## PHCQS Primary Health Care Questions for Surveys











2025

### Introduction

The Primary Health Care Questions for Surveys (PHCQS) project represents a pivotal initiative aimed at standardizing the global assessment of primary health care (PHC) access and unmet needs through general population surveys, particularly in low- and middle-income countries (LMICs). By establishing a core set of globally consistent indicators and survey questions, the project seeks to improve availability of comprehensive data on barriers to accessing PHC, such as financial, geographic, and systemic constraints. These data will inform evidence-based policymaking and facilitate comparisons across countries, demographic groups, and regions to address inequities in access to health services.

### **Goals and objectives**

The overarching goal of the PHCQS project is to facilitate collaboration and coordination among ministries of health, global health survey developers and platforms, and technical experts in order to develop standardized survey questions and indicators to assess unmet needs, foregone care, and access barriers within PHC systems globally. Specifically, the project aims to:

- Establish globally standardized core and optional indicators.
- Develop and validate survey tools for measuring availability, accessibility, affordability, and acceptability of PHC.
- Facilitate global comparisons of PHC access and enable country-specific analysis of gaps and inequities.
- Promote data integration into national and global health monitoring frameworks.
- The project draws inspiration from successful initiatives, such as the Tobacco Questions for Surveys (TQS) project, which established global standards for tobacco-related surveys.

### Background

Existing global health assessments often rely on facility-based data, which inherently exclude individuals who do not seek care. The lack of data on unmet need and foregone care limits the ability to monitor Universal Health Coverage (UHC) effectively, particularly in LMICs, where access gaps are more prevalent. The PHCQS initiative addresses this critical gap by developing a small, standardized set of survey questions tailored to the challenges of measuring unmet PHC needs in diverse global contexts.

General population surveys, such as Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS), are key to measuring unmet needs. However, substantial variation exists across countries in how surveys define unmet needs and barriers to care, leading to inconsistencies in data. The standardized question set proposed by PHCQS will help harmonize definitions, recall periods, and metrics, thus improving the reliability and comparability of PHC data worldwide.

### Methodology

The development of the core question set followed a structured, phased approach:

#### 1 Stakeholder engagement and working group formation

- a Introductory meetings were held with ministries of health in multiple countries to secure participation and collaboration.
- **b** An informal technical working group was established, comprising representatives from global health organizations, technical experts, and country stakeholders.

#### 2 Desktop review and question mapping

- a Existing global surveys were reviewed to identify current questions related to PHC access, affordability, and quality.
- **b** A mapping exercise was conducted to align indicators with the project's goals, focusing on usual sources of care, foregone care, barriers to care, and patient satisfaction.

#### 3 Cognitive testing

a In-country focus group discussions (FGDs) were conducted in Bangladesh and Brazil to assess the clarity and contextual appropriateness of the proposed questions. Feedback from the FGDs guided the refinement of survey instruments.

### 4 Pilot testing

- a A pilot survey was conducted in Bangladesh with 2,225 participants using telephonic interviews conducted through random digital dialing.
- b In Brazil, a mobile pilot survey was conducted with 2,458 participants.
- **c** Data weighting ensured that survey results were representative of the population. Logistic regression and frequency analysis were used to assess the factors associated with unmet needs.

#### 5 Consolidation

- a Findings from the cognitive testing, pilot interviews as well as feedback from partners currently undertaking population surveys was triangulated.
- **b** A final working group meeting was held to review the findings and finalize the question set.

### **Finalized indicators and survey tool**

The finalized indicators cover key domains related to PHC access, affordability, and quality. A summary of the core indicators, as envisioned within a survey tool, is provided in Annex 1.

#### Next steps

- 1 Survey integration
  - a Collaborate with national and global survey platforms to incorporate standardized questions into existing survey frameworks.
- 3 Dissemination and stakeholder engagement
  - a Disseminate pilot findings through workshops, publications, and policy briefs.
  - b Continue engagement with ministries of health and survey partners to promote adoption.

### Significance and call to action

The PHCQS project represents a crucial effort to close gaps in PHC access assessments, particularly in LMICs. By standardizing the measurement of unmet needs and access barriers, the project will provide actionable data to inform policy decisions and promote health equity. Stakeholder collaboration and co-creation have been integral to ensuring that the question set is contextually relevant and technically robust.

We invite partners, policymakers, survey developers, and health organizations to join us in advancing this initiative to achieve comprehensive, reliable, and actionable data for improving PHC systems globally. Together, we can support the realization of UHC and address the systemic barriers that prevent individuals from accessing essential health services.



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Vital Strategies Brazil

World Bank (WB)

World Health Organization

For more information, please contact: Resolve to Save Lives (info@resolvetosavelives.org).

### Annex 1: Survey tool & summary of indicators

#### Primary health care access

In this section, I am going to ask you questions about your experiences/use of primary health care. Primary health care is the first level of health support that people receive. It's usually the first place someone goes when they have a health concern or need routine services, such as a check-up, vaccination, or advice on staying healthy. This could mean visiting a community health center, talking with a nurse, seeing a local doctor, or getting health information through an outreach worker.

