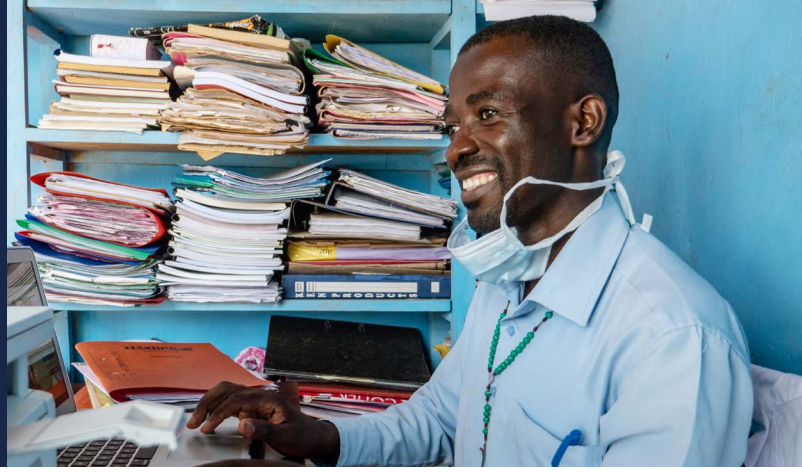
Primary Care International

Business Plan 2021-25



Our Global Challenge

Covid-19, non-communicable diseases and poverty, recently described as a 'perfect storm' (BMJ, 2020), represent a global health emergency on a scale which is difficult to comprehend.

It is widely acknowledged that investment in integrated primary healthcare is the most equitable and cost-effective route to quality healthcare for all. Yet a failure to prioritise primary healthcare over the decades has resulted in fragmented systems and duplication of services with little impact on health outcomes of communities. Advocating for integrated primary healthcare services, delivered by empowered healthcare workers, is our central driver.

Within this context, non-communicable diseases (NCDs) like heart disease, diabetes, cancer and mental illness represent a particular challenge to overstretched health systems. NCDs now make up 7 of the world's top 10 causes of death. Indeed, these diseases account for more deaths than HIV, malaria, tuberculosis, diarrhoea and all other communicable diseases combined.

Without a strong primary healthcare system, NCDs often go unrecognised until they cause significant disability or premature death, as well as making people more vulnerable to infectious disease. Meanwhile healthcare workers lack the training, treatment protocols and basic equipment to offer quality care. It is widely understood that building primary healthcare system capacity is critical to improving NCD care and improving health outcomes. Small, simple, affordable actions can reduce preventable death and disability, yet funding for NCDs represents just 2% of global health spending.

Innovative solutions to address primary healthcare workforce capacity are urgently needed, particularly in low- and middle-income countries (LMIC) where health systems lack resilience and are inadequately equipped to respond to new and existing demands.

