Comprehensive primary health care (CPHC) is widely recognized as an inclusive, effective and efficient approach for achieving universal health coverage (UHC) and the health-related SDGs; a cornerstone for promoting health security through the provision of essential public health functions; and the foundation for sustainable and integrated people-centred health care. The UN High-Level Meeting on UHC, scheduled in New York in September 2023, through an anticipated Political Declaration by Heads of State and Governments, is expected to further enhance global commitment and momentum towards health for all through strengthened focus on primary health care (PHC).

The South-East Asia Regional Strategy on Primary Health Care 2022–2030 (or the SE Asia Regional PHC Strategy), developed in consultation with South-East Asia Region Member States and partners and endorsed during the Seventy-fifth session of the Regional Committee, provides a unified framework for strengthening PHC as a foundation for achievement of UHC and the SDGs. The SE Asia Region PHC Strategy was guided by and aligns with key regional and global documents, particularly resolution SEA/RC74/R1. Moreover, as requested by the Seventy-fifth Regional Committee, the South-East Asia Regional Forum for PHC-oriented Health Systems (hereinafter also referred to as the SE Asia Regional Forum) was established as a government-led initiative to promote knowledge and experience sharing and synergized support from partners in tackling specific bottlenecks for PHC strengthening in the Region.

While there has been notable progress across Member States towards PHC-orientation of health systems, including in recent years, focused attention is required in the following areas: capacities to track and monitor progress and promote accountability; institutionalize and strengthen participatory mechanisms in UHC/PHC governance; strengthen knowledge management mechanisms to scale up and contextualize effective and cost-efficient models; and promote synergized support from WHO and partners tailored to national systems and context, especially in tackling implementation bottlenecks. Improving quality, integration of disease control programmes particularly NCDs, ensuring continuum of care across the life-course and levels of care, integration of public health functions, developing multidisciplinary teams to provide PHC, and leveraging digital health for people-centred PHC are some of the common challenges that countries in the Region face with regard to PHC.
This Working Paper was presented to the High-Level Preparatory (HLP) Meeting for its review and recommendations. The HLP reviewed the paper and made the following recommendations for consideration by the Seventy-sixth Session of the Regional Committee:

**Action by Member States**

1. Participate in the preparation of the Roundtable and development of the Ministerial Declaration, including the virtual consultation and discussions at the second meeting of the SEAR PHC Forum.

**Actions by WHO**

1. Include comments from Member States to further highlight the significance of key recommended topics in the technical report to the Seventy-sixth Session of the Regional Committee for South-East Asia and the discussion stated above, including investment and financing for PHC, linkages between PHC and other levels of health care, digital health and telemedicine, PHC infrastructure, climate change resilience and traditional medicine.

1. Facilitate discussions, under the leadership of the Government of India as the host country, among Member States to prepare and develop the Ministerial Declaration for smooth adoption through consensus at the Roundtable.

This Working Paper and the HLP Meeting recommendations are presented to the Seventy-sixth Session of the WHO Regional Committee for South-East Asia for its consideration and decision.
Introduction

1. Universal health coverage means all people have access to the full range of quality health services they need, when and where they need them, without incurring financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course. UHC is an equitable mean to promote health and wellbeing as a precondition for and an outcome and indicator of the social, economic and environmental dimensions of sustainable development.

2. Explicit global prioritization of universal health coverage in 2015, as part of the United Nations Sustainable Development Goals (UN SDGs), marked a critical departure from the prior Millennium Development Goal era. Adoption of universal health coverage shifted focus from disease to the full human condition, with associated implication on health systems.

3. While primary health care (PHC) has long been recognized as fundamental to advancing “health for all”, focused attention on PHC at global level, including Member State and partner interests, is especially notable following the COVID-19 pandemic. Indeed, in September 2023, through adoption of the Political Declaration of the United Nations High-Level Meeting on Universal Health Coverage 2023 (HLM-UHC), Heads of State and Governments are expected to further emphasise the critical importance of PHC to UHC, with commitment to associated action. Relevant text from the Political Declaration (Final Draft in Silence Procedure, 22 August 2023) includes:

   (1) Recognition of “the fundamental role of primary health care in achieving universal health coverage and other Sustainable Development Goals and targets, as was declared in the Alma-Ata Declaration and the Declaration of Astana, and further recognize that primary health care, including community-based primary health care, brings people into first contact with the health system and is the most inclusive, effective and efficient approach to enhance people’s physical and mental health, as well as social well-being”.

