



# CHMI PRIMARY CARE LEARNING COLLABORATIVE

» The CHMI Primary Care Learning Collaborative is a peer-learning network that enables knowledge sharing among participating organizations on challenges related to quality, sustainability, efficiency, and scale. Launched in 2013, Collaborative members share successes, jointly solve problems related to common challenges, and highlight promising practices for organizations providing primary care in low- and middle-income countries. The Collaborative consists of five organizations employing chain and franchise models to deliver primary health care in Kenya, Burundi, and India: **Access Afya, LifeNet International, Penda Medical Center, Ross Clinics, and Swasth India.**

## THE CHALLENGE

Accessing quality, affordable primary care is a challenge in many low- and middle-income countries. Franchises and chains have proven to be promising models to lower costs, increase quality, and remove barriers to access. However organizations employing these models continue to face challenges related to quality, sustainability, efficiency, and scale.

## THE OPPORTUNITY

This network facilitates knowledge-sharing, joint problem-solving, and the collaborative development of promising approaches among organizations providing primary care in low income communities. The peer-learning approach allows members to learn from each other's experiences, increasing the speed and efficacy of problem-solving and innovation.



## HOW THE COLLABORATIVE MODEL WILL DELIVER RESULTS

The collaborative supports the development of better models for delivering primary care that improve quality, focus on the provision of priority health interventions, effectively scale to larger numbers of outlets, and sustain themselves financially.

Each member organization sets specific goals to accomplish during the course of the collaborative. The group provides ideas to help members achieve their goals. Members report out to each other on progress and use insight from the group to overcome challenges in reaching these goals.

## HOW WE WORK

### › IN-PERSON MEETINGS

Collaborative members convene several times per year to exchange ideas, meet with experts, tour member clinics, and present on their models to external audiences.

### › GROUP LIST-SERVE

Members use a list-serve to pose questions and share articles, resources, and ideas on a regular basis.

### › MONTHLY CONNECTIONS THROUGH CALLS & VIDEOS

Members connect monthly through group video calls, one-on-one calls, and video messages. These channels allow members to speak in-depth about their progress, challenges, and successes.

## IMPACT

In the short run, the Collaborative has already seen a number of changes in the models of its members, ranging from marketing innovations, to expansion of services, to rethinking the way that a model is expanding to new geographies. **In the long run, through the dissemination of learnings and knowledge, the Collaborative expects to create change in broader primary health care markets – ultimately improving quality, affordability, and efficiency of care for the poor.**

## EQUIPPING OTHER PRIMARY CARE ORGANIZATIONS TO SUCCEED

The Learning Collaborative members are committed to creating change beyond their own organizations to improve quality and expand access to primary healthcare in low- and middle-income countries. To ensure a broad ripple effect, members of the Collaborative and CHMI are creating a set of knowledge products useful for policymakers, funders, global health experts, and other managers of health programs. These products will capture the knowledge, strategies, and innovations discussed during the course of the Collaborative. They will also give the members of the Collaborative a platform to jointly advocate on issues critical to their organization's success.



## MEMBER ORGANIZATIONS



» FOR MORE INFORMATION PLEASE EMAIL [KBAZAZSMITH@R4D.ORG](mailto:KBAZAZSMITH@R4D.ORG)