Who We Are

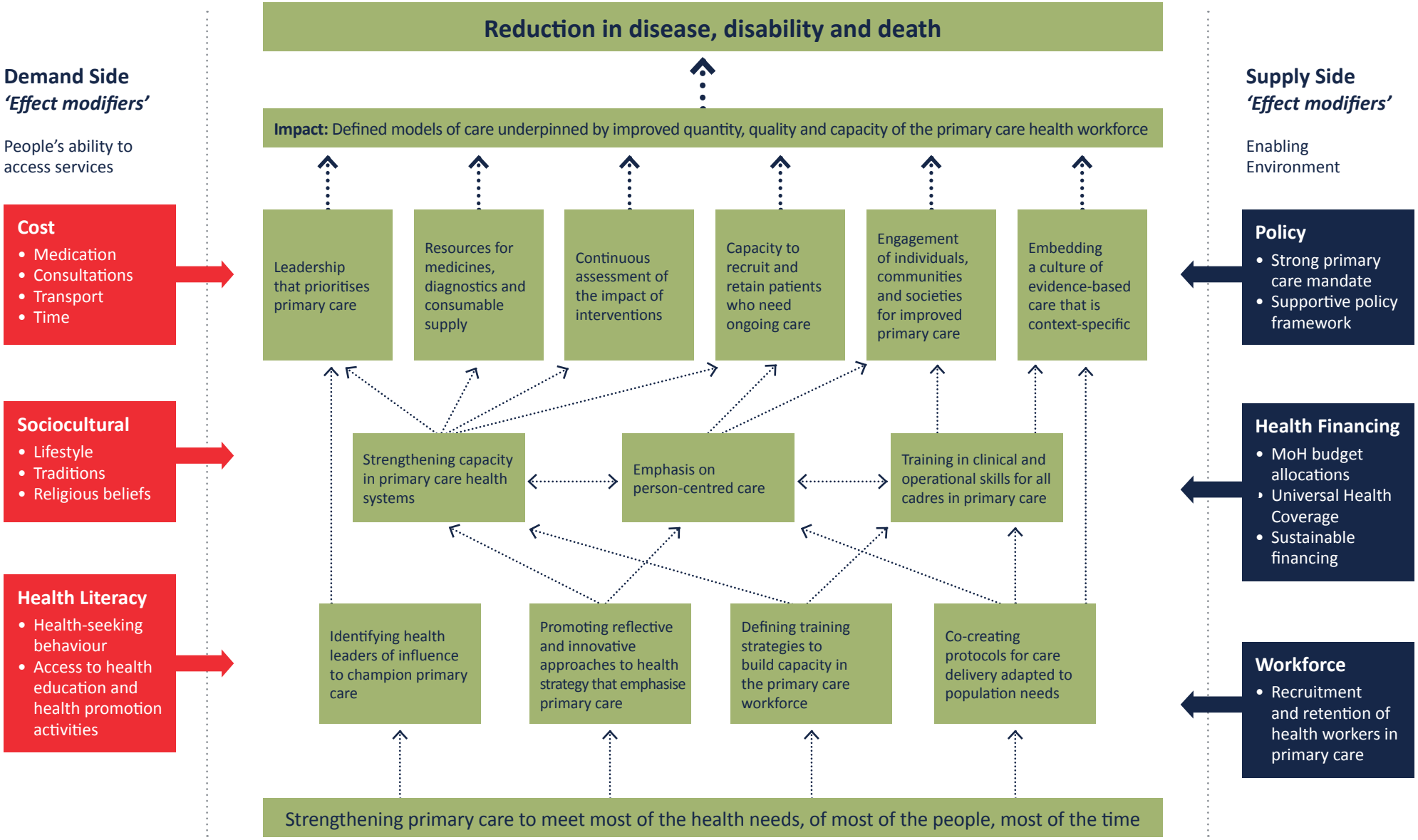
PCI is an agile social enterprise committed to strengthening primary healthcare in resource-poor settings. Founded in 2014 by leading British medical education provider *Red Whale*, PCI now partners with major global health organisations in Africa, Asia and the Middle East. These include the WHO, the UN High Commissioner for Refugees, Ministries of Health and non-governmental organisations such as Médécins Sans Frontières and the International Rescue Committee.

Employing a peer-to-peer approach tested during 2014-20 across 28 countries, we work with our colleagues and partners around the world to build confidence and capacity, co-creating innovative, practical solutions to the endemic challenges facing healthcare systems in diverse settings globally. With a firm belief in compassionate, person-centred healthcare, PCI occupies a unique position, bringing deep clinical and systems expertise to integrated primary healthcare.

Our Theory of Change

PCI's Theory of Change recognises that no single agency alone can realise transformation of healthcare. It requires organisations across the public, private and civil society sectors to collaborate within the healthcare sector and beyond. PCI's adaptable model is therefore explicit in its role as an influencer and catalyst as well as its role as a producer and disseminator of knowledge and skills. PCI's specific role in the theory of change is to bridge the gap between supply and demand by strengthening the capacity of the workforce to utilise existing system capability or indeed create or innovate system capacity to meet the population health needs at primary care level.

