Threats** – continuation of managerial weaknesses; progressive reduction in the financing for promotion and prevention activities; cost increases and budget reductions.

With this diagnosis in hand and, given its technical and proactive characteristic, the OPDS leadership defined, with the support of the state Governor, that the reform of the PHC system should be the main strategic tool to address the health challenges faced by the state and focus of the administration.

The SWOT analysis allowed for the identification of five areas of weaknesses with high impact on Tlaxcala’s PHC: i. management of health jurisdictions; ii. limited and inappropriate availability of health inputs; iii. fragmentation of programs and levels of care; iv. supervision, monitoring and evaluation; and v. information systems. To address these challenges, the state has not only allocated own resources, but also engaged the support from external partners in order to overcome some of its technical and knowledge constraints. The Pan-American Health Organization (PAHO) has provided technical assistance in the conceptual development of the state’s healthcare network, in order to tackle challenge (ii), and training for the improvement in the estimation of medicine needs, to confront challenge (iii). The OPDS has engaged with the Basque Country, through virtual knowledge exchanges, in the definition of the PHC model. The state of Tlaxcala is also working with the Slim Foundation, which is providing technical and financial support for the development and implementation of 13 Integral and Integrated Healthcare Units at the primary level of care. These healthcare facilities are expected to provide more comprehensive, integrated and resolutive care, with a substantial upgrade in the use of technology, thus providing an infrastructure that would help address the second weakness. The Slim Foundation is also providing support to improve the sector’s information system, challenge (v).

It was in this context that the OPDS requested the support of the World Bank to complement the state’s efforts as well as the work that it has started with the other partners and to provide technical assistance in specific aspects related to the strengthening of the PHC efforts.

The RAS’s products would help create the conditions for an effective implementation of the state’s PHC model. The Secretary of Health highlighted that the provision of health quality services is a top priority for
the state and reiterated that the WB is the institutional actor best positioned to provide support given its international experience.

**DEVELOPMENT OBJECTIVE**

The main objective of the RAS is to provide technical assistance to support the State of Tlaxcala to improve the performance of the state’s public primary health care networks to ensure better prevention and control of infectious and non-communicable diseases.

**ACTIVITY SUMMARY**

The World Bank and the Federal Ministry of Health have been engaged on knowledge exchanges since 1990’s and on lending operations until 2013. During the last two years, Bank support has been centered on improving primary care. Nevertheless, this would be the first time that the Bank supports directly a state in this area. The strategic relevance of this RAS is that provides an opportunity to support evidence-base policy making. Despite the size and diversity of the country, previous studies indicate that many of the performance problems affecting PHC are similar in all states. This suggests that a proposal to strengthen the performance of PHC based on the findings in Tlaxcala could eventually be adapted in other parts of the country.

The specific objectives of the RAS are to:

1. Support the implementation of Tlaxcala’s primary care model
2. Support the development of the sector’s human resources; and
3. Support the strengthening of the managerial capacity of the health jurisdictions

In order to achieve these objectives, the RAS would develop the following activities:

1. Analysis and review of relevant international experiences in the implementation of comprehensive health care models and health care networks.
2. Organization, facilitation and delivery of practitioner-to-practitioner knowledge exchanges related to the implementation of comprehensive health care models and health care networks (Brazil, Colombia and Spain (Basque Country)).
3. Organization, facilitation and delivery of multi-stakeholder dialogues related to the implementation of the PHC reform.
4. Design and deliver training of trainers courses to increase the capacity of the OPDS in strengthening its workforce in aspects related to increasing productivity, promoting a more secure environment, and bringing behavior change.
5. Conduct a rapid assessment of the institutional capacity of the three health jurisdictions of the state of Tlaxcala.
6. Provide training to managers and staff of health jurisdictions in topics such as: general administration, change management, quality management and population information management.

In addition to the activities listed above, financed with RAS resources, the Bank will also co-finance the following activities:

7. Implementation of PHC monitoring and evaluation tools. The tools developed and implemented in other countries by the Bank’s Primary Health Care Performance Initiative (PHCPI) will be used to monitor and evaluate the progress in the implementation of the Tlaxcala reform. PHCPI would co-finance this activity.

8. Prepare and deliver a “Flagship Course” on health systems reforms specifically tailored to the needs of Tlaxcala. The course would engage participants to think and debate in new ways about how to improve performance of the health system, such that options for change can be more directly linked to desired outcomes.

DETAILED ACTIVITY DESCRIPTION

As described above, in order to achieve its general and specific objectives, the RAS would develop seven main activities that are detailed below.

1. Analysis and review of relevant international experiences in the implementation of comprehensive health care models and health care networks.

   a. Literature review of relevant implementation experiences of reforms of PHC models in countries of the region and elsewhere. In the region, Brazil and Colombia have already been pre-identified, however, other comparator countries may be included in the study after consultations with the client.

   b. Production of a report.