   (2) Commitment to “Strengthen national efforts, international efforts and global solidarity at the highest political level to accelerate the achievement of universal health coverage by 2030, with primary health care as a cornerstone, to ensure healthy lives and promote well-being for all throughout the life-course”.

4. 2023 also marks the 45th anniversary of the Declaration of Alma Ata which envisages the primary health care system as the execution mechanism to realize the vision of integrated people-centred health services. By putting people and communities, not diseases, at the centre of health systems, and empowering people to take charge of their own health rather than being passive recipients of services, comprehensive primary health care is crucial in protecting the vulnerable. WHO estimates that most (90%) essential UHC interventions can be delivered through a PHC approach and 75% of the projected health gains from the SDGs could also be realized through PHC.

5. Importantly, while the COVID-19 pandemic challenged health systems across the world, it also brought forward a central learning: the defining features of well-performing primary health care-oriented health systems are the same as required to effectively and efficiently protect people and economies from public health emergencies. This experience thus places integrated PHC as a prerequisite for resilient health systems in ensuring health security.

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6. The Ministerial Roundtable on this agenda at the Seventy-sixth Session of the WHO Regional Committee for South-East Asia is a timely opportunity to renew commitment to UHC achievement through PHC strengthening, through implementation of regional and globally agreed frameworks, and building on the momentum generated by 2023 HLM-UHC Declaration “Universal health coverage: moving together to build a healthier world”.

Current situation, response and challenges

7. Member States of the SE Asia Region, home to a quarter of the world’s population, are facing significant challenges in achieving UHC. While there has been important progress on UHC in the SE Asia Region, progress remains insufficient to achieve established SDG targets. Indeed, prior to the COVID-19 pandemic, in comparison to other WHO regions, the SE Asia Region had on average the lowest public spending on health and the highest out-of-pocket payment. Most countries even prior to COVID-19 were not on track to achieve SDG target of UHC. The UHC service coverage achievement in the Region stagnated or even reversed in some Member States between 2019 to 2021. The direct and indirect impact of COVID-19, including disrupted essential health services, and subsequent economic challenges have been key detrimental determinants.

8. Across Member States of the SE Asia Region demographic and epidemiological transition, emergence of new and novel pathogens, rising anti-microbial resistance, rapid urbanization and climate change are all putting significant stress on the organization and capacities of health systems to provide quality, equitable and effective services to address evolving population health needs. Additional demands on health systems, including with respect to expanding capacities prevent, prepare and respond to public health emergencies, have compounded existing financing challenges.

9. In the SE Asia Region, significant deliberation and experience-sharing on the lessons learnt from COVID-19 took place at the Seventy-fourth session of the WHO Regional Committee for South-East Asia. The associated “Build Back Better” Declaration of Ministers of Health included a specific commitment to reorient health systems towards comprehensive primary health care, including through increased public investment, as part of 12 inter-related actions to advance transformation toward resilient primary health care-oriented health systems (resolution SEA/RC74/R1). The detailed progress in implementation of this Declaration is presented to the Regional Committee through the working document on Agenda item 9.3 (relevant sections of document number SEA/RC76/12).

10. Of note, policy prioritization of PHC is evident across countries of the Region. Table 1 summarizes select national policies that is currently driving PHC-related progress across Member States of the SE Asia Region.