PCI's Theory of Change



Our Model

Co-create: Together with our partners, we produce pragmatic, actionable guidance, learning resources and toolkits drawing on our global experience as well as international evidence.

Coach: Bridging the gap between policy and action, we offer evidence-based training and mentoring, build leadership cadres and facilitate cascade of knowledge and skills.

Catalyse: Supporting needs analysis and priority setting for the wider transformation of primary healthcare systems. Testing innovative models designed as demonstration projects for scale up by others.

Our Social Impact

Since our launch in 2014, PCI has:

- developed, field-tested and refined its model through projects in 28 countries across Africa, Asia, Central America and the Middle East
- built capabilities of more than 4,000 health workers through direct or cascade training
- acted as a catalyst for change across the wider health ecosystem, influencing medicines procurement and clinic management
- tested new models of care leveraging programme expansion across five countries.

This unique experience means that we are now ready to embark on our second phase of growth and impact as a distinctive provider, building local capacity and skills, creating demonstration models and catalysing action and investment by other national and international agencies to pursue best practices in primary care.

In this way, PCI will become a global leader and go-to innovation partner for the transformation of primary healthcare for the most vulnerable.

Our Strategic Goals

Our ambition *is to reach 25,000 healthcare workers globally covering a total population of seven million people[1] by 2025, strengthening the effectiveness and impact of primary healthcare throughout LMICs and for the most vulnerable groups such as refugees.*

We will do this by combining an integrated, patient-centred approach to care with a population health perspective to optimise health outcomes across the settings where we work.

To realise this ambition, our strategic goals and specific objectives for 2020-25 are outlined below. Key performance indicators and resources required for each strategic goal are available in Annex 1.

Strategic Goal	Specific Objective
1. To strengthen primary healthcare capacity by delivering practical health workforce solutions through strategic partnerships with organisations working at scale.	To deliver impactful quality projects in partnership with at least three organisations reaching at least 6,000 healthcare workers directly or via cascade training by 2025.
2. To generate evidence of the value (and viability) of decentralising the prevention and management of chronic diseases to primary healthcare through field-testing innovative models of care.	To generate proof-of-concept and evaluate at least 6 scalable models of care, reaching at least 5,200 healthcare workers via scale-up of identified innovations by 2025.
3. To create sustained impact through investing in local leadership to strengthen health systems and facilitate learning exchange.	To reach at least 55 healthcare leaders per year via PCI programmes indirectly reaching at least 13,800 healthcare workers by 2025.

Cross-cutting Priorities

Digital Transformation

The trend towards digital learning, part of a wider growth in the use of technology to enable health systems strengthening, has been significantly accelerated by the Covid-19 pandemic and its related restrictions on travel.

Building on the early scoping and planning that had been done pre-pandemic for a PCI Academy, a key priority during the next three years is to launch, develop and scale the PCI Academy in partnership with existing and new clients. Whilst the Academy will act as a hub for all PCI medical education projects (digital or face-to-face), the end goal will be to have produced a world-class blended learning[2] hub for primary healthcare workers with a clear USP,[3] accredited by a recognised body and endorsed by leading global health institutions.

Creating and moderating global communities of practice within the hub will also position PCI as a facilitator and broker, recognising the value of expertise and insight in its many forms, including lived experience in specific settings (bottom up as well as top down approaches).

1. Based on average healthcare worker to population ratios (WHO, 2016)
2. Defined as pairing e-learning with peer mentoring, face-to-face support and project-based quality improvement activities to create a highly distinctive offer of genuine value and potential for the transformation of healthcare practice.
3. The PCI Academy USP is articulated as offering evidence-based, pragmatic, action-oriented and reflective content written and curated by practising primary healthcare practitioners with and for their peers working in resource-limited settings globally with integrated, patient-centred primary healthcare strengthening as its core focus.

