



# Strengthening Primary Health Care Leadership: Global Capacity Building Course

Pathfinder edition 2024/25

## Syllabus

### 1. Background

This course focuses on enhancing leaders' capacity to drive health system changes using a Primary Health Care (PHC) approach. The course aligns with WHO's broader goals of fostering people-centered, resilient, and sustainable PHC-centered health systems that uphold the right to health, promote social justice, empower individuals and communities, and address health determinants.

PHC offers an efficient, equitable, and effective approach for countries to advance towards health for all. PHC unites three integral components—multisectoral policy and action, empowered people and communities, and primary care and public health functions—as the core of integrated health services.

The course is mandated by Resolution WHA72/2 (2019), wherein Member States requested the Director-General to (i) support Member States in strengthening primary health care, including implementing the vision and commitments of the Declaration of Astana, and (ii) ensure that WHO enhances institutional capacity and leadership efforts in promoting the vision and commitments of the Declaration of Astana.

### 2. Target audience

Senior policy makers and other decision makers from Ministries of Health, health financing agencies, and regional and local governments with responsibilities for designing and implementing PHC for UHC policies.

### 3. Pre-requisites

Experience designing and implementing health sector policies, strategies and/or plans; understanding of policy cycle; foundational understanding of health system principles with between 5 and 10 years of experience.

#### 4. Structure/ Duration / Workload

The 12-week course, running from Nov 4<sup>th</sup>, 2024, to February 28<sup>th</sup>, 2025, employs both synchronous and asynchronous teaching methods for flexibility and global participation. The 10 modules are bookend with an opening and closing ceremony. Each week features one module, consisting of: 1) Asynchronous content—self paced work on learning platform, readings, and discussion board participation (2-3 hours), and 2) Synchronous sessions—small regional groups (10 to 15 participants) (1-2 hours). An implementation project —addressing a PHC performance challenge or issue in the participants context—are developed incrementally (1-2 hours a week), with ongoing optional peer and facilitator feedback leading to a final project submission with a pass or fail grade. Additionally, participants can choose one to three elective mini modules (1-3 hours each) to complement and contextualize their learning.

A commitment of 4-7 hours weekly is necessary to complete the asynchronous readings, module content, exercises, synchronous sessions, and implementation project. The entire course takes approximately 80 hours to complete.

#### 5. Educational approach/ Format / Learning strategies

The course utilizes a digital learning platform managed by the WHO-Academy, emphasizing competency and performance application. All course materials, discussion board reflections, and information on synchronous sessions are hosted on this platform.

The course's learning journey involves active facilitation by experienced PHC experts. Participants are organized into regional small groups, each are led by a dedicated facilitator responsible for coordinating weekly synchronous sessions, guiding discussions on modular content, providing feedback on participants implementation project, and being available throughout the course to address questions.

For each of the 10 compulsory modules, participants must:

- Review asynchronous (online) material.
- Attend and actively engage in synchronous (live) sessions.
- Read the assigned essential readings.
- Contribute to online discussion.
- Work on individual implementation project and meet set deadlines.

#### 6. Course expected outcomes

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- **Demonstrate a common understanding of PHC** and how it contributes to achieving universal health coverage, the health-related sustainable development goals, and health security.
- **Utilize PHC operational framework levers** to address implementation barriers and drive health system transformation towards PHC.
- **Apply evidence informed strategies and tools** to national and subnational policy and planning processes for PHC strengthening.
- **Demonstrate leadership** through change management in health systems to strengthen PHC.

## 7. Learning journey (4 sections)

### **Section I - Understanding PHC (Modules 1, 2, 3)**

This section addresses the fundamental question: What is PHC? It examines PHC's intended purpose, traces the evolution of its fundamental principles, outlines its core components, and initiates exploration into the practical implementation of the PHC approach.

### **Section II – People driven transformation (Module 4)**

This section delves into the health system's social ecosystem, spotlighting formal and informal relationships that shape functionality. Evidence is presented regarding how neglecting relational dynamics can impede successful change.