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2 Monitoring progress on universal health coverage and the health-related Sustainable Development Goals in the South-East Asia Region - 2022 update (due to be released at Seventy-sixth Session of the WHO Regional Committee for South-East Asia) - https://www.who.int/publications/i/item/9789290209881 - accessed 20 September 2023

3 Declaration by the health ministers of Member States at the Seventy-fourth session of the WHO Regional Committee for South-East Asia on COVID-19 and measures to ‘build back better’ essential health services to achieve universal health coverage and the health-related SDGs - https://apps.who.int/iris/handle/10665/345266 - accessed 20 September 2023.
Table 1. Select PHC Policy Direction in SE Asia Member States

<table>
<thead>
<tr>
<th>Country</th>
<th>Policy Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bhutan</td>
<td>National Health Policy 2011 (under revision); Service with Care and Compassion Initiative, 2018 (integration of NCDs into PHC); Thirteenth Five Year Plan, 2024–2029 (in development) with focus on PHC</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>Primary Health Care Strategy, 2021–2025</td>
</tr>
<tr>
<td>India</td>
<td>National Health Policy 2017; Ayushman Bharat – Comprehensive Primary Health Care through health and wellness centres, 2018; Ayushman Bharat Digital Health Mission 2021; PM – Ayushman Bharat Health Infrastructure Mission, 2021</td>
</tr>
<tr>
<td>Indonesia</td>
<td>Health System Transformation 2022 launched at 58th National Health Day: PHC strengthening, “Transformasi Layanan Primer”, as its first pillar; National PHC Integration 2023 and the Health Omnibus Law 2023 together driving PHC-oriented reforms.</td>
</tr>
<tr>
<td>Maldives</td>
<td>Maldives National Health Master Plan, 2016–2025; Maldives launched the Primary Health Care Demonstration Site in Faafu Atoll in December 2022, with aim to reorient health systems to comprehensive PHC.</td>
</tr>
<tr>
<td>Myanmar</td>
<td>National Health Plan 2017 (under revision)</td>
</tr>
<tr>
<td>Nepal</td>
<td>Constitution of Nepal 2015 (guaranteeing right to free basic and emergency health services); Public Health Service Act 2018 and National Health Policy 2019 to assure constitutional guarantee</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>Policy on Health Care Delivery for UHC 2018; PHC Reforms in progress based on shared-cluster approach</td>
</tr>
<tr>
<td>Thailand</td>
<td>Thailand PHC Act 2019</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>National Health Sector Strategic Plan 2011–2030, Re-vitalized Family Health Programme.</td>
</tr>
</tbody>
</table>

11. Conscious of the need to deliver equitably and efficiently across multiple health objectives, Ministers of Health and the Regional Director of the WHO SE Asia Region together launched the South-East Asia Regional Strategy on Primary Health Care 2022–2030 (hereafter called the SEAR PHC Strategy), on UHC Day 2021. The SEAR PHC Strategy responded to and the guiding principle of “Build Back Better”, learnings from COVID-19 experience as well as the WHO and UNICEF Operational Framework for Primary Health Care.

12. The SEAR PHC Strategy was developed through an iterative consultative process with participation of Member States, international development partners and technical experts. Through prioritization of seven values and 12 interrelated strategic actions (see Fig. 1), providing information on not only “what” should be done but also speaking to the “how”, the SE Asia Region PHC Strategy seeks to guide, support and monitor primary health care-oriented transformation in the Region. The SE Asia Region PHC Strategy also seeks to serve as a mechanism to stimulate cross-country learning and advocacy. Moreover, the SE Asia Region PHC Strategy aims to escalate interest in primary health care and the need to ensure aligned, as opposed to fragmented, partner actions, in support of the health priorities of Member States.

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Fig. 1. **Goal and 12 Strategic Actions of the South-East Asia Regional Strategy on Primary Health Care (2022–2030)**

13. At the Seventy-fifth Session of the Regional Committee for South-East Asia, Member States adopted the Resolution “Enhancing social participation in support of Primary Health Care and Universal Health Coverage” (SEA/RC75/R3), which officially endorsed the SEAR PHC Strategy, while also requesting the Regional Director “to establish and strengthen regional knowledge and experience-sharing mechanisms on PHC through mobilizing expertise from development, implementation and academic partners in the Region”.

