Second Annual Meeting of the South-East Asia Regional Forum for Primary Health Care-oriented Health Systems

Colombo, Sri Lanka, 16 to 18 October 2023

Meeting Report
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Executive Summary

The South-East Asia Regional Forum for Primary Health Care-oriented Health Systems (“SEAR PHC Forum”) was launched during the ‘Regional Workshop to Strengthen Primary Health Care in the South-East Asia Region’, 28-30 November 2022, in Bangkok, Thailand. Based upon interest expressed by Sri Lankan representatives, the Advisory Committee of the SEAR PHC Forum recommended to hold the second annual meeting of the South-East Asia Regional Forum for PHC-oriented Health Systems in Sri Lanka from 16th to 18th October 2023.

The three-day second annual meeting of the SEAR PHC Forum was convened in Colombo, Sri Lanka with focus on sharing and reviewing progress with respect to the SEAR PHC Forum, with identification of key priorities and activities to be conducted in 2024 and beyond. The specific objectives of the 2nd annual meeting were:

- To provide an update of progress on PHC-related developments at national, regional and global level.
- To review progress with respect to the SEAR PHC Forum, with dissemination of operational learning from the Thematic Working Groups and areas of joint actions.
- To collectively identify priorities, modalities and activities for the SEAR PHC Forum to engage with in 2024.
- To facilitate a learning visit to view PHC operation in Sri Lanka.

One hundred and eleven participants actively participated during the three-day regional meeting. Participants included Member State representatives from 8 SEA Region countries¹ and senior representatives from key PHC-related partners from the Region, including bilateral partners, international agencies, international financing institutions, philanthropies, implementing agencies, academic and research

¹ Bangladesh, Bhutan, India, Indonesia, Maldives, Nepal, Sri Lanka, Thailand
institutions, and members of civil society organizations. (See Annexure 1 - Agenda; Annexure 2 - List of Participants).

The Deputy Director General (Medical Services), Ministry of Health, Sri Lanka provided welcome remarks to open the meeting. Opening remarks from the Regional Director, WHO-SEARO, as read by the WHO Representative, Sri Lanka, followed (See Annexure 3).

The Director, Primary Care from Ministry of Health Sri Lanka and Sri Lanka focal point for the SEAR PHC Forum focal point followed with keynote presentation on Sri Lanka’s PHC Journey including through the recent economic crisis, with identification of key areas of support through the forum. The Director, Integrated Health Services, WHO/HQ gave a brief presentation on the ‘Global Momentum for Primary Health Care and Integrated Health Services’, highlighting the importance of reforming health systems around the needs, demands and experience of people. The Director, UHC / Health Systems Department, WHO SEARO concluded the session by providing a reflection of ‘one year of the SEAR-PHC Forum’. He highlighted the strong PHC momentum across all SEAR countries and provided an update regarding the outcomes of the seven thematic working groups and the joint activities and numerous relationships that have developed organically since the launch of the forum.

A major focus on the first day was updates from Member states regarding their key PHC activities and challenges over the past year, as well as areas of priority for the forum. This was followed by a panel of experts reflecting on the key PHC priorities and activities that should be undertaken by the Forum in coming years. Across these interventions, the need to strengthen focus on integrated service delivery and quality was particularly emphasised.

During the first day of the meeting, break-out sessions were organized to share highlights of thematic working group papers on PHC workforce, PHC quality (medical products), Urban PHC, Community engagement, PHC Monitoring, and the SEAR PHC forum collaborative website. The interactive sessions enabled rich discussion, with
suggestions for further improvement of the thematic working papers, continuous addition to the repository of examples through the collaborative website, as well as refinement of the collaborative website and agreement on its’ operating modality. An important point raised was to create criteria and select positive practice from the range of operational examples, with further development of case studies through closer examination.

The last session for day one saw plenary discussion on the PHC Investment Advocacy brief. The key discussant Prof Srinath Reddy spoke in depth to the climate benefits from PHC-orientation of health systems. The other key discussant Dr Ajay Tandon highlighted importance of increased investments in PHC for better economic outcomes and gains in other sectors. This was followed by rich discussions from the forum participants with additional inputs, especially highlighting need for further emphasis on equity and contribution to goals in other sectors.

The second day started with updates from Member State Indonesia, and selection of partners, with updates on their key priorities and challenges, and areas for potential collaboration. The UHC/Health Systems Department Director, WHO SEARO made a brief presentation on ‘What’s next for the forum’ focusing on the Joint Activities, Operational Learning & Research, Operating Modality of the Forum for 2024 and beyond. He emphasised both need and opportunity to work collectively to deliver strong country impact. He also raised opportunity to establishing national and sub-national PHC forums, as especially relevant in large countries, with linkages to the SEA Regional PHC Forum. This was followed by plenary discussions on few initial possibilities for joint activities in the coming year which includes development of a regional PHC curricula, management courses for mid-level PHC managers, definition of PHC team competencies and mid-level health provider mentoring. Following the plenary, member states and partners expressed their interest in specific joint activities discussed during the plenary. Building on the plenary discussion on initial possibilities of joint activities, a world café (with four break out groups) and plenary discussions
were held to further discuss opportunities for collaborative activities and priorities for the SEAR PHC Forum for 2024 and beyond.

Following the world café, a virtual discussion on the recently launched Health Impact Investment Platform was carried out with presentation from WHO HQ, European Investment Bank and Islamic Development Bank.

An important focus of the second Annual SEAR PHC Forum was to strengthen linkage between primary health care research and Member State PHC-related priorities. As such, the post-lunch session on Day 2 started with a plenary on ‘Research on Primary Health Care in the Region: Barriers, Enabler and Opportunities to strengthen linkage with Member State priorities’, moderated by Director, Asia Pacific Observatory on Health Systems and Policies. The session presented findings from a landscape review commissioned to understand the enablers and barriers for aligning PHC research to Member state needs. The presentation was followed by reflections and discussion on the landscape review by Executive Director, NHSRC, India. He emphasized that field insights and learnings were not reflected in the peer reviewed literature and should be included in further assessments/reviews of this nature, which examine institutional outputs in the grey literature and also to look at perspectives of communities.

Following plenary discussion, three groups were convened to discuss the “what” of research, i.e., the PHC research topics that should be prioritised by members of the forum and the “how” of research, i.e., what kinds of approaches and partnerships should be created in order to enable PHC research with impact in the region. Here, the forum members identified priority questions or areas of inquiry of interest to them that require research and evidence-building. Participants concurred on the important role of research, with several examples of how research has informed policy, such as the ASHA evaluation in India and community mental health care delivery in Bangladesh. The key suggestion which came up during the discussion was the need to support member States in strengthening their research capacities and institutional
arrangements within ministries for carrying out effective and useful PHC research, with support from academic and research organizations.

The day concluded with a final session on SEAR PHC Forum governance, with reflections from member states and partners on the working modalities and specific actions to strengthen the SEAR PHC Forum. Member States and partners also expressed their specific interests in the joint collaborative activities discussed during the meeting. The UHC/Health Systems Department Director, WHO SEARO concluded the second day with thanks to the participants for their rich inputs and identified that the secretariat would revert with a draft roadmap for activities through the SEAR PHC Forum in 2024 and beyond.

WHO-SEARO further organized a closed meeting with Member state representatives to discuss preparations for the Ministerial Round Table for the 76th Regional Committee with focus on strengthening PHC as key element to advancing UHC.

The second annual meeting of the SEAR PHC Forum concluded with a study visit by participants to view Sri Lanka’s shared care cluster approach for Primary Health Care. The day started with visit to National Institute for Health Sciences (NIHS) wherein participants were introduced to the public health trainings and other community interventions being carried out by the Health Department. This was followed by visits to District Hospital Bandaragama and Base Hospital Panadura which gave the participants a first-hand exposure and learning experience as to how Sri Lanka manages PHC at the District and Sub-District level and the role of all stakeholders in the PHC landscape of the country. The workshop was formally closed by the Deputy Director General, Ministry of Health, Sri Lanka at the newly launched Center for Health Systems Policy and Innovations (CHSPI).
A variety of potential activities of the SEAR PHC Forum were proposed at the 2nd Annual Meeting of the SEAR PHC Forum. Based on inputs obtained during the 2nd Annual SEAR PHC Forum meeting as well as individual follow-up discussions, the WHO Secretariat has consolidated these inputs into 7 broad activity areas, as per the three major domains of the SEAR PHC Forum: capturing learning, fostering synergy, and driving action. The draft roadmap, including indicative timeline, is presented below for input, modification and expression of interest.