Diversity and Inclusion

PCI was originally founded by a group of medical doctors in partnership with experts in business management, marketing and talent. It has thus always been recognised that diversity brings new perspectives and shines a light on collective blind spots. Indeed we believe that diversity in all its forms (racial, ethnic, cognitive, gender, ability, sexuality, religious) is essential to high-performing teams.

Efforts have been underway over the past five years to develop a more diverse network of Clinical Associates, living in or from the countries where PCI works. This work continues.

Wider events in the external environment, including the Black Lives Matters movement, have further shone a spotlight on systemic racism and the irrefutable need for meaningful inclusion and representative of people of colour in the workplace, from Board level downwards.

Given that PCI works so substantially in low- and middle-income (LMIC) settings, it is particularly important that we bring into the organisation people with lived experience in such settings. Not only is this the right thing to do from an anti-racist perspective but is also critical to ensuring the organisation avoids the pitfalls of 'groupthink', instead benefitting from a diversity of perspectives and expertise which will enable us to better meet our objectives.

Nurturing Partnerships

Without partners, PCI would not exist. Partnership is at the heart of how PCI works. As PCI moves into the next phase of its growth, we will proactively widen our networks of partners, tapping into new sources of finance and expertise.

These new forms of partnership may include:

- **Social investment:** seeking sources of funding to supplement earned income and enable the organisation to invest in its own infrastructure/development
- **Consortia:** selling PCI's value proposition to large consortia and/or creating new consortia to respond to new opportunities arising
- **Collaborators:** exploring opportunities for formal and informal partnership with individuals and organisations around the world who have complementary expertise to deploy in delivery of new projects

In exploring the above opportunities, PCI will continue to hold close our integrity and values. PCI has clear principles and criteria to consider before entering into any partnership (outlined in its *Partnership Policy*).

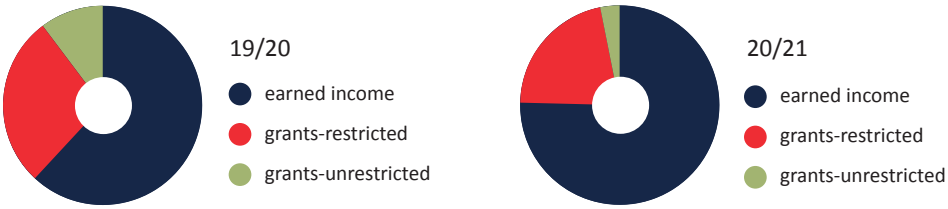
Advocacy

During the next five years, PCI will intentionally develop its role as a thought leader and advocate for integrated primary care. Using a range of channels from leveraging social media to documentation and dissemination of programme results, from publication of blogs and opinion pieces through to speaking at conferences and webinars, PCI will draw on its direct experience and use its voice to highlight the effectiveness of integrated approaches to care (rather than vertical, siloed programmes). We will champion approaches which take a holistic view of healthcare; with social determinants of health as a starting point and an empowered primary healthcare workforce as our goal.

To realise this, PCI will nurture and further develop a diverse pool of expertise to contribute to this work, making use of existing capacity (Clinical Associates and Board Directors) as well as developing additional capacity by creating an International Advisory Council whose remit will be to provide strategic guidance to the Board based on their lived experience of health systems in LMIC as well as to act as representatives and advocates for PCI around the world.

Business Model

PCI operates a social enterprise business model with earned income (primarily commercial contracts for delivery of services) as its primary source of revenue. This is complemented by grant funding restricted to specific projects, and a small percentage of unrestricted philanthropic donations.



PCI forecasts that earned income will continue to make up the majority of its revenues, but is also running a social investment campaign during 2021-22 to source additional philanthropic income to a) invest in developing PCI products and services and b) enable us to invest in generating proof-of-concept through field-testing new approaches to care (see strategic goal 2 above).

PCI has established a standardised rate card for different types of projects, and is further developing its pricing model to embed consistent approaches to project costing across the organisation.

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