14. In response to the Resolution SEA/RC75/R3, the South-East Asia Regional Forum for PHC-oriented Health Systems (hereafter “SEAR PHC Forum”) was established during the Regional Workshop to Strengthen Primary Health Care in the South-East Asia Region in Bangkok, Thailand, on 28–30 November 2022. Decided in the workshop, the SEAR PHC Forum is to operate with a flexible and efficient governance system, with aim to facilitate a self-organizing, self-evolving and self-sustaining forum that adds value to countries and partners. The SE Asia Region Member State focal points, as nominated through respective Ministries of Health, are playing a key role in guiding the overall deliberations of the Forum. SEAR PHC Forum is a Member State-led modality where partners provide support to governments in tackling operation bottle necks, under the concept of “learn-synergize-act”.

15. Building further up on the virtual meeting on Operationalizing the South-East Asia Regional Strategy for Primary Health Care, held virtually on 28–30 March 2022, participants at the in-person Regional Workshop to Strengthen Primary Health Care in the South-East Asia Region in Bangkok, Thailand, on 28–30 November 2022 identified seven groups of priority common challenges to advancing PHC-orientation of health systems across the Region. Furthermore, the Forum collectively decided to institute seven thematic working groups to address these seven priority challenges through identification and translation of scalable solutions. Participating Member States and partners share the leading and coordinating roles for each group, as displayed in Table 2, with WHO, supported by USAID and JHPIEGO, coordinating the SEAR PHC Forum.

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6 Regional Workshop to Strengthen Primary Health Care in the South-East Asia Region, Bangkok, Thailand (who.int), Meeting report and TOR for the SEAR PHC Forum.- accessed 20 September 2023.
### Table 2. Seven working groups of the SE Asia Region PHC Forum

<table>
<thead>
<tr>
<th>Thematic Group</th>
<th>Challenges</th>
<th>Lead Member States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PHC Workforce</td>
<td>• Strengthening PHC teams to address evolving population health needs; with focus on the composition, capacities, and performance of PHC teams.</td>
<td>Sri Lanka</td>
</tr>
<tr>
<td></td>
<td>• Health workforce not trained, developed and motivated to address health demand of PHC</td>
<td></td>
</tr>
</tbody>
</table>
| 2. Urban PHC                                        | • Context-specific Urban PHC policies and practices  
• Governance mechanisms for public-private, multi-sectoral, and community engagement.  
Flexible and innovative models of service delivery in urban and peri-urban contexts. | India              |
| 3. PHC Quality (with focus on medical products)     | • Supply chain limitations of medicines, vaccines, diagnostics and basic technologies, including institutional mechanisms, operations, and capacities of the supply chain workforce.  
• Innovative models for last mile delivery.                                                                                                         | Sri Lanka          |
| Note: Access to medical products identified as an entry door to focused work on Quality in PHC.    |                                                                                                                                                                                                            |                    |
| 4. Community engagement (inclusive of empowerment and mobilization) | • Limitations with respect to robust institutional structures (i.e., enabling participatory spaces in planning, service delivery and monitoring)  
• Untapped potentials of community health workers, including voluntary based workers to perform and assist PHC functions  
• Need for capacity strengthening and promote ownership of communities, civil society organization, local governments and private sectors in PHC | Bangladesh          |
<table>
<thead>
<tr>
<th>Thematic Group</th>
<th>Challenges</th>
<th>Lead Member States</th>
</tr>
</thead>
</table>
| 5. PHC Monitoring   | • Multiplicity of indicators, approaches and frameworks (linked also to escalating partner interest); as well as sustainability of previous efforts. Capacities for the collection and use of data (esp. at sub-national level)  
• Role of community in PHC monitoring  
• Utilization of available data at national and subnational level to strengthen PHC | Bhutan             |
| 6. PHC Service Delivery | • Standardization and integration across multiplicity of service delivery points and settings  
• Referral systems and pathways  
• Integration of high demand essential services (NCD, mental health etc) and public health functions to PHC  
• Demand side mechanisms, including grievance redressal | Indonesia          |
| 7. PHC Investment   | • Need for concise menu / selection of arguments to drive and/or sustain PHC Investment  
• Readily available for use in different contexts (national/sub-national) – aimed at and responsive to needs of politicians and finance decision makers.  
• Need for equity-promoting resource allocation | Thailand           |

*Note: Digital health and PHC leadership/governance are identified as a cross-cutting enabler across the seven thematic working groups: a critical element to overcome current existing challenges.