![Draft Roadmap for SEAR PHC Forum Activity in 2024](image)

(For further input and expression of interest)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Sub-Activities</th>
<th>Interested Member States and Partners (please identify)</th>
<th>Timeline</th>
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| Capturing Learning | **1. Operation of SEAR PHC Forum website** | • Formation of coordinating team for day-to-day management  
• Continued refinement of existing TWG papers through website  
• Monthly Notification system for all forum members on new updates through MS Teams | Access Health, JHPIEGO  
*Please self-identify:*  
SEAR PHC Forum All  
SEAR PHC Forum All | Quarter 1, 2024  
Continuous |
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<th>Activity</th>
<th>Sub-Activities</th>
<th>Interested Member States and Partners (please identify)</th>
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<td>2. <strong>Detailed case studies</strong> (building on existing TWG repository)</td>
<td>• Development of template for detailed case studies and methodology for selection of positive practice&lt;br&gt;• Compilation of detailed case studies as selected from TWG papers&lt;br&gt;• HRH Performance&lt;br&gt;• Revisioning PHC Team: Role of Non-Physician clinicians and Family Medicine&lt;br&gt;• Community Health Systems</td>
<td>Dr T. Sundararaman, SEAR PHC Forum All&lt;br&gt;Dr T. Sundararaman, SEAR PHC Forum All&lt;br&gt;NHSRC, India / Bhutan&lt;br&gt;Sangwari People's Association, SEAR PHC Forum All&lt;br&gt;UNICEF</td>
<td>Quarter 1 2024&lt;br&gt;Quarter 1 2024&lt;br&gt;Quarter 4, 2024&lt;br&gt;Quarter 1, 2024&lt;br&gt;Quarter 4, 2024</td>
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<td>Activity</td>
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<td>3. New thematic areas</td>
<td>• Approaches to Integrating service delivery (life course approach + levels of care)</td>
<td>Indonesia&lt;br&gt;&lt;i&gt;Please self-identify:&lt;/i&gt;</td>
<td>Quarter 4, 2024</td>
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<td></td>
<td>• Measuring quality in PHC</td>
<td>Bhutan and Indonesia&lt;br&gt;&lt;i&gt;Please self-identify:&lt;/i&gt;</td>
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<td></td>
<td>• Digital Health</td>
<td>Maldives and Nepal&lt;br&gt;&lt;i&gt;Please self-identify:&lt;/i&gt;</td>
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<td>• Climate Change and PHC</td>
<td>World Bank&lt;br&gt;&lt;i&gt;Please self-identify:&lt;/i&gt;</td>
<td>Quarter 4, 2024</td>
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<td>4. PHC research capacity strengthening</td>
<td>• Adaptation of TDR Implementation Research course for PHC</td>
<td>Specific request by Bhutan, Maldives, and Nepal&lt;br&gt;&lt;i&gt;Please self-identify:&lt;/i&gt;</td>
<td>Quarter 4, 2024</td>
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<td></td>
<td>• Support to conduct commissioned PHC-focused research</td>
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<td>Driving Action</td>
<td>Activity</td>
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<td>Interested Member States and Partners (please identify)</td>
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<td>5. Joint activities</td>
<td>• Development of PHC Team Competencies</td>
<td>NHSRC, India, Thailand, Bangladesh, World Bank, JHPIEGO <em>Please self-identify:</em></td>
<td>Quarter 4, 2024</td>
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<td>• Development and delivery of PHC course for district health officers / managers (as adapted from Regional PHC Curriculum)</td>
<td>Sri Lanka, Bangladesh, Maldives, Johns Hopkins University and CISDI <em>Please self-identify:</em></td>
<td>Quarter 4, 2024</td>
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<td>• Translation of management training program</td>
<td>Sri Lanka, Health System Transformation Platform</td>
<td>Quarter 2, 2024</td>
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<td>• Joint Learning Mission on PHC monitoring</td>
<td>Bhutan, WHO and UNICEF <em>Please self-identify:</em></td>
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<td>• District-level demonstration pilots of a comprehensive PHC anchored health system</td>
<td>Access Health <em>Please self-identify:</em></td>
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<td>Activity</td>
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<td><strong>Fostering Synergy</strong></td>
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<td>6. Development of national and / sub-national systems for knowledge management and collaboration</td>
<td>• National and/or sub-national fora or activities to advance knowledge management and collaboration</td>
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<td>Quarter 4, 2024</td>
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<td>7. Meeting of key funding partners to synergize PHC funding</td>
<td>• Convening a meeting of PHC donor agencies to synergize PHC funding (national or regional)</td>
<td>USAID <strong>Please self-identify:</strong></td>
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Introduction

The SEAR PHC Forum\(^2\) was launched during the Regional PHC Workshop in November 2022. Under the leadership and explicit priorities of Member States, the SEAR PHC Forum brings together key PHC-focused development, implementation, research, and civil society partners to share and translate operational learning, while also strengthening synergy in activity.

During the Regional PHC Workshop in 2022 representatives from SEAR Member States identified 7 PHC-related bottleneck areas as priority for joint learning and activity. Moreover, Member State representatives and partners volunteered to capture operational learning in these 7 Thematic Areas namely- PHC workforce; Urban PHC; PHC Quality, with focus on medical products; Community engagement; PHC monitoring; PHC Service delivery; and PHC investment case through development of Thematic Working Group Papers. During the launch of the SEAR PHC Forum, the Advisory Committee further recommended that the Forum convene in a year to take stock of progress. Based upon interest from Sri Lankan representatives, the Advisory Committee recommended to hold the second meeting of the SEAR PHC Forum in Sri Lanka.

In this backdrop, a three-day second annual meeting of the SEAR PHC Forum was convened in Colombo, Sri Lanka with focus on sharing and reviewing progress with respect to the SEAR PHC Forum, with identification of key priorities and activities to be conducted in 2024 and beyond. The three-day meeting with participation of one hundred and eleven people reviewed the forum’s progress over the past year, along with discussions on activities planned for 2024 and beyond, and a specific focus on learning from Sri Lanka's PHC implementation through a field visit.

Objectives

**General Objective:**

To share and review progress with respect to the SEAR PHC Forum, with identification of key priorities and activities to be conducted in 2024 and beyond.

**Specific Objectives:**

The specific objectives of the Meeting of the second annual meeting of the SEAR PHC Forum were to:

- To provide an update of progress on PHC-related developments at national, regional and global level.

- To review progress with respect to the SEAR PHC Forum, with dissemination of operational learning from the Thematic Working Groups and areas of joint actions.

- To collectively identify priorities, modalities and activities for the SEAR PHC Forum to engage with in 2024.

- To facilitate a learning visit to view PHC operation in Sri Lanka.
Key Deliberations

The second annual meeting of the South-East Asia Regional Forum for PHC-oriented Health Systems in Sri Lanka started with traditional lighting of the oil lamp by dignitaries, including representatives from Member State, Forum partners, and WHO.

Welcome remarks from the host government were given by Dr G. Wijesuriya, Deputy Director General Medical Services, Ministry of Health in Sri Lanka. He highlighted Sri Lanka’s achievements in its health system, ongoing efforts to improve primary healthcare utilization, and challenges faced during the COVID-19 pandemic and economic crisis. He expressed gratitude for selecting Sri Lanka as the venue for the second annual meeting of SEAR PHC Forum. This was followed by opening remarks from the Regional Director, WHO-SEARO, as read by the WHO Representative, Sri Lanka (Annexure 3). The speech highlighted on Sri Lanka’s long history in advancing primary health care, and promoting Region-wide culture of shared learning, synergy.
and action. The remarkable PHC oriented transformation currently happening across member states of the Region was also emphasized during the opening remarks.
The Director PHC, Sri Lanka then gave the keynote address on Sri Lanka Primary Health Care Journey. Dr. Ranasinghe addressed the current key challenges faced by Sri Lanka’s health system including financial and human resource constraints due to the economic crises. He also focused on the ‘shared care cluster system’ being operationalized in Sri Lanka to address these challenges, with effort to increase the utilization pattern of primary care services, given tendency for people to bypass primary care and seek services directly from secondary and tertiary care units. The speaker also outlined current strategies to improve primary care services, including the establishment of family clinics, connecting primary care units with apex hospitals, and strengthening accident and emergency services through telemedicine in Sri Lanka. The presentation also highlighted projects and partnerships with organizations such as the World Bank, Asian Development Bank and WHO to enhance infrastructure, human resources, and supplies for primary care. The presentation concluded with a call for assistance in a range of areas, including rollout of telemedicine in Sri Lanka, and expressed gratitude for the support received so far through the PHC Forum.
The Director, Integrated Health Services, WHO HQ followed with a keynote presentation on the Global Momentum for Primary Health Care and Integrated Health Services. The speaker focused on importance of ‘quality of care’ and stressed that poor-quality care contributes to millions of deaths and focusing on financial resources alone is insufficient for achieving universal health coverage. He then emphasized the importance of integration of services across different levels of healthcare services, conditions, and the life course. The speaker advocated for a people-centered approach, acknowledging that healthcare professionals need to align with how people express their health concerns and the significance of considering the perspectives and needs of individuals when organizing health services. In this segment of the presentation, the speaker highlighted Universal Health Coverage (UHC) Service Package Delivery and Implementation Tool (SPDI) that supports the development of UHC packages that fit country needs. The presentation concluded with a call to address barriers to access, improve primary healthcare efficiency, increase government financing, and enhance measurement in all aspects of primary healthcare.
The Director, UHC/Health Systems Department, WHO SEARO then made a brief presentation on ‘One year of the SEAR-PHC Forum: A Reflection’. He highlighted that there has been a significant progress made in most thematic areas, with a compilation of thematic working group papers and identified case studies. The speaker emphasized the need for countries to consider the identified case studies and adapt them to their specific contexts. The Director also underscored the collaboration and knowledge exchange among countries and partners facilitated through the Forum, with examples of visits and interactions between Indonesia, India, Sri Lanka, Thailand, and other countries. The speaker reflected on the challenges and unfinished agenda in PHC service delivery thematic working group and called for collective efforts to address them. The importance of working together, aligning energies, and the collective impact of collaboration were highlighted. The session concluded with a short video film showcasing the collaborative efforts and achievements in strengthening PHC in the region through the SEAR PHC Forum.
The meeting then progressed with the Coordinator, Integrated Health systems, WHO SEARO laying the objectives, meeting protocols and expectations of the meeting and an introduction to the meeting participants. Additionally, he touched on the ongoing discussions happening around the upcoming ministerial roundtable on primary healthcare at the 76th Regional Committee, WHO-SEARO. He then invited each Member State representatives to provide their PHC priorities, activities and challenges through previous one-year, since the launch of the Forum.
Bangladesh discussed the progress and initiatives in their primary healthcare systems. They highlighted the success of community engagement, the establishment of over 14,000 community clinics, and efforts to achieve universal health coverage. Bangladesh also mentioned on the importance given to PHC in their forthcoming 5th Health Sector Program commencing in 2024. The future PHC priorities includes urban health, digital health, adolescent and school health, tribal health, and addressing the needs of the ageing population.
Bhutan highlighted about their recent major transformation in healthcare delivery, shifting service delivery responsibilities from the Ministry of Health to the newly formed National Medical Services. Bhutan also spoke about their newly launched electronic patient information system across the country, integrating various modules and linking with medical devices. Bhutan also highlighted the recent World Bank supported Service Delivery Indicator Survey conducted to monitor primary healthcare effectively.
India shared progress on the transformation of over 160,000 health facilities into health and wellness centers and discussed on the increased government expenditure in primary healthcare through regular health budget and additional schemes. India also addressed the need for strengthening the role of Community Health Officers, and that of Local Self-Governments for effective PHC service delivery. India further highlighted the need for strengthening community platforms (including urban), intersectoral convergence for health and establishment of knowledge portals as their future priorities.
Nepal started their discussion with updates regarding their recently launched policies and strategies including Nepal Health Sector Strategy 2030 and National Health Financing Strategy. Nepal then briefed about their challenges with increasing noncommunicable diseases, smoking, and alcohol consumption. They further highlighted health workforce recruitment, retention and deployment issues, quality of services provided through volunteers and expansion of telemedicine platforms as key challenges.
Thailand shared their recent ‘anywhere OP services’ under Universal Coverage Scheme (UCS) allowing people to access OP services anywhere and the implementation of a hospital-at-home concept for non-severe cases. They underscored the recent policy initiative of decentralization of health centers to the Provincial Administrative Office for increased investment. As part of future plans, Thailand pointed to expanding access to quality services through collaboration with family doctors.
The WHO Country office participant from Indonesia gave a brief overview of the activities being carried out by the WHO for PHC strengthening in Indonesia. The country office is supporting in the capacity building exercise for puskesmas, strengthening quality indicators for PHC, development of roadmap for medical infrastructure and equipment and private sector engagement for PHC in Indonesia. The USAID representative, Indonesia mentioned about the launching of the National Integrated family healthcare initiatives and the support being provided by USAID to roll out this initiative on a national scale. Currently USAID is working in 5 provinces representing 20% of the population in Indonesia. The USAID representative also discussed on the launching of the PHC consortium as a platform to improve coordination across different partners and stakeholders, to monitor progress of this new initiative and document lessons for learning exchange between different partners.