### **Section III -The three components of PHC (Modules 5, 6, 7)**

This section addresses the pivotal question: "How can the three components of PHC be strategically articulated to fulfill PHC's envisioned objectives?". It delves into the nuanced translation and operationalization of each PHC component, carefully assessing each component's distinctive contributions and synergistic interactions. This exploration plays a crucial role in informing the "how" of transformative reorientation of health systems towards PHC.

### **Section IV - Leading change (Modules 8, 9, 10)**

This section emphasizes the essential enablers for the successful implementation of PHC-orientated reforms. The strategic levers are thoroughly explored, including political commitment and leadership, governance and policy frameworks, and financial arrangements for PHC. Strategies are presented to navigate the complexities of the political economy, highlighting the role of political economy analysis in fostering sustainable change. Finally, the transformative power of compassion is explored, emphasizing its unique role in leading change.

## 8. Weekly schedule

| MODULE   | WEEK                 | DATES     |  |
|--|----------------------|-----------|--|
| <b>Module 1: What is PHC?</b><br>Activity 1- What is PHC? Why is it needed?<br>Activity 2- One approach, three components<br>Activity 3- Synchronous session   | 1 <sup>st</sup> week | Nov 4-8   |  |
| <b>Module 2: Translating PHC vision to practice</b><br>Activity 1- PHC for UHC and health security<br>Activity 2- Health systems as complex adaptive systems<br>Activity 3- The PHC Operational Framework and its levers<br>Activity 4- Synchronous session  | 2 <sup>nd</sup> week | Nov 11-15 |  |
| <b>Module 3: PHC measurement for improvement</b><br>Activity 1- The PHC measurement framework and indicators (PHCMFI)<br>Activity 2- Implementing PHC-orientated measurement for performance improvement (Prioritizing indicators)<br>Activity 3- Implementing PHC-orientated measurement for performance improvement (Baseline, targets, and data sources)<br>Activity 4- Synchronous session | 3 <sup>rd</sup> week | Nov 18-22 |  |

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| <p><b>Module 4: Relationships: the key to unlocking the potential for change within health systems</b></p> <p>Activity 1- <i>PART 1</i>: Exploring the link between values, beliefs, thoughts, feelings, and behaviors. <i>Part 2</i>: Relationships and the dynamics of interaction in healthcare</p> <p>Activity 2- Social and environmental determinants of health and their influence on health care decisions and experiences</p> <p>Activity 3- People and relationships within health systems: Unlocking the potential</p> <p>Activity 4- Synchronous session</p> | 4 <sup>th</sup> week | Nov 25-29         |  |
| <p><b>Module 5: Multisectoral policy and action: For health, through health</b></p> <p>Activity 1- Policy, the policy cycle and PHC</p> <p>Activity 2- Multisectorality and PHC: translating principles into outcomes</p> <p>Activity 3 - Learning from HiAP: Strategies, enablers and barriers</p> <p>Activity 5- Synchronous session</p>   | 5 <sup>th</sup> week | Dec 2-6           |  |
| <p><b>Module 6: Engaged and empowered people and communities</b></p> <p>Activity 1- Communities and connections to health systems</p> <p>Activity 2- Engaging communities in health system governance: enhancing planning, prioritization, and service delivery</p> <p>Activity 3- Empowerment: Addressing power imbalances for meaningful participation</p> <p>Activity 4- Synchronous session</p>  | 6 <sup>th</sup> week | Dec 9-13          |  |
| <p><b>Break</b></p>  |                      | Dec 13-<br>Jan 13 |  |
| <p><b>Module 7: Optimizing integrated health services for PHC</b></p> <p>Activity 1- Understanding integrated and people-centered health services</p> <p>Activity 2- Placing primary care at the center of a PHC for Universal Health Coverage (UHC) approach</p> <p>Activity 3- Strategic policy choices and planning mechanisms to promote integrated and people-centered service delivery</p> <p>Activity 4- Strategic operational approaches and tools to optimize the quality of clinical encounters and pathways</p> <p>Activity 5- Synchronous session</p>        | 7 <sup>th</sup> week | Jan 13-17         |  |
| <p><b>Module 8: Leveraging the influence of leadership, governance and financing arrangements in the orientation towards PHC</b></p> <p>Activity 1- Defining health systems leadership and governance.</p> <p>Activity 2- Leadership and governance in PHC orientated health systems</p> <p>Activity 3- Funding and allocation</p> <p>Activity 4- Synchronous session</p>  | 8 <sup>th</sup> week | Jan 20-24         |  |