2. Organization, facilitation and delivery of practitioner-to-practitioner knowledge exchanges related to the implementation of comprehensive health care models and health care networks.

   a. This activity would allow for practitioners to exchange concrete experiences and lessons learned and address specific questions related to the definition and particularly implementation of comprehensive health care models and health care networks.

   b. The Bank has already identified and agreed with the client that the experiences of Brazil in the implementation of health care networks, of Colombia in the implementation of comprehensive health care models and the case of the Basque Country, which has already engaged with Tlaxcala in the design of the PHC model will now be focused on aspects related to the experiences and lessons learned in the implementation of PHC.

   c. The proposed exchanges would take the form of virtual meetings (Basque Country); face-to-face meetings Colombia) and field visit (Brazil).
b. Production of aide memoires for each of the virtual and face-to-face meetings and final reports summarizing the results, conclusions and recommendations arising from the exchanges.

3. Organization, facilitation and delivery of two multi-stakeholder dialogues related to the implementation of the PHC reform.

a. Reforms, such as the one being advanced in Tlaxcala encounter resistance from key stakeholders. This occurs because these reforms, by definition, seek to alter the way in which the system is structured and operates, or because stakeholders do not know enough or misunderstand the reforms and their consequences. Resistance of powerful actors can debilitating or even derail a reform process. The Bank’s experience in complex contexts like the reform proposed for Tlaxcala has shown that well-structured and well-facilitated multi-stakeholder dialogues are effective in managing expectations, clarify misperceptions and align goals, thus creating a supportive environment for the implementation of the reform.

b. Definition of number of dialogue events, objectives, participants and methodology.

c. Elaboration and delivery of a communication strategy.

d. Delivery and facilitation of at least two dialogue sessions.

d. Production of reports detailing the development of the events, conclusions and agreements achieved.

4. Design and deliver two training of trainers courses to increase the capacity of the OPDS in strengthening its workforce.

a. The Tlaxcala reform will not succeed without the engagement and support of sector workers. The provision of quality health services is an activity that is highly dependent on human resource performance. However, low worker satisfaction has been diagnosed as one of the main challenges faced by the health sector in Tlaxcala. To address this problem, the RAS will develop and deliver two training of trainers courses. This would allow for the institutionalization of the capacity strengthening delivered through the RAS. The training is aimed at increasing productivity, promoting a more secure environment; and changing behavior among all those who work in the OPDS Tlaxcala, thus achieving a more satisfactory working condition and would also incorporate the team and work developed by the Bank in the area of behavior change.

b. Identify, together with the client the cadre of OPDS trainers that will participate in the training program.

c. Prepare the course content.

d. Deliver two training of trainers courses. The first course could include the following potential topics: leadership integration of work teams; high performance teams; team motivation and self-esteem. The second course could include: effective communication; caring treatment of patients; conflict management; sensitization to change; emotional intelligence and effective stress management.
5. Conduct a rapid assessment of the institutional capacity of the three health jurisdictions of the state of Tlaxcala.

a. The health jurisdictions are the administrative units responsible for the coordination, supervision, overall management and evaluation of health service delivery at the local level/territorial space. As such, they are critical for a successful implementation of a PHC strategy. However, as indicated by a national diagnostic study of health jurisdictions conducted by the Bank, these units lack the tools and capacity to appropriately fulfill these responsibilities.

b. The Bank will use the conceptual methodology and tools developed for the national assessment of health jurisdictions as the basis for preparing and conducting a rapid evaluation of the institutional capacity of Tlaxcala’s three health jurisdictions.

c. Produce a report with main findings.

6. Provide training to managers and staff of health jurisdictions.

a. The RAS will deliver two training courses to managers and staff of health jurisdictions.

b. Potential general topics include: general administration, change management, quality management and population information management. However, the specific content of the courses will be based on the results of the institutional rapid assessment.

As noted in the previous section, in addition to the activities listed above, financed with RAS resources, the Bank will also co-finance the following two activities:

7. Implementation of PHC monitoring and evaluation tools.

a. Sector reforms are dynamic processes. As such, they require appropriate monitoring and evaluation instruments that will provide managers and decision-makers with the information necessary to address the unavoidable mistakes and design and deploy the appropriate adjustments. The tools developed and implemented in other countries by the Bank’s Primary Health Care Performance Initiative (PHCPI) will be used to monitor and evaluate the progress in the implementation of the Tlaxcala reform, including the Integral and Integrated Healthcare Units implemented with support from the Slim Foundation.

b. Adapt the PHCPI indicators to the Tlaxcala context;

c. Conduct the evaluation.

d. Produce a report analyzing the results obtained.
8. Prepare and deliver a “Flagship Course” on health systems reforms specifically tailored to the needs of Tlaxcala.

a. The course would engage participants to think and debate in new ways about how to improve performance of the health system, such that options for change can be more directly linked to desired outcomes. The course also allows for the OPDS team to share a common conceptual framework and technical language. This course would be directed to the middle and top management of the technical teams of the various departments/areas of the OPDS Tlaxcala. The course could, potentially, cover the following modules (depending on the availability of resources and time of the participants): (i) the "Flagship" methodology; (ii) ethical theories in the elaboration of health policies; (iii) definition of priorities for the expansion of coverage; (iv) health financing (including methods of payment); (v) organization of systems for the provision of health services; (vi) health regulation; and (vii) persuasion.

b. Prepare the course agenda and content.

c. Deliver the course.

d. Produce a course evaluation.