On the following day of the meeting, the Ministry of Health Representative Indonesia spoke further to Ministry of Health priorities. Indonesia briefed on the six
pillars of health systems transformation and specifically described on the first pillar on PHC strengthening. Under the PHC pillar, strategies include making health services more integrated based on the life cycle, restructuring the primary healthcare network, and digitalizing the local monitoring system. Indonesia also mentioned on the piloting of the integrated primary healthcare strategy in nine localities. Their challenges include a shortage of human resources, particularly in villages and hamlets and they seek inputs, best practices, and learning from other countries to strengthen its primary healthcare system. They also informed their interest to engage in TWG on Integrated Service delivery but requested template to proceed with it.
Maldives gave an overview about their health systems and key features on the PHC revitalization happening since 2018. The speaker discussed on the success of the primary healthcare model in Faafu Atoll and plan for scaling up the initiative across other atolls. Maldives highlighted challenges related to high turnover and limited training opportunities for healthcare professionals, Urban healthcare challenges in the congested capital and difficulty in establishing a referral mechanism for mental health patients. The future priorities highlighted includes addressing human resource challenges through pay restructuring, developing a postgraduate GP program for primary healthcare, expanding telemedicine for real-time consultations, scaling up primary healthcare based on the Faafu model and disseminating the revitalized primary healthcare model nationwide.
The WHO Country office participant from Myanmar discussed on the WHO-led humanitarian health assistance to conflict-affected areas. The key challenge mentioned include a fragmented health system with a dominant private sector, leading to high out-of-pocket payments.
Timor-Leste WCO participant discussed about the progress made in increasing the number of doctors and implementing essential service packages at all levels of care in the country. Timor-Leste seeks collaboration with countries to strengthen its national regulatory authority to address shortage of medicines, learn from examples of integrated health services, and revitalize its community health worker program.

Community participation and engagement were highlighted across all countries, with an emphasis on strengthening local health committees and involving communities in health decision-making. Digital health initiatives were a common thread, with various countries implementing electronic patient information systems and emphasizing the role of technology. Integration across healthcare levels, ensuring quality of care, effective referral mechanisms, and ensuring continuum of care were identified as common challenges and areas of focus across countries. The importance of sharing best practices, learning from each other’s experiences, and promoting regional collaboration in primary healthcare development was underscored.
Following Member States, a panel of experts from the Region gave their reflections. Dr. Palitha commended about the excellent and informative deliberations made by Member states but notes the non-uniform progress and inequalities in primary health care across and within countries. He highlighted the challenge of integrating traditional medicine into the PHC system and emphasized the need for community ownership. He also cautioned against the dehumanizing aspect of excessive technology in healthcare.

Following this, Prof Liaqat encouraged a focus on the forum's impact on government policies, supply factors (human resources, finance, infrastructure), and changes in processes. He suggested a structured approach to evaluating the forum outcomes and emphasized the importance of addressing human aspects in primary health care.
Dr. Lanini proposed on incorporating monitoring and evaluation data into future meetings, suggesting that outcomes measured at different levels may provide a more accurate reflection of primary health care realities. She recommended developing indicators for smaller areas and stresses the importance of localized outcome evaluations.
Dr Yogesh mentioned that the challenges discussed in the country presentations were primarily programmatic, and there was insufficient attention to countervailing forces such as the privatization of healthcare and the specialization of care. These macro challenges were seen as potential obstacles to the effective implementation of primary healthcare was not reflected. Dr Yogesh provided three suggestions.

1. Support for Mid-Level Health Providers: Emphasis was placed on understanding and supporting mid-level health providers, such as Community Health Officers (CHO), at the national level. The need to find different ways to foster and nurture this cadre of healthcare professionals, considering the limitations associated with depending solely on physicians, was highlighted.

2. Importance of Mentoring: The value of mentoring, both for individuals and teams, was emphasized. The suggestion was made to include mentoring programs as a specific component of healthcare plans. The lack of training
programs for mentors and mentees was identified as an area that needs attention.

3. Transfer of Power to Communities: He highlighted the need to transfer power from institutions to communities in primary care. Peer support groups were suggested as a model, drawing parallels with support groups for non-communicable diseases, where individuals with similar conditions support each other, contributing to healthcare.

Dr Zodpey stressed the importance of responding to the aspirations of the people through a comprehensive primary healthcare approach and engaging with other sectors and implementing multi-sectoral policies as critical elements to protect people's health. He also emphasised the need for implementation research, especially leveraging academic institutions. He also made a call for a shift from symptomatic treatment to preventive care and engaging communities, families, and individuals in the process of care and making preventive advice a priority.
The post-lunch session of Day one started with dissemination of the WHO Global PHC Primer by Dr Faraz Khalid, PHC Special Programme, WHO HQ. He presented key highlights from the Global PHC Primer Report Volume 1. He later introduced the need for documenting the “how” of PHC, highlighting the two volumes of the global report. The Volume 1 focuses on evidence review and synthesis, while Volume 2 will addressing PHC performance and impact. The key objectives include cultivating a common understanding of PHC, emphasizing strategies for health system orientation towards PHC, and analysing policies to strengthen PHC. He provided a teaser of country snapshots, including examples from Brazil, Ethiopia, Lithuania, and others. The speaker briefly touched on the upcoming launch of the report in Astana and invited participation from Member States in the International Conference on PHC Policy and Practice, Astana scheduled for October 2023.
Day one of the meeting continued with four break-out sessions to discuss the highlights of thematic working group papers on PHC workforce, PHC quality, Urban PHC and community engagement, highlights from thematic working paper on PHC monitoring and the SEAR PHC forum collaborative website. Each group was moderated by lead member state and partner representatives of the respective thematic working group. The participants rotated between these groups during the session. Each group had 20 minutes for a quick overview of the working papers, input from participants, and discussions on potential joint activities.
The working groups provided specific comments to the thematic working papers, with suggested edits and additions. Moreover, the following common comments were provided. The initial exercise provided an important and unique inventory of operational examples. To maximize its’ utility, the Forum suggested to further validate and document detailed case studies of positive practises from the four thematic working group papers on PHC workforce, Urban PHC, PHC Quality and Community engagement; based on an established case study methodology and template. The forum also suggested to continued refinement and addition to existing thematic working groups/paper through SEAR PHC Forum website. It was suggested to have clear inclusion and exclusion criteria, with suggestion to limit to examples with one year of implementation and established success (especially for digital health related examples).

The PHC Monitoring break out group reflected upon the draft Landscape analysis of PHC measurement tools, indicators and approaches in the South-East Asia Region. Following a presentation on a landscape analysis conducted in WHO SEA Region, a
diversity of perspectives were shared by meeting participants. Emphasis was placed on localized monitoring of PHC performance, especially considering community level data and monitoring value. The need for country specific and sub-national indicators was emphasised, including quantitative and qualitative, with focus on equity. Diverse perspectives on regional and global level PHC monitoring were shared, with range of perspective on the type and number of indicators. One of the proposed actions was to conduct a Joint WHO and UNICEF Learning Mission on PHC Monitoring to better understand context and provide associated support. Bhutan colleagues expressed interest in such activity.

In the breakout group on SEAR PHC Forum website, the moderators provided an overview of the functionalities of the forum's website. They discussed the home page and its sections, including the journey of the forum, sharing successes, challenges, and events. The speaker explained the ease of contributing content to the website, such as adding promising practices or participating in discussions on the community of practice page. The key discussion points include:
1. Participants raised the question on “who will select and validate the best practices getting added on the website

2. Mechanism to filter and/or delete controversial content from the website

3. Notification system (at least monthly) to be enabled for forum participants

4. Mailing the Partners formally to use their logos and documents

5. Creation of a core group for managing day to day activities.

The Director HSD WHO-SEARO highlighted trust as a key factor, and the primary focus at this stage is on enabling and empowering stakeholders to contribute without overly restrictive barriers. Finally, it was decided to provide complete access to all Member state and partners to enable knowledge exchange and collaboration.