**Note to survey team:** Depending on the country context, the options mentioned above could be adjusted to include/exclude traditional practitioners, the private sector or higher levels of care that may provide PHC services.

Questions	Responses	Code	Analysis						
Availability: Usual source of care	Availability: Usual source of care								
When you need routine health		PHC 1	Frequency (%)						
you usually go to?	Yes 1								
Examples of routine care include vaccinations, antenatal care, health advice or check up for	No	2							
chronic disease such as high blood pressure or diabetes.	Refuse to answer	999							
[BRANCH QUESTION IF] Base: PHC 1 = 1	(Locally appropriate list of providers and facilities in public and private sectors) <i>Select one option only</i>		PHC 1A	Frequency (%)					
What type of health facility or provider is this?	Community health care worker	1							
	Traditional healer	2							
	Health post	3							
	Public clinic or community health center	4							
	Private general practitioner	5							
	Private pharmacy	6							
	Public hospital	7							
	Private hospital	8							
	Telemedicine provider	9							
	Other (Specify)	10							
	Refuse to answer	999							



Questions	Responses	Code	Analysis	
[BRANCH QUESTION IF] Base: PHC 1 = 2	Select all that apply	PHC 1B	Frequency (%)	
Why do you not have one person or place that you go to?	Financial reasons	1		
	Scheduling or service availability challenges	2		
	Not chronically ill	3		
	Self-medicate or self-care	4		
	Preference or need for different services at different facilities/providers	5		
	Difficulty navigating the health system or unsure where to go	6		
	Other (Specify)	7		
	Refuse to answer	999		



**Note to survey team:** This question allows for the possibility that many respondents may not have a usual source of care and thereby allows assessment of quality. (See PHC 6 and PHC 8) based on last source of care.

Questions	Responses	Code	Analysis	
Availability: Last source of care				
The last time you needed routine health care within the past twelve	(Locally appropriate list of providers and facilities in public and private sectors) <i>Select one option only</i>		PHC 2	Frequency (%)
Examples of routine care include	Community health care worker			
vaccinations, antenatal care, health advice or check up for chronic disease such as high	Traditional healer	1		
blood pressure or diabetes.	Health post	2		
	Public clinic or community health center	3		
	Private general practitioner	4		
	Private pharmacy	5		
	Public hospital	6		
	Private hospital	7		
	Telemedicine provider	8		
	Haven't sought care	9		
	Other (Specify)	10		
	Refuse to answer	999		

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Questions	Responses	Code	Analysis	
Availability: Access to care				
In the past twelve months, was there a time when you had a		PHC 3	Frequency (%)	
health problem and needed medical attention, but you did not get health care from a provider?	Yes	1		
3	No	2		
	Refuse to answer	999		
[BRANCH QUESTION IF] Base: PHC 3 = 1	Select all that apply		PHC 3A	Frequency (%)
Why did you not get care?	Financial reasons	1		
	Household responsibilities			
	Childcare responsibilities			
	Distrust in health system			
	Work related challenges	5		
	Distance to facility	6		
	Waiting times	7		
	Self-medication or minor/self-limiting condition	8		
	Uncertainty on where to access care			
	Disrespectful staff	10		
	Service, medicines and equipment not available	11		
	Other (Specify)	12		
	Refuse to answer	999		



Questions	Responses		Code	Analysis
Affordability: Financial access to ca	are			
Sometimes people have difficulty affording health care. In the past			PHC 4	Frequency (%)
12 months, have you ever needed to borrow money or sell valuables to pay for health care?	Yes	1		
	No	2		
	Refuse to answer	999		
[BRANCH QUESTION IF] Base: PHC 4 = 1	Select all that apply		PHC 4A	Frequency (%)
Did you borrow money, sell valuables or both?	Borrowed money	1		
	Sell valuables	2		
	Both	3		
	Refuse to answer	999		



Questions	Responses	Code	Analysis						
Acceptability: Quality of care	Acceptability: Quality of care								
Base: PHC 1 = 1			PHC 5	Frequency (%)					
Thinking about the last time you had a consultation with your	Poor	1							
usual health care provider or at your usual place of care within the last 12 months, how would	Fair	2							
you rate the quality of care you received?	Good	3							
	Very good	4							
	Excellent								
	Did not consult within the last year								
	Refuse to answer	999							
Base: PHC 2 = 1			PHC 6	Frequency (%)					
Thinking about the last time	Poor	1							
health care provider or place of care within the last 12 months,	Fair	2							
how would you rate the quality of care you received?	Good	3							
	Very good	4							
	Excellent	5							
	Did not consult within the last year	6							
	Refuse to answer	999							