16. Moreover, the WHO Director-General, at the Seventy-fifth World Health Assembly, highlighted the “radical reorientation of health systems towards primary health care” as one of his five areas of focus for WHO transformation. A strong focus on comprehensive primary health care is reflected at the regional level, both in intensified primary health care activities at the country level, tailoring of health systems support for the primary health care context, and increasing operational collaboration across WHO departments and units, with the SE Asia Region PHC Strategy being a unifying frame.
17. The Regional Office is also engaged actively with WHO headquarters to provide focused three-level support to Member States of the Region, including with respect to the roll-out of the PHC Implementation Solutions initiative. Finally, as part of the WHO Director-General’s prioritization, intensified support is planned for “UHC Partnership” countries to accelerate progress in PHC and UHC strengthening, including five SE Asia Region Member States. The Health Impact Investment Platform focused on strengthening primary health care in low-and middle-income countries, as recently launched by launched by WHO, the European Investment Bank, the Islamic Investment Bank, and the African Development Bank, holds important promise for the region. The Regional Office is working actively to ensure that Member States in the Region are appropriately supported, given the size of the population and existing challenges.

The way forward

18. The urgency, opportunity, and momentum for strengthening comprehensive primary health care across the SE Asia Region, and globally, as a means for UHC achievement is especially notable at the current moment. Member States, WHO and partners should seek to collectively operationalize stronger and more comprehensive primary health care including through synergized implementation of the UN HLM-UHC Political Declaration, the South-East Asia Regional Strategy for Primary Health Care: 2022–2030; as well as the “Build Back Better” Declaration.

19. Significant, and relatively untapped, innovation and learning is available on operational approaches to overcome key challenges with respect to advancing comprehensive primary health care in the Region; with relevance both to Member States in the Region and globally. The SEAR PHC Forum has demonstrated an initial success in promoting knowledge and experience sharing across Member States and partners in addressing common bottlenecks on primary health care-oriented health systems reorientation. The collective nature of the Forum is also facilitating closer relationships across Member States and relevant actors in the Region, with opportunity to champion PHC together in the Region and Globally.

20. The list of recommended actions to address key system bottlenecks in the SE Asia Region is in the Annex to this Report, and will inform the discussions on this Agenda.

Conclusions

21. PHC is a key foundation for the achievement of UHC as well as a fair and inclusive health system. While the WHO South-East Asia Region has made important progress towards achieving UHC over the last few decades, significant challenges, both existing and emerging, are impairing the achievement of UHC vision and targets. The COVID-19 pandemic and subsequent economic challenges has hampered progress towards UHC in the Region. However, these same challenges have also crystallized the need to focus efforts towards reorienting and strengthening health systems to deliver comprehensive primary health care as a central strategy for “building back better”.

22. Building on a long history of primary health care in the Region, Member States, through a concerted focus on strengthening comprehensive primary health care, can overcome current challenges; be better prepared for future challenges; and together deliver on the ambition of UHC, the health-related SDGs, and health security. WHO is committed to supporting its Member States in this endeavour. The SE Asia Regional PHC Strategy provides a unified framework with 12 strategic actions; while the SEAR PHC Forum aims to capture operational learning and promote synergized actions to tackle key health system challenges.

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7 Multilateral development banks and WHO launch new investment platform to strengthen primary health care services. – accessed 20 September 2023.
Annex

Essential elements for the discussion at the Ministerial Roundtable on ‘Strengthening primary health care as a key element to achieving universal health coverage’ at the Seventy-sixth Session of the WHO Regional Committee for South-East Asia

Background

- The content of this Annex is summarized recommendations from three PHC regional events, organized by WHO SEARO, and from the High-Level Preparatory Meeting:
  1. Discussion at the Regional Meeting (virtual) on “Operationalizing the South-East Asia Regional Strategy for Primary Health Care”, 28–30 March 2022.
  2. Regional Workshop to strengthen primary health care in the South-East Asia Region, Bangkok, Thailand, 28–30 November 2022.