The interactive and breakout format of the sessions enabled rich discussion and the forum suggested to carry forward the continued refinement of the thematic working group papers through the forum website.
The evening session started with discussions around the draft PHC Investment Advocacy Brief” developed as part of the thematic working group exercise. The moderators provided an overall picture and provided the key objective of the paper i.e. to develop arguments, supported by evidence, that can be presented to policymakers to advocate for increased investment in primary health care.

The first key discussant Prof Srinath Reddy discussed importance of PHC-orientation of health systems to addressing Climate Change. Prof. Reddy discussed the contribution of the health system to greenhouse gas emissions and suggested that strengthening primary health care is seen as a way to reduce greenhouse gas emissions and improve energy efficiency. Primary health care is positioned as a solution to reduce greenhouse gas emissions by focusing on delivering care at or near patients' homes. This approach minimizes the need for long-distance commuting, which contributes to energy efficiency. He underscored that beyond clinical care, primary health care plays a pivotal role in public health, encompassing prevention, health promotion, and early detection of risk factors and diseases. Early detection and
effective care at the primary level reduce the necessity for secondary and tertiary care, leading to a more resource-efficient and sustainable health system. Dr. Reddy discussed the carbon intensity of health care infrastructure, noting that primary care facilities are more amenable to green technologies compared to advanced tertiary care hospitals. The Green procurement is deemed more feasible in primary care, as local production and supply chains are more common, reducing the need for lengthy and carbon-intensive imports. Dr. Reddy argued that primary care investments are not only financially viable but also more energy-efficient, making them a prudent choice for countries aiming to strengthen their health care systems.

Dr Reddy discussed on the need for the active participation of communities which is essential for both climate change mitigation and adaptation. He suggested that Primary health care teams and community-based organizations, deeply rooted in local communities, are considered effective channels for disseminating information on climate change and garnering public support for related policies. In summary, Dr. Reddy advocated for a holistic and sustainable approach to health care, positioning primary health care as a linchpin for addressing climate change challenges, achieving universal health coverage, and advancing broader sustainable development goals.
The other discussant Dr Tandon started with the need for political will and illustrated the example of India, with its policy for health and wellness centers, which demonstrate the positive impact of political commitment on investment in primary health care. Dr Tandon discussed the economic advantages of investing in primary health care. He emphasized that health is not just a cost but also an economic sector, and primary care contributes significantly to economic growth. The argument included revenue-generating possibilities through health taxes, such as those on tobacco, alcohol, and sugar-sweetened beverages. He mentioned about the World Bank’s Human Capital Index as a tool designed to engage with ministries of finance. He emphasized that investments in health are as critical as those in physical infrastructure and capital. The discussant stressed the interconnectedness of health with economic outcomes and other sectors. He argued that investing in health not only benefits health outcomes but also positively influences education and productivity in various fields.
The Director, HSD suggested that the format of arguments-counter arguments may be restrictive. He added that the document should more explicitly communicate the efficiency gains, universality, equity, and system resilience that primary health care brings. He further added the importance of highlighting externalities and interconnectedness among different sectors is to be emphasized. Externalities, such as the contribution to disease burden and the impact on climate change, need to be more comprehensively addressed in the document. He stressed that investing in primary health care contributes not only to health outcomes but also to the formation of human capital, with positive implications for economic productivity and overall well-being.

The Director HSD suggested that the conversation needs to be shifted to practical strategies for creating political will. A key insight is that politicians are often motivated by the desire to respond to the urgent health needs of their constituents, especially when they face financial burdens due to healthcare costs. He pointed the challenge of communicating the universal benefits of investing in primary health care. To address this, it is proposed that a family card with a photograph could be used to demonstrate politicians’ commitment to the health of every individual and family. The idea is to create a simple and effective communication strategy that emphasizes the universality and personal impact of primary health care. To gain political support, the document should help politicians communicate the benefits of primary health care in a simple and relatable way to the public. This involves aligning the political language with community understanding.
The Executive Director, NHSRC suggested to highlight innovative practices beyond telemedicine such as innovative approaches that empower grassroots communities (eg: Jan Arogya Samiti, India). He challenged the counter argument that PHC has been unable to engage the private sector effectively. He noted that the current evidence does not strongly support the claim that private sector involvement in PHC has been unsuccessful. He stressed the importance of risk-sharing and profit-sharing mechanisms, and the need for continuous system monitoring and evaluation to ensure successful public-private partnerships and suggested to look into PPP evaluation study undertaken by NHSRC. He also suggested to explore continuous monitoring using information technology and big data analytics. The Common Review Mission cited as an example, and the importance of a long-term perspective in evaluating PHC is emphasized by ED NHSRC.
Dr Sundararaman put forth the argument that there is no value of economic growth in a country, if it cannot guarantee the basic health needs of the population. The argument is made that investing in primary health care is a more desirable and feasible way to ensure the well-being of the population and PHC should be equalised as social protection. He recommended a shift towards a more positive and proactive advocacy strategy that emphasizes the values of a modern nation-state, the feasibility and desirability of economic growth linked to health outcomes, and the role of primary health care in addressing inequities.
Dr Faraz Khalid highlighted that the concept that PHC as an equalizer needs to be communicated effectively and stressed the significance of incorporating this message in the advocacy efforts. Overall, the participants underscored the importance of effectively communicating the values of primary health care, addressing community concerns about the quality of care, and continually refining the document based on constructive feedback.
The next session was the discussion that involved a special series on Comprehensive Primary Health Care in South Asia, initiated by Johns Hopkins University. The series aims to address common health challenges in the region and share insights and learnings among South Asian countries. The series is titled "Comprehensive Primary Health Care in South Asia: Cross-learning from the Region" and is set to be published in Lancet Global Health and Lancet Regional Health. Six papers have been developed by a diverse group of authors from various institutions in the region, covering topics such as context setting, non-communicable diseases, urban primary healthcare, community health workers, public-private partnerships, and a synthesis paper.

The key messages from each paper as described by the authors include:

1. Context Setting Paper:
Primary healthcare systems have traditionally focused on maternal and child health; a shift towards addressing non-communicable diseases is crucial.

Urbanization has led to a need for rethinking primary healthcare models in urban areas.

Primary care is often delivered by private sector providers, emphasizing the need for their systematic engagement.

Inadequate financing and investment in primary healthcare compared to global and LMIC averages in SEAR.

2. Paper on Non-Communicable Diseases (NCDs):

Acknowledges the burden of NCDs in South Asian countries.

Emphasizes the need to prevent and manage chronic diseases within primary healthcare.

Recommendations include political and financial commitments, capacity building, and leveraging technology.

3. Urban Primary Healthcare Paper:

Analyzes the achievements and challenges in urban primary healthcare in the region.

Highlights disparities between higher and lower quantiles in urban areas.

Recommends strengthening and empowering urban local bodies, improving quality of care, and focusing on the urban poor.
4. Community Health Workers Paper:

- Reviews the position of community health workers in South Asian countries.

- Identifies gaps and the need for capacity building to address changing demographics and health challenges.

- Stresses the importance of resource allocation, training, and motivation for community health workers to contribute effectively.

5. Public-Private Partnership Paper:

-Documents the evolution of public-private partnerships in primary healthcare in South Asian countries.

-Notes the limited formal public-private partnerships despite the significant role of the private sector.

- Recommends increased collaboration and inclusion of public-private partnerships in national policies.

Dr Rao further mentioned that the papers are in the early stages of review and refinement, with discussions ongoing to make the messages more precise. He further added that the papers recognize that each country may have different configurations for implementing CPHC, and the recommendations aim to guide rather than prescribe a specific model.
The first day concluded with Dr Sundararaman’s reflections on the thematic working group papers and way forward. Dr. Sundar appreciated the forum’s current stage to
taking the first step in a long journey. He emphasized that progress in the realm of primary healthcare is an ongoing process, requiring persistence and continuous effort. He highlighted that these learnings through TWG papers often represent tacit and experiential knowledge within a community of practice and to extract meaningful insights, he suggested a rigorous interrogation of best practices. This involves asking questions about the problem a practice aims to solve, the health value it provides, and whether it has achieved the intended outcomes. Dr. Sundar expressed a cautious approach toward digital solutions presented as best practices. He acknowledges the common claim that these solutions work but emphasizes the need for critical examination and validation, especially considering the frequency with which they appear as innovations. Dr. Sundar encouraged open discussions and debates, fostering an environment where questions can be raised, and different perspectives are considered. This culture promotes continuous learning within the community. He suggested documenting best practices more rigorously and providing web links for further details. This allows for a more in-depth exploration of practices, particularly when space is limited.
Day 2 of the 2nd Annual Meeting SEAR PHC Forum meeting started with Coordinator (IHS) providing a quick recap of day 1 and welcoming Indonesian MoH colleagues to share their country updates on PHC. Indonesia briefed on the six pillars of health systems transformation and specifically described on the first pillar on PHC strengthening. Under the PHC pillar, strategies include making health services more integrated based on the life cycle, restructuring the primary healthcare network, and digitalizing the local monitoring system. Indonesia also mentioned on the piloting of the integrated primary healthcare strategy in nine localities. Their challenges include a shortage of human resources, particularly in villages and hamlets and they seek inputs, best practices, and learning from other countries to strengthen its primary healthcare system. They also informed their interest to engage in TWG on Integrated Service delivery but requested template to proceed with it.