|   |                       |                      |  |
|---|-----------------------|----------------------|--|
| <b>Module 9: Shaping PHC orientated reforms: Navigating the political economy and creating a culture of change</b><br>Activity 1- The policy cycle and the political economy for PHC orientated reform<br>Activity 3- Political economy analysis in the planning and implementation of PHC orientated reforms<br>Activity 2- Creating a culture of change for sustainability<br>Activity 3- Synchronous session | 9 <sup>th</sup> week  | Jan 27-31            |  |
| <b>Module 10: Leading with compassion</b><br>Activity 1- Basics of compassion and compassionate leadership<br>Activity 2- Role of compassion in PHC<br>Activity 3- Compassionate leadership to drive radical PHC reorientation<br>Activity 4- Core needs and courage of self-compassion<br>Activity 5- Synchronous session  | 10 <sup>th</sup> week | Feb 3-7              |  |
| <b>Implementation project</b>   | Due                   | Feb 28 <sup>th</sup> |  |

## 9. Electives Mini Modules

Choose 1 to 3 of the following options:

| Levers | Mini- modules                                  |
|--------|--|
| 1      | Political commitment and leadership            |
| 2      | Governance and policy frameworks               |
| 3      | Funding and allocation of resources            |
| 4      | Engagement of community and other stakeholders |
| 5      | Models of care                                 |
| 6      | PHC workforce                                  |
| 7      | Physical infrastructure                        |
| 8      | Medicines and other health products            |
| 9      | Engagement with private sector providers       |
| 10     | Purchasing and payment systems                 |
| 11     | Digital technologies for health                |
| 12     | Systems for improving the quality of care      |
| 13     | PHC orientated research                        |
| 14     | Monitoring and evaluation                      |

## 10. Implementation project

Participants will apply course topics to address a primary health care (PHC)-related challenge in their country or setting. The final submission can be in one of the following formats: PowerPoint presentation (maximum 30 slides), Word document (maximum 15 pages), or a 10-minute recorded presentation. Further details on the project can be found in the implementation project document. Participants will have opportunities for peer review and feedback during week 3, week 7, and after week 10, with the option to request facilitator input. Participants may also be asked to provide peer feedback. The final project, integrating all four phases, is due by February 28, 2025. The project will

be completed in four phases, aligning with the course modules. Guiding questions are provided in the implementation project document to support project development, including:

### Module project guiding questions

| <b>Module</b> | <b>Guidance</b>  |
|---------------|--|
| Module 1      | <i>What prevalent health system challenge or issue would be transformed or improved by a (more) deliberate PHC-oriented solution, and how?</i> |
| Module 2      | <i>How might some levers of the PHC operational framework be used to implement your PHC-oriented solution?</i>                                 |
| Module 3      | <i>What specific outputs and corresponding indicators would help monitor progress towards the expected change?</i>                             |
| Module 4      | <i>What personal values, beliefs, and relationships will you need to nurture to support this change process?</i>                               |
| Module 5      | <i>What sectors need to be engaged in implementing your proposed solution?</i>   |
| Module 6      | <i>What key stakeholders need to be engaged to achieve your goal?</i>  |
| Module 7      | <i>How do integrated health services and Essential Public Health Function (EPHF) need to be transformed to achieve your goal?</i>              |
| Module 8      | <i>Outline a vision, mission, and 2-3 SMART objectives for your PHC orientated transformation.</i>   |
| Module 9      | <i>Summarize the political economy factors that will impact the feasibility of your PHC effort.</i>  |
| Module 10     | <i>Describe what compassionate leadership would concretely imply in implementing your proposed PHC orientated solution.</i>                    |

## 11. Evaluation and certification

To receive the Certificate of Participation from the WHO-Academy, participants must successfully complete the 10 main modules, attend minimum 6 out of 10 regional synchronous sessions, participate on the discussion board, and submit the final implementation project.