Questions	Responses	Code	Analysis	
[BRANCH QUESTION IF] Base: PHC 5 or 6 = 1 or 2	Select all that apply	PHC 7	Frequency (%)	
What is the reason for your response?	Long wait-time 1			
	Short consultation time	2		
	Unacceptable behaviour of staff	3		
	Concerns not addressed	4		
	Poor clinical skills of provider	5		
	Service, medicines and equipment not available	6		
	Poor or unclean infrastructure or environment	7		
	Overcrowding	8		
	Other (Specify)	9		
	Refuse to answer	999		



Questions	Responses		Code	Analysis				
Acceptability: Trust								
Base: PHC 1 = 1			PHC 8	Frequency (%)				
Thinking about your usual health care provider or facility,	Rate 0-10			Mean/Median				
how likely is it that you would recommend them to a friend or family member, on a scale of 0-10 where 0 is not likely and 10 is very likely.	Refuse to answer	999		Convert to categorical and analyze frequency of each: 0-6 Unlikely 7-8 Neutral 9-10 Likely				
Base: PHC 2 = 1			PHC 9	Frequency (%)				
Thinking about your last health	Rate 0-10	1		Mean/Median				
care provider or facility, how likely is it that you would recommend them to a friend or family member, on a scale of 0-10 where 0 is not likely and 10 is very likely	Refuse to answer	999		Convert to categorical and analyze frequency of each: 0-6 Unlikely 7-8 Neutral 9-10 Likely				

The following table describes the indicators and associated meta-data:

Indicator	Definition	Population	Time period	Numerator	Denominator	Calculation
Usual source of care	Percentage of adults who have a usual source of care	Adults 18+	Lifetime	Number of adults that have a usual source of care	All adults surveyed	Numerator divided by denominator, multiplied by 100
Last source of care	Percentage of adults that accessed different types of PHC services (country specific) the last time they needed health care	Adults 18+	Past 12 months	Number of adults per category of PHC service ( <i>country</i> <i>specific</i> )	All adults surveyed	Numerator divided by denominator, multiplied by 100
Access to care	Percentage of adults that did not seek or receive care	Adults 18+	Past 12 months	Number of adults that did not seek or receive care	All adults surveyed	Numerator divided by denominator, multiplied by 100
Financial access to care	Percentage of adults that borrowed money or sold valuables in order to access care	Adults 18+	Past 12 months	Number of adults that borrowed money or sold valuables in order to access care	All adults surveyed	Numerator divided by denominator, multiplied by 100
Quality of care (Usual Provider)	Percentage of adults reporting poor, fair, good, very good or excellent care from their usual provider	Adults 18+	Past 12 months	<ol> <li>Number of adults reporting poor care from their usual provider</li> <li>Number of adults reporting fair care from their usual provider</li> <li>Number of adults reporting good care from their usual provider</li> <li>Number of adults reporting very good care from their usual provider</li> <li>Number of adults reporting very good care from their usual provider</li> <li>Number of adults reporting excellent care from their usual provider</li> </ol>	All adults with a usual source of care	Numerator divided by denominator, multiplied by 100 (for each category)

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Indicator	Definition	Population	Time period	Numerator	Denominator	Calculation
Quality of care (last provider)	Percentage of adults reporting poor, fair, good, very good or excellent care from their last provider	Adults 18+	Past 12 months	<ol> <li>Number of adults reporting poor care from their last provider</li> <li>Number of adults reporting fair care from their last provider</li> <li>Number of adults reporting good care from their last provider</li> <li>Number of adults reporting very good care from their last provider</li> <li>Number of adults reporting very good care from their last provider</li> <li>Number of adults reporting excellent care from their last provider</li> </ol>	All adults with a last source of care	Numerator divided by denominator, multiplied by 100 <i>(for each</i> <i>category)</i>
Trust in provider (usual provider)	Percentage of adults reporting they are unlikely (detractors with scores from 0-6), neutral (passives with scores of 7 or 8) or likely (promoters with scores of 9 or 10) to recommend their usual provider	Adults 18+	Past 12 months	<ol> <li>Number of adults reporting they are unlikely to recommend their usual provider – rated provider 0-6</li> <li>Number of adults reporting they are neutral to recommend their usual provider – rated provider 7-8</li> <li>Number of adults reporting they are likely to recommend their usual provider – rated provider 9-10</li> </ol>	All adults with a usual source of care	Numerator divided by denominator, multiplied by 100 <i>(for each category)</i> To calculate the net promoter score, subtract the percentage of detractors from the percentage of promoters. The overall scale is –100 to 100
Trust in provider (last provider)	Percentage of adults reporting they are unlikely, neutral or likely to recommend their last provider	Adults 18+	Past 12 months	<ol> <li>Number of adults reporting they are unlikely to recommend their last provider – rated provider 0-3</li> <li>Number of adults reporting they are neutral to recommend their last provider – rated provider 4-6</li> <li>Number of adults reporting they are likely to recommend their last provider – rated provider 7-10</li> </ol>	All adults with a last source of care	Numerator divided by denominator, multiplied by 100 <i>(for each</i> <i>category)</i>