Following this, Dr Tandon from World Bank provided an overview of the organization's support for countries in moving towards universal health coverage
(UHC). The support is outlined through four pillars: improving public financing, building resilient health systems, enhancing governance, and ensuring effective coverage. He mentioned about the service delivery indicators survey implemented by the World Bank implemented in collaboration with the World Health Organization (WHO) to measure structural components of healthcare quality, focusing on NCDs and pandemic preparedness. Another key initiative undertaken by the Bank is the Training courses developed for analyzing claims data and hospitalization data to understand the impact of weaknesses in primary healthcare on hospitalizations. Dr Tandon mentioned on the World Bank’s re-engagement in the area of health taxes, considering the economic impact of COVID-19 and that the Bank is exploring the reintroduction of health taxes on tobacco, alcohol, carbon, and sugar-sweetened beverages from a public health perspective. He also added on the ongoing capacity building on health financing basics, with a focus on economic surveillance to analyze the macroeconomic situation’s impact on public financing. Dr. Tandon emphasized the shift from coverage to effective coverage, especially for NCDs and ageing.

Dr Aarushi from WB added the Bank’s new focus on climate change as an overarching theme and the strengthening of urban primary healthcare in the context of NCDs and ageing.
Dr Akramul from BRAC briefly then provided an update on their activities. He mentioned BRAC’s plan to extend coverage to 34 districts out of 64, focusing on
vulnerable populations in coastal, drought-prone, flood-prone, and wetland areas. He also mentioned about small pilot project conducted to improve and strengthen the public quality system in community clinics, particularly focusing on marginalized populations. He emphasized the dual approach of addressing gaps through community engagement while also working to strengthen the public health system. The focus is on geographic expansion to reach vulnerable populations and collaborations with the Ministry of Health for broader impact.

The Director HSD then made a presentation on “What’s next for the Forum”. The following points were highlighted:

1. Recap of Previous Actions: Three key actions were identified in the previous meeting, including the development of a website, supporting thematic working group papers, and seeking opportunities for joint activities and advocacy.

2. Need for Acceleration: Emphasis on the need to move faster and better in the right direction to address health challenges and have a positive impact on millions of lives.
3. Strengthening Operational Learning: To deepen operational learning and implementation strategies through TWGs by identifying positive practices and exploring collaboration on priority areas identified by Member States.

4. Focus Areas for Collaboration: Consideration of new thematic areas such as integrated service delivery, patient-centered care, and the issue of quality in primary healthcare. Proposal to leverage research capacities for Member State priorities and explore collaborative activities for country impact.

5. Translation of Learning: Emphasis on translating learned practices into actionable strategies for countries and exploration of joint collaborative activities to facilitate knowledge exchange and country-level impact.

6. Research Collaboration: Discussion on building and leveraging research capacities to align with government priorities. Proposal to engage master's students from prestigious universities to support quick research on specific questions identified by Member States.

7. National Knowledge Sharing Mechanism: Discussion on creating a national knowledge-sharing mechanism at the national and subnational levels.

Director, HSD concluded with a quote: "Coming together is a beginning, keeping together is progress, working together is success."
The next session was a plenary discussion on initial possibilities of Joint Activities for 2024 and beyond. The discussion started with a presentation by JHU Team on the collaborative effort to develop a curriculum for a Primary Health Care (PHC) course aimed at district health officers in the South-East Asia region. The participants then raised several points and questions including the modularity, target audiences and language considerations. The participant from HQ suggested collaborating and exchanging notes with the global course developed for senior leadership and policymakers. The presenters acknowledged the suggestions, emphasizing that the course is designed for district health managers, aligning with the global course. The modular design and practical tailoring for each country's reality were also emphasized.
The next discussion in this segment was on potential translation of HSTP's Management training for PHC managers as piloted in Odisha, India. The training program, used the "Causing Incredible Performance" (CIP) framework, involved a 3-month training period with assigned coaches for individual managers. The key observation is that leadership and management skills of district managers plays a pivotal role in influencing the performance of health facilities. The program was initially piloted in Odisha and has since been institutionalized by the state government. Sri Lanka expressed their willingness to adapt this course in their context.
The next presentation in this session was on development of PHC Team competencies. Dr Mona Gupta from NHSRC and mentioned that the discussion on
team competencies arose during the WHO SEARO Human Resources for Health meeting held in Colombo in 2023. The need for developing competencies for primary healthcare teams was identified as an essential aspect of improving healthcare services. Dr. Gupta from NHSRC, India emphasized the importance of collaboration and flexibility in healthcare teams. She mentioned that the teams need to work together cohesively, and the flexibility to adapt to different situations is crucial. Dr. Rajin, in a recorded message, shared further insights into the concept of team competency and relevance for Thailand. He mentioned that the idea originated from the business world, where companies identify the strengths of their teams to gain a strategic advantage. Dr. Rajin suggested several competencies, including professional standards, collaboration, communication, technology capability, entrepreneurship, and creativity. These competencies are meant to guide team members in their roles and responsibilities. Dr. Gupta provided practical examples, such as the coordination of tasks within a healthcare center. She mentioned the importance of mutual respect among team members and the need for a balanced team with diverse competencies for success. The presentation also touched upon the concept of team-based incentives and the necessity of defining team competencies for its effective implementation.
The next presentation was by Dr R Srinivasan from CMC Vellore on the Community Health Officer (CHO) Mentorship project, which aimed to support the integration of Community Health Officers into the primary healthcare system in India. The main goals included improving the skill and knowledge levels of CHOs, standardizing care delivery, and providing mentorship to help them integrate into the existing health system. The project's scale was substantial, with a plan to mentor 1,000 state mentors, each responsible for mentoring 36 CHOs, resulting in support for a population of 18 million. Dr. Srinivasan described a mentor cascade model, where national mentors were trained and, in turn, mentored state mentors. The state mentors then mentored CHOs, creating a scalable mentoring system. Mentors underwent a three-month training program, covering topics such as active listening, coaching, and using online tools for mentorship sessions. The mentorship approach followed the GROW model: Goal, Reality Assessment, Options, and Way Forwards. He also mentioned about an app which was developed for CHOs, featuring offline modules, interactive lessons, a thought for the day, and assessments. The app also included a self-monitoring dashboard for mentors to track CHO progress. The challenges
included developing and virtualizing the curriculum, managing a large-scale learning management system, and getting various stakeholders on board at the national, state, district, and sub-district levels. Prof Kotwal supplemented the presentation mentioning NHSRC’s role in the program. He highlighted the evolution of the project's focus that instead of reiterating the knowledge and skills acquired during the 6-month course, the emphasis shifted towards leadership attributes, attitude, and effective team integration. He added that the program is subject to both formal and informal evaluations. The CMC team is conducting informal evaluations, while plans are in place for a formal process and formative evaluation. This additional perspective provided insights into the evolving nature of the CHO Mentorship project, acknowledging challenges and emphasizing the need for ongoing learning and improvement.

The Health Impact Investment Platform is a collaborative initiative involving several major institutions, including the World Health Organization (WHO), the European Investment Bank (EIB), the African Development Bank, the Islamic Development Bank, and the Inter-American Development Bank. The primary objective
of this platform is to guide and shape investments in a way that supports and strengthens primary healthcare in LMICs. The initiative originated from a partnership between WHO and EIB in 2019. The platform emphasizes the importance of avoiding fragmented investments and promoting a coherent strategy. By bringing together various partners with different priorities and areas of focus, the initiative aims to create a more significant impact on strengthening primary healthcare at both the national and regional levels.

Dr Dana from the European Investment Bank highlighted specific projects and collaborations in countries such as Palestine, Ethiopia, Rwanda, and Angola. These collaborations involve working closely with governments to develop investment plans aligned with primary healthcare strategies. The platform seeks to ensure that investments are targeted and measurable, leading to tangible improvements in healthcare systems. The presentation also underscored the catalytic effect of the collaboration and the power of having high-level political support. By combining resources, expertise, and financing, the Health Impact Investment Platform aims to contribute to the long-term sustainability and effectiveness of primary healthcare systems in the countries it serves.

Mr Toby in his presentation mentioned that the platform represents an exciting departure for the World Health Organization (WHO) and marks a significant shift in how WHO operates in collaboration with Multilateral Development Banks (MDBs). Toby emphasized the unique coalition formed by bringing together WHO, MDBs, and banks. This collaboration is expected to be attractive to country governments, fostering better-quality investments in primary healthcare. The presentation concluded with an overview of the next steps, including meetings with banks to shape the platform, the development of terms of reference, operational manuals, and legal structures. The goal is to launch the first countries in the first semester of 2024.
The next session was a world café discussion on the potential joint activities for the forum for 2024. The three Groups provided suggestions to the Forum. The key points are as follows:

**Group A:**

1. **Sharing Best Practices and Failures:** The group emphasized that countries could contribute to the Forum by sharing their best practices and failures. This includes transparently discussing what worked and what did not work, allowing others to learn from both successes and mistakes.

2. **Organizing Exchange Programs:** The group suggested to organize elective programs and exchange programs through the Forum. Participants from one country can visit another to learn, and vice versa. This is seen as a way to facilitate knowledge transfer and capacity building.

3. **Country-Specific Areas of Highlights:** The idea is raised that countries could develop specific areas for highlighting. For example, a country like Sri Lanka
could showcase its primary healthcare system through doctors run model, and
Thailand, known for its strengths, could serve as a model for other countries
with similar characteristics.

4. Refinement of the TWG papers: Linking of all 7 thematic working group papers
and Deep dive into the 200 plus case studies already documented; New themes
suggested: Quality, Approaches to Integrate Service Delivery, Climate change.

5. Requested Forum support for development of knowledge management
mechanism within the country

6. Models of HRH performance measurement: eg: NHSRC HRH performance
measurement framework
Group B

1. Importance of Improving Quality: There is a unanimous agreement on the importance of improving the quality of primary healthcare. It goes beyond access to medicines, focusing on all dimensions of quality, including patient safety.

2. Emphasis on Listening to Member States' Needs: The focus is on asking Member States what they need rather than advocating what others think they need.

3. Continuation of Communication and Collaboration: The group expressed the intention to continue communication through the web platform, fostering collaboration, and addressing specific needs and actions as they arise.

