

Primary health care utilisation threshold

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Key points

- Health care utilization rates are an important indicator of access to and acceptability of health services
- When analyzing utilization rates, consider whether you can aggregate health facility use by sex, age and (where relevant) origin, ethnic affiliation, and disability
- 'Population' includes all individuals who visit health facilities, whether they are refugees or nationals
- The standards apply to refugee camps and to out of camp (including urban) situations

1. Overview

The standards in this section address the core aspects of access to quality health care and utilization of services.

Health service utilization rate measures the rate at which new visits are made to health facilities in one year. If the rate is lower than expected, it may indicate that the population does not have adequate access to health services. This may be due to poor quality, direct or indirect cost barriers, preference for other services, overestimation of the population or other access problems. If the rate is high, it may suggest that the population is 'overusing' health services. This may be due to the presence of a specific public health problem or because the population has been underestimated or to access problems elsewhere.

The number of consultations per trained clinician per day measures the workload which is a proxy indicator of the quality of care. A high consultation rate in combination with appropriate health utilization rate may indicate under staffing in the facility.

2. Relevance for emergency operations

During an emergency, health systems and the provision of health care are often disrupted or weakened. There may be barriers to accessing health facilities in addition to a lack of adequate staff. It is, therefore, important to monitor service utilization and health care workers workload.

3. Main guidance

Emergency Phase

Emergency standard

- Health facility utilization rate: between 1 - 4 new consultations/person/year.
- The number of consultations per trained clinician per day is less than 50.

Whenever possible, distinction between new visits and revisits during outpatient consultations should be made. However, in an emergency it may be difficult to differentiate new visits and revisits, so they are frequently combined as total visits which can be used as a proxy for calculation of health facility utilisation rate expressed as number of visits (new visits and revisits) per person per year.

Post emergency phase

The above standards apply to emergency and post emergency phases.

Primary health care utilization threshold checklist

- Develop or adapt data collection tools (register and tally sheets) to track consultations and allowing distinction between new visits and revisits.
- Ensure all clinicians working in a given health facility use standard outpatient registers.
- Monitor health facility utilization rates and consultations per clinician per day.

4. Standards

Sphere Health systems standard 1.1: Health service delivery

People have access to integrated quality healthcare that is safe, effective and patient-centred.

UNHCR Standards and Indicators

Health facility utilization rate: between 1 - 4 new consultations/person/year

Annexes

[The Sphere Handbook, 2018](#)

[UNHCR Standards and Indicators Guide, 2019](#)

5. Links

[The Sphere Handbook, 2018 UNHCR Integrated Refugee Health Information System \(iRHIS\)](#)

6. Main contacts

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