- In particular, the Bangkok meeting has agreed on the seven key bottleneck area for PHC strengthening in SE Asia Region and therefore instituted seven thematic working groups to address these bottlenecks. These are PHC workforce, urban PHC, Access to medicine as entry to PHC quality, community engagement, PHC performance monitoring, PHC service delivery models, and PHC investment. These groups of challenges hereby serve as framework for action areas as input for the development of the outcome of the Ministerial Roundtable at Seventy-sixth Session of the Regional Committee for South-East Asia.

- In addition to the mentioned PHC-specific events, Member States may also consider:
  1. the significance of overall leadership, governance, multisectoral collaboration and accountability in PHC strengthening
  2. the potential roles of digital health on PHC, which was discussed intensively at the Global Conference on Digital health ‘Taking UHC to the last citizen’ in New Delhi, India, 20–21 March 2023 and in line with the Global Initiative on Digital Health.

Recommended actions

1. PHC Governance

   - Ensuring PHC as a core or PHC-oriented health system strengthening/transformation, with focus on health equities and health needs of disadvantaged population groups
   - Promotion of engagement and collaboration across sectors, through participatory coordination platform
   - Strengthening multisectoral accountability framework and implementation, including through monitoring and evaluation

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2. PHC workforce
   • Ensuring availability and well-distributed of competent ‘PHC team’ of health and care workers, including community health workers
   • Putting health demand PHC level as a core to health workforce education development
   • Promote task sharing and shifting as well as provide effective motivation PHC to provide quality essential services and public health functions

3. Urban PHC
   • Strategizing optimal PHC system in urban settings to address health demand of urban residences and migrants, including through public private partnership
   • Innovative models to motivate health care facilities and workforces in urban settings, both public and private and all levels of care, to deliver ‘front liner’ PHC essential care and public health functions, including gatekeeping approach and referral network

4. PHC quality with focus on medical products
   • Investment and financing support for quality PHC services and referral system
   • Ensuring availability of and access to quality essential health products (medicines, vaccines, diagnostics and basic technologies) at PHC facilities, including through essential health product list and strengthened supply chain management

5. Community engagement
   • Develop/strengthen/incentivise community health workers, including voluntary-based workers, to perform and assist PHC functions
   • Mobilize community ownership, engagement and empowerment, as well as social participation to support PHC system, including the roles of private sectors and civil society organizations

6. PHC performance monitoring
   • Review/renew/install and invest for optimal PHC monitoring system, overseeing both input and performance of PHC system
   • Strengthen capacity to use available data, at national and subnational levels, in policy decision process to improve PHC system

7. PHC service delivery
   • Accelerate integration of services to key health demand and public health functions to PHC, to address life course health demands including screening, detection, treatment and rehabilitation services
   • Promoting seamless connection and referral of care and information across multilevel of health system
   • Integration of traditional and alternative medicine practices and products to support PHC functions

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12 Including through the consideration of WHO Harmonized Health Facilities Assessment (HHFA) framework and tool package
13 Depends on local demand in such setting, including but not limited to services for NCD, mental health, Maternal Newborn and Child health, Adolescent health, occupational health, antimicrobial resistance, ageing, etc.
8. PHC investment
   - Review/Renew investment plan for PHC system, including investment for PHC infrastructures (such as physical infrastructure, health technologies, laboratory capacity, workforce production and development, IT, climate resilience, etc) and investment for service provision
   - Ensuring adequate, efficient and equitable resource allocation and financing to PHC, aiming to address health inequities and to reduce out-of-pocket expenditure

9. Digital health and PHC
   - Capitalizing digital health as an accelerator in promoting access to and tracking progress and performance of PHC system in addressing health demand and health inequities