4. Other Specific requests and suggestions include:

   • Capacity building for primary healthcare-related operational research (MAL)

   • Measurement of quality, particularly standards and interoperability of information systems (BHU, INO)

   • Assessment of the comprehensiveness of health services (THA)

   • Evaluation of social determinants of health and the contribution of PHC teams (Prof Liaqat)

   • Joint review missions to assess performance, identify gaps, and propose improvements (WHO, UNICEF and BHU)

   • Measurement of unmet need and addressing gaps in service provision (THA)
Group C

1. Staff Retention: The group discussed the challenge of staff retention at the primary care level. Countries, including India, emphasized the need for motivation, incentive structures, and sharing best practices across countries and states.

2. Advocacy for Postgraduate Diploma: An interesting suggestion emerged from Sri Lanka, advocating for the need to promote and advocate for a postgraduate diploma specifically focused on primary healthcare.

3. Recognition of Non-Physician Health Workforce: Dr Yogesh discussed the concept of recognizing and utilizing non-physician health workforce and the importance of task shifting and sharing

4. Referral Systems and Service Standards: Several countries, including Nepal and Bangladesh, highlighted the need for support in developing referral systems,
establishing minimum service standards, and creating guidelines for the evaluation of primary healthcare performance.

5. Digital Health: Maldives and Nepal emphasized the acceleration of digital health, with a specific focus on the unique conditions of Maldives and the need for telemedicine.

6. Political Commitment: Nepal sought support and facilitation from the PHC Forum in enhancing political commitment and raising awareness among political leaders and ministers.

7. Meeting with PHC donors: USAID suggested to have a separate meeting with all PHC donor partners for effectively channelizing funds to member states.

The next session was on Research on Primary Health Care in the Region: Barriers, Enabler and Opportunities to strengthen linkage with Member State priorities moderated by Director Asia Pacific Observatory (APO) on Health Systems and Policies. The discussion began with a brief introduction on the history and evolution of APO. It
was introduced as a partnership focused on filling gaps in evidence on health systems in the Asia-Pacific region. This was followed by a presentation on the key findings from the discussion paper on enablers and barriers for PHC research in the region. The first part of the presentation highlighted the PHC Research Landscape in the Region. The presenter pointed about the increasing number of studies in PHC research, which were mostly cross-sectional or qualitative in nature. He also pointed about the limited collaboration across countries in PHC research and suggested that collaborating researchers were more productive.
The second part of the presentation focused on Barriers and Enablers of PHC Research. The speaker, Dr Devaki, emphasized a mixed-methods and collaborative approach to examining the quality of primary healthcare (PHC) research in the Asia-Pacific region. The final part includes the recommendations based on the research findings. He acknowledged the importance of learning from each other and the need to invest in research and learning to address the complexities of primary healthcare within the broader health system.

The key discussant was Prof Kotwal who acknowledged the commendable work done by the researchers and provided insightful feedback and suggestions for improvement. The speaker suggested that the recommended practices in the paper are broad-based, and future research should aim for more specific and elaborate practices relevant to individual Member States. The paper does not sufficiently factor in the existing research capacity and activities in various countries, and the speaker suggested that future research should address this limitation. When providing examples, the speaker suggested using examples from multiple states within a country,
especially in larger countries like India, to avoid undermining the efforts made by other states. He advised caution in suggesting associations, emphasizing the need for clarity on causality. Some associations mentioned may not necessarily imply causation. He also highlighted the importance of learning from implementation research initiatives, especially those using multi-site research to compare across countries. He added that field insights and learnings were not reflected in the peer reviewed literature and should be included in further assessments/reviews of this nature, which examine institutional outputs in the grey literature and also look at perspectives of communities. Prof Kotwal shared insights into the funding landscape in India, mentioning the formalized implementation research and health system strengthening platform (IRS). This model involves collaboration with academia, states, and experts to address challenges and suggest research topics.

Following this, three groups convened to discuss the “what” of research, meaning the PHC research topics that should be prioritized by members of the forum and the “how” of research, meaning what kinds of approaches and partnerships should be created in order to enable PHC research with impact in the region.

The key principles that resonated across groups included:

- Countries need to invest in developing a culture of research through embedding PHC research into ministries and educational institutions – with funds allocated towards building evidence.
- Core questions for PHC research need input from policymakers and implementers. Careful stakeholder engagement makes research questions more relevant, results more implementable, and implementation more sustainable.
- Asking a useful question is the first principle of effective PHC research. Studies should encompass problem diagnosis and exploring implementation
or potential interventions, with outputs first framed towards supporting utilisation by implementers.

- Economic analyses and cost-effectiveness are core areas that require more evidence to support quality, equity, affordability, scale-up and sustainability.

Detailed inputs on the What and How from the above discussion available in Annexure 4

The final session on day 2 was on strengthening governance and operating modalities of the SEAR PHC Forum. The following points on strengthening the SEAR PHC Forum were raised:

- Discuss the possibility of involving civil society partners more actively in the forum’s activities.

- Proposed the inclusion of new partners who have substantial experience and work in primary healthcare but are not yet represented in the forum.

- Acknowledge the need for expansion but be mindful of not becoming too unwieldy. Consider the balance between inclusivity and efficiency.

- Explore means to improve the communication model, to improve collaboration and participation. Opportunity for how various partners can engage more to facilitate discussions and increase forum activity, with the SEAR PHC Forum website as a key modality. The idea of a WhatsApp or email group was also raised.

- Suggestion for the creation of country chapters for the forum to allow more focused discussions and interactions, with linkages to the SEAR PHC Forum (e.g. quarterly meetings at country level, linked to annual meeting of SEAR PHC Forum).

- Advocated for the forum to play a role in facilitating research support among countries, sharing ideas, and connecting stakeholders.
• Recommended displaying explicit links to available resources on the forum's website, showcasing information from various organizations such as the World Bank, USAID etc.

• Acknowledged the importance of formal protocol sessions but highlighted the need for more interactive and informal sessions for discussions about weaknesses and failures.

• Advocated for dedicating a session in periodic meetings to discuss failures and lessons learned, promoting a culture of learning from both successes and failures.

• Stressed the importance of documenting failures and unsuccessful attempts, noting the prevalence of the "pilot project syndrome" in the region.

Following this, Member States and partners specifically has shown their specific interests in the joint collaborative activities discussed during the course of the meeting. The meeting concluded with Director (HSD) offering the vote of thanks and closing remarks. WHO-SEARO also organized a closed meeting with Member state representatives to discuss preparations for the Ministerial Round Table for the 76th Regional Committee.
The final day of the 2nd Annual Meeting of the SEAR PHC Forum was a study visit by participants to view Sri Lanka’s shared care cluster approach for Primary Health Care. The day started with visit to National Institute for Health Sciences (NIHS) wherein participants were introduced to the public health trainings and other community interventions being carried out by the Health Department. This was followed by visits to District Hospital Bandaragama and Base Hospital Panadura which gave the participants a first-hand exposure and learning experience as to how Sri Lanka manages PHC at the District and Sub-District level and the role of all stakeholders in the PHC landscape of the country. The workshop was formally closed by the Deputy Director General, Ministry of Health, Sri Lanka at the newly launched Center for Health Systems Policy and Innovations (CHSPI).
A variety of potential activities of the SEAR PHC Forum were proposed at the 2nd Annual Meeting of the SEAR PHC Forum. Based on inputs obtained during the 2nd Annual SEAR PHC Forum meeting as well as individual follow-up discussions, the WHO Secretariat has consolidated these inputs into 7 broad activity areas, as per the three major domains of the SEAR PHC Forum: capturing learning, fostering synergy, and driving action. The draft roadmap, including indicative timeline, is presented below for input, modification and expression of interest.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Sub-Activities</th>
<th>Interested Member States and Partners (please identify)</th>
<th>Timeline</th>
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</table>
| 1. Operation of SEAR PHC Forum website | • Formation of coordinating team for day-to-day management  
• Continued refinement of existing TWG papers through website  
• Monthly Notification system for all forum members on new updates through MS Teams | Access Health, JHPIEGO  
*Please self-identify:*  
SEAR PHC Forum All  
SEAR PHC Forum All | Quarter 1, 2024  
Continuous  
Continuous |
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<th>Timeline</th>
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| **2. Detailed case studies** (building on existing TWG repository)      | • Development of template for detailed case studies and methodology for selection of positive practice  
• Compilation of detailed case studies as selected from TWG papers  
• HRH Performance  
• Revisioning PHC Team: Role of Non-Physician clinicians and Family Medicine  
• Community Health Systems                                                                                                                                   | Dr T. Sundararaman, SEAR PHC Forum All  
Dr T. Sundararaman, SEAR PHC Forum All  
NHSRC, India, Bhutan  
Please self-identify:  
Sangwari People's Association, SEAR PHC Forum All  
UNICEF  
Please self-identify:                                                                                                                                   | Quarter 1 2024  
Quarter 1 2024  
Quarter 4, 2024  
Quarter 1, 2024  
Quarter 4, 2024 |
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<th>Sub-Activities</th>
<th>Interested Member States and Partners (please identify)</th>
<th>Timeline</th>
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| 3. New thematic areas | • Approaches to Integrating service delivery (life course approach + levels of care) | Indonesia  
*Please self-identify:* | Quarter 4, 2024 |
| | • Measuring quality in PHC | Bhutan and Indonesia  
*Please self-identify:* | Quarter 4, 2024 |
| | • Digital Health | Maldives and Nepal  
*Please self-identify:* | Quarter 4, 2024 |
| | • Climate Change and PHC | World Bank  
*Please self-identify:* | Quarter 4, 2024 |
| 4. PHC research capacity strengthening | • Adaptation of TDR Implementation Research course for PHC | Specific request by Bhutan, Maldives, Nepal  
*Please self-identify:* | Quarter 4, 2024 |
<p>| | • Support to conduct commissioned PHC-focused research | | |</p>
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<tr>
<th>Driving Action</th>
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<th>Sub-Activities</th>
<th>Interested Member States and Partners (please identify)</th>
<th>Timeline</th>
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|                | 5. Joint activities | • Development of PHC Team Competencies                                         | NHSRC, India, Thailand, Bangladesh, World Bank, JHPIEGO  
Please self-identify: | Quarter 4, 2024 |
|                |                | • Development and delivery of PHC course for district health officers / managers (as adapted from Regional PHC Curriculum) | Sri Lanka, Bangladesh, Maldives, Johns Hopkins University and CISDI  
Please self-identify: | Quarter 4, 2024 |
|                |                | • Translation of management training program                                    | Sri Lanka, Health System Transformation Platform  
Please self-identify: | Quarter 2, 2024 |
|                |                | • Joint Learning Mission on PHC monitoring                                      | Bhutan, WHO and UNICEF  
Please self-identify: | Quarter 4, 2024 |
|                |                | • District-level demonstration pilots of a comprehensive PHC anchored health system | Access Health  
Please self-identify: | Quarter 4, 2024 |
<table>
<thead>
<tr>
<th>Activity</th>
<th>Sub-Activities</th>
<th>Interested Member States and Partners (please identify)</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fostering Synergy</strong></td>
<td>• Workshop on innovations to strengthen quality integrated primary health care (also failures)</td>
<td>SEAR PHC Forum All</td>
<td>Quarter 2, 2024</td>
</tr>
<tr>
<td>6. Development of national and / sub-national systems for knowledge management and collaboration</td>
<td>• National and / sub-national fora or activities to advance knowledge management and collaboration</td>
<td><strong>Please self-identify:</strong></td>
<td>Quarter 4, 2024</td>
</tr>
<tr>
<td>7. Meeting of key funding partners to synergize PHC funding</td>
<td>• Convening a meeting of PHC donor agencies to synergize PHC funding (national or regional)</td>
<td>USAID <strong>Please self-identify:</strong></td>
<td>TBC</td>
</tr>
</tbody>
</table>
Annexures

Annexure – 1: Agenda

Second Annual Meeting of the South-East Asia Regional Forum for PHC-oriented Health Systems, Colombo, Sri Lanka
16 to 18 October 2023

Venue: Galle Face Hotel, Colombo, Sri Lanka
Meeting Link: https://who.zoom.us/j/99069965200
Meeting ID: 990 6996 5200
Passcode: who@2023

Programme

16 Oct 2023: Day 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>8:30 – 9:00</td>
<td>Registration</td>
<td>Master of Ceremonies: Dr. Chatura Wijesundara, WHO Country Office, Sri Lanka</td>
</tr>
<tr>
<td>9:00 – 9:30</td>
<td>Inaugural Session</td>
<td>• Traditional Lamp Lighting Ceremony&lt;br&gt;• Welcome Remarks from Host Government&lt;br&gt;• Opening Remarks on behalf of the Regional Director, WHO SEARO&lt;br&gt;• Dr G. Wijesuriya, Deputy Director General Ministry of Health, Sri Lanka&lt;br&gt;• Dr Alaka Singh, WHO Representative, Sri Lanka</td>
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<tr>
<td>Time</td>
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<td>Speakers</td>
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<tr>
<td>9:30 - 10:15</td>
<td><strong>Keynote speakers</strong> &lt;br&gt;• Sri Lanka Primary Health Care Journey &lt;br&gt;• Global Momentum for Primary Health Care and Integrated Health Services &lt;br&gt;• One year of the SEAR-PHC Forum: A Reflection</td>
<td>• Dr G S P Ranasinghe, <em>Ministry of Health, Sri Lanka</em>&lt;br&gt;• Dr Rudi Eggers, <em>Director, Integrated Health Services, WHO HQ</em>&lt;br&gt;• Mr Manoj Jhalani, <em>Director UHC/Health Systems Department, WHO SEARO</em></td>
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<tr>
<td></td>
<td><strong>Group Photograph</strong></td>
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<tr>
<td>10:15-10:30</td>
<td><strong>Healthy break</strong></td>
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<tr>
<td>10:30-10:45</td>
<td><strong>Setting the context</strong> &lt;br&gt;• Introductions of Participants &lt;br&gt;• Meeting objectives and expectations &lt;br&gt;• Administrative Announcements</td>
<td>• Dr T Thamarangsi, <em>WHO SEARO</em>&lt;br&gt;• Mr P Bisaria, <em>WHO SEARO</em></td>
</tr>
<tr>
<td>10:45 – 12:15</td>
<td><strong>Member State &amp; Partner Updates</strong> &lt;br&gt;• PHC priorities, activities and challenges (previous one-year) &lt;br&gt;• Expert Discussants</td>
<td>• Dr T Thamarangsi, <em>WHO SEARO</em>&lt;br&gt;Dr P Abeykoon&lt;br&gt;Dr L Ali&lt;br&gt;Dr Y Jain&lt;br&gt;Dr L Rajapaksa&lt;br&gt;Dr S Zodpey</td>
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<tr>
<td>12:15-13:15</td>
<td><strong>Lunch</strong></td>
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<tr>
<td>13:15-13:45</td>
<td><strong>Dissemination of the WHO Global PHC Primer</strong></td>
<td>• Dr Faraz Khalid, <em>PHC Special Programme, WHO HQ</em></td>
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<tr>
<td>Time</td>
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<td>Moderator/Participants</td>
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<tr>
<td>13.45-15.45</td>
<td><strong>Highlights from the 1st Year of the SEAR PHC Forum – I</strong></td>
<td>Moderated by Mr. I Dhillon WHO SEARO &amp; Dr A Jain USAID</td>
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<tr>
<td></td>
<td>• Overview</td>
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<td>• Break out Groups</td>
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<td>• Highlight of TWG Papers PHC Workforce/PHC Quality</td>
<td>• Dr G.S.P. Ranasinghe, Dr B. Sharma</td>
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<td>• Highlight of TWG Papers Urban PHC/Community Engagement</td>
<td>• Dr T Sultana, NHSRC India, Dr S Mahajan</td>
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<td>• Highlight of TWG Paper PHC Monitoring</td>
<td>• Dr M.S. Gurung, Dr A Rietsema, Dr. D Nambiar</td>
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<td></td>
<td>• SEAR PHC Forum Collaborative Website</td>
<td>• Dr GS Adithyan, Ms. K Murali</td>
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<tr>
<td>15:45-16:00</td>
<td><strong>Healthy Break</strong></td>
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<tr>
<td>16:00-16:50</td>
<td><strong>Highlights from the 1st Year of the SEAR PHC Forum – II</strong></td>
<td>Moderated by Mr. Ibadat Dhillon WHO SEARO &amp; Dr. S Sulistyo USAID</td>
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<tr>
<td></td>
<td>• Reflections on identification of “Positive Practice”</td>
<td>• Dr T Sundararaman</td>
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<td></td>
<td>• JHU South Asia PHC Lancet Series</td>
<td>• Dr. K Rao</td>
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<td>• PHC Investment Advocacy Brief</td>
<td>• Dr T Orawan, Dr M Chokshi</td>
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<td>- Discussants: Prof Srinath Reddy, Dr A Tandon</td>
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<tr>
<td>16.50 – 17.00</td>
<td><strong>Key Takeaways and Wrap Up of Day 1</strong></td>
<td>• Dr T Thamarangsi, WHO SEARO</td>
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<tr>
<td>17:00 – 18:00</td>
<td><strong>Bilateral Meetings</strong></td>
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<tr>
<td>19:00-20:30</td>
<td><strong>Evening Reception</strong></td>
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<tr>
<td>9:00 – 9:05</td>
<td>Recap of day 1</td>
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<tr>
<td>9:05 – 9:15</td>
<td><strong>What’s Next for the Forum</strong></td>
<td>• Mr M Jhalani, WHO SEARO</td>
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<tr>
<td></td>
<td>- Joint Activities, Operational Learning &amp; Research, Operating Modality</td>
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<tr>
<td>9:15-10:15</td>
<td><strong>Joint Activities (initial possibilities)</strong></td>
<td>Moderated by Dr A Bhatnagar <em>World Bank</em>, Dr A Tyas CISDI, and Mr I Dhillon <em>WHO SEARO</em></td>
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<tr>
<td></td>
<td>• PHC Regional Curricula</td>
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<td>• Management Course for Shared Cluster Network Leads</td>
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<td>• Definition of PHC Team Competencies</td>
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<td>- Mid-level health provider mentoring</td>
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<tr>
<td>10:15-10:30</td>
<td><strong>Healthy Break</strong></td>
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<tr>
<td>10:30-11:30</td>
<td><strong>World Café: Joint Activities and areas for Thematic Working Groups</strong></td>
<td>Moderated by Dr T Thaksaphon, <em>WHO SEARO</em></td>
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<tr>
<td></td>
<td>• Introduction to World café</td>
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<td></td>
<td>• Round I (10.30-10.50)</td>
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<td>• Round II (10.50-11.10)</td>
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<td>• Round III (11.10-11.30)</td>
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<td></td>
<td>• Café managers</td>
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<tr>
<td>Time</td>
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<td>Organizers/Participants</td>
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<tr>
<td>11:30-12:15</td>
<td><strong>World Café Report back and plenary discussion</strong></td>
<td>Moderated by Dr T Thaksaphon, WHO SEARO</td>
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<td></td>
<td>• Priority Thematic Working Group Areas</td>
<td>• Café managers</td>
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<td>• Joint Activities for future</td>
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<td>12:15-12:20</td>
<td><strong>Healthy Break</strong></td>
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<tr>
<td>12:20-12:50</td>
<td><strong>Health Impact Investment Platform</strong></td>
<td>• Ms K Zerrou, WHO HQ</td>
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<td>Discussants: European Investment Bank and Islamic Development Bank (virtual)</td>
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<tr>
<td>12:50-13:45</td>
<td><strong>Lunch</strong></td>
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<tr>
<td>13:45-14:15</td>
<td><strong>Research on Primary Health Care in the Region: Barriers, Enabler and Opportunities to strengthen linkage with Member State priorities - I</strong></td>
<td>Moderated by Dr Nima Asgari Director, Asia Pacific Observatory on Health Systems and Policies</td>
</tr>
<tr>
<td></td>
<td>• Setting the Context</td>
<td>• Dr D Nambiar, Prof. H Legido-Quigley, Prof. P Hanavorangchi and Dr. J Tromp</td>
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<td></td>
<td>• Presentation of findings of a landscape review on enablers and barriers for aligning PHC research to Member State needs</td>
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<td>• <strong>Discussant</strong> – Prof A Kotwal NHSRC</td>
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<tr>
<td>14:15-15:45</td>
<td><strong>Research on Primary Health Care in the Region Break-out Session - II</strong></td>
<td>• Facilitators</td>
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<td>• What topics</td>
<td>Moderated by Dr Nima Asgari Director, Asia Pacific Observatory on Health Systems and Policies</td>
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<td></td>
<td>• What networks and partnership</td>
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<td></td>
<td>• What capacities</td>
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Plenary Presentation and Discussion
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<tr>
<th>Time</th>
<th>Session</th>
<th>Moderator</th>
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<tr>
<td>15:45-16:00</td>
<td>Healthy Break</td>
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<tr>
<td>16:00-16:45</td>
<td><strong>SEAR PHC Forum Working Modalities</strong></td>
<td>Moderated by Dr T Thamarangsi, WHO SEARO</td>
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<tr>
<td></td>
<td>• Member State and Partner Inputs</td>
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<td></td>
<td>• Specific actions to strengthen SEAR PHC Forum</td>
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<tr>
<td>16:45-17:00</td>
<td><strong>Way forward</strong></td>
<td>Mr M Jhalani, WHO SEARO</td>
</tr>
<tr>
<td>17.00-18.00</td>
<td><strong>Member State (closed meeting), Preparation for RC 76</strong></td>
<td>Moderated by Mr M Jhalani, Dr T, WHO SEARO and Dr P Abeykoon</td>
</tr>
</tbody>
</table>
### 18 Oct 2023: Day 3, Field Visit to view Sri Lanka Shared Care Cluster Approach

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>06:30 – 08:00</td>
<td>Leave hotel (Galle Face Hotel) in Colombo and travel to National Institute for Health Sciences (NIHS)</td>
</tr>
<tr>
<td>08:00– 10:00</td>
<td>Introduction Public health filed practice and training at NIHS and other community interventions focusing on PHC</td>
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<tr>
<td>10:00 – 10:40</td>
<td>Travel as separate groups to DH Bandaragama and BH Panadura</td>
</tr>
<tr>
<td>10:40 – 12:30</td>
<td>Observing functions of DH Bandaragama/ BH Panadura and discussion with relevant staff (40 mins to be spent at each institution)</td>
</tr>
<tr>
<td>12:30 – 14:00</td>
<td>Travel to Center for Health Systems Policy and Innovations (CHSPI)</td>
</tr>
<tr>
<td>14:00– 14:30</td>
<td>Introduction to the CHSPI</td>
</tr>
<tr>
<td>14:30 – 14:55</td>
<td>Closing session of the SEAR PHC Forum at CHSPI</td>
</tr>
<tr>
<td>14:55-15:00</td>
<td>Vote of Thanks: Dr G Wijesuriya, Deputy Director General, Ministry of Health, Sri Lanka</td>
</tr>
<tr>
<td>15:00 – 15:15</td>
<td>Travel back to hotel</td>
</tr>
</tbody>
</table>
Annexure – 2: List of Participants

Participants from Member Countries

Bangladesh

1. Dr Tahmina Sultana
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Indonesia

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17. Dr. Adi Pamungkas  
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Ministry of Health  
Republic of Indonesia  
Jakarta, Indonesia

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   Ministry of Health  
   Sri Lanka

31. Dr G.S.P. Ranasinghe  
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Thailand

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**Development Partners**

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43. Dr Dana Burduja  
Head of Life Sciences and Health division  
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(Virtual Participation)

**European Union**

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(Virtual Participation)

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PATH

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Distinguished Member State representatives, senior advisors, partners, experts and colleagues,

Although our Regional Director, Dr Poonam Khetrapal Singh, would have very much liked to attend this important meeting, she is unable to due to prior commitments. It is therefore my pleasure to deliver this message on her behalf.

**Quote:**

Good morning and welcome to this Second Annual Meeting of the South-East Asia Regional Forum for PHC-oriented Health Systems.

My sincere gratitude to the Government of Sri Lanka for hosting this second annual meeting of the SEAR PHC Forum, for allowing us to learn from Sri Lanka’s long history in advancing primary health care and promoting our Region-wide culture of shared learning, synergy and action.

With the first health unit established in 1926, the roots of primary health care run deep in Sri Lanka. Across this past century Sri Lanka’s PHC-oriented health system has withstood many crises and consistently emerged stronger: something our Forum participants specifically requested to learn from.

And my personal thanks to all present – Member State representatives, partners and experts – for participating in this 2\textsuperscript{nd} Annual Meeting of the SEA Regional PHC Forum.
Ladies and Gentlemen,

We stand at a historic moment in time.

A remarkable transformation is currently taking place across countries of our Region: a transformation from a focus on a few select diseases to that of the full human condition. In the words of one of WHO’s founders, Dr. Karl Evang, a focus on “the human being – the working, creating, hoping and struggling human being”.

Almost two years ago, amid the COVID-19 response, Ministers’ of Health in our Region unanimously adopted the Declaration on COVID-19 and Measures to Build Back Better. Through this Declaration they highlighted a once-in-a-century imperative and opportunity to enable PHC-oriented health system transformation.

Progress on the ‘Build Back Better’ Ministerial Declaration will shortly be reported at our Regional Committee. I am very pleased to see that countries in our South-East Asia Region have followed political commitment with concrete action.

At the 2023 UN General Assembly and the G20 Leaders Declaration, heads of state and government made further commitments to accelerating universal health coverage with PHC as the cornerstone.

Yet, as each of you know, delivering quality and comprehensive primary health care across the diversity of contexts in which the 2 billion people of our Region reside is not an easy task.

Each of you in this room are and will be critical to PHC-oriented transformation of health systems in our Region.

Your implementation-related experience and learning will undoubtedly benefit other countries in our Region and Globally. Similarly, implementation-related experience of others may also help overcome operational bottlenecks that you face.
Launched last year in Bangkok, Thailand, the South-East Asia Regional Forum for PHC-oriented health systems is your platform for implementation-focused knowledge exchange and collaboration. It is meant to add value to your work.

Over the next three days you will together:

First, share and review of progress with respect to the SEAR PHC Forum in its’ first year. In addition to collective effort in capturing operational learning in our Region, I am happy to see joint activity organically emerging across countries and partners through the Forum.

Second, collectively identify priorities, activities, and modalities to strengthen the SEAR PHC Forum in 2024 and beyond.

Third, to visit PHC as it operates in Sri Lanka, including to the site where the first health unit was launched almost a 100 years ago.

Finally, a key feature of this years’ annual meeting of the SEAR PHC Forum, is the focused attention to strengthening alignment of research capacities and priorities present in our Region to the needs of our Member States.

I am especially pleased that you will close your meeting at the recently established Center for Health Systems Policy and Innovations in the University of Colombo, which stands to be a resource for both Sri Lanka and the Region for years to come.

Ladies and Gentlemen,

We are fortunate to be present together at this moment to meaningfully advance a vision that was first elaborated almost a hundred years ago.

Health for all has never been closer in reach for the 2 billion people of our Region.

I once again thank the Government of Sri Lanka and wish you productive, engaging and successful deliberations to reorient health systems towards quality, accessible,
affordable and comprehensive primary health care, to achieve universal health coverage, health system resilience and Health for All.

*Unquote.*

I echo that sentiment and look forward to the forthcoming discussions.

Thank you.
Annexure – 4

PHC Research priorities (the “what”)

Policymakers identified priority questions or areas of inquiry of interest to them that require research and evidence-building. Notably, stakeholders from more than one country in the region posed most of the questions below. Starred items reflect themes that emerged from other sessions in the Forum and could be explored in research

Providers, Patients, People

- Who are the country’s main primary care providers across rural and urban settings?
- What is the availability of essential medicines for PHC?
- What are people's demands and needs regarding PHC? How responsive are services? What factors (supply + demand) will enable/promote PHC as a first port of call?
- What is the sustainability of CHWs in the future?
- How can we improve health literacy at PHC?
- What behavioural nudges can be used to prevent bypassing, enhance health promotion and tackle inverse care
- What are meaningful ways to engage communities in PHC decision-making? What have existing efforts yielded?

Service design and delivery

- What are effective referral mechanisms for PHC?
- Why do individuals bypass PHC-level facilities? What drives these decisions?
- Is there a case for purchasing PHC rather than public provision?
- What is the role of technology in service delivery and its cost-effectiveness?
- What has worked, and what has not, in the use of telemedicine in PHC?
**Operations and implementation**

- What are effective means of intersectoral collaboration and engagement?
- What are effective methods to regulate the private sector?
- What works to improve community participation in planning, implementation and monitoring PHC?
- What is the ideal skill mix of human resources in different SEARO-specific settings?
- How can PHC reform be monitored? Does it have to be measured? Is a regional approach/consensus needed?*

**Systems-level inquiry**

- What works to improve PHC across country settings? What are the key factors for effective PHC?
- How does the political economy influence PHC at the national and sub-national level?
- How does power play out between different levels of human resources, particularly doctors and allied health professionals?
- What are patients’ perspectives on quality and providers’ perspectives on the provision of PHC?
- For effective PHC governance, what aspects should be decentralised, and what should be centralised?
- What financing models could be considered for PHC (for example, what is the impact and acceptability of a debt forgiveness model as compared to a lending model for PHC financing)?*