
Primary health care

Draft operational framework Primary health care: transforming vision into action

Report by the Director-General

BACKGROUND

1. Pursuant to resolution WHA72.2 (2019), the Director-General has developed a draft operational framework for primary health care, to be taken fully into account in the WHO general programmes of work and programme budgets in order to strengthen health systems and support countries in scaling up national implementation efforts on primary health care. Its primary audience is national, and where appropriate, subnational government leaders. The draft operational framework is also aimed at informing the actions of other country- and global-level actors, such as non-State actors, including funders and civil society. The full version of the revised draft of the operational framework, which includes changes made in response to extensive consultation following the release of the original document in Astana, Kazakhstan, in October 2018, is available on the WHO website.^{1,2} Following consultation with, and input from, Member States, the draft operational framework will be submitted for consideration by the Seventy-third World Health Assembly in 2020.

2. Primary health care, as outlined in the 1978 Declaration of Alma-Ata and again 40 years later in the 2018 WHO/UNICEF document *A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals*,³ is a whole-of-government and whole-of-society approach to health that combines the following three components: multisectoral policy and action; empowered people and communities; and primary care and essential public health functions as the core of integrated health services. Primary health care-oriented health systems are health systems organized and operated so as to make the right to the highest attainable level of health the main goal, while maximizing equity and solidarity. They are composed of a core set of structural and functional elements that support achieving universal coverage and access to services that are acceptable to the population and that are equity enhancing. The term “primary care” refers to a key process in the health

¹ See <https://www.who.int/servicedeliverysafety/Draft-Operational-Framework-PHC-EB146.pdf>, (accessed 31 January 2020).

² In line with resolution WHA69.19 (2016) on the global strategy on human resources for health: workforce 2030, a health workforce impact assessment was carried out for the draft operational framework: primary health care: transforming vision into action (see http://www.who.int/hrh/activities/HealthWorkforceImpactAssessment_PHC_Oct2019.pdf, accessed 19 November 2019).

³ WHO and UNICEF. *A vision for primary health care in the 21st century: towards universal health coverage and the Sustainable Development Goals*. Geneva: World Health Organization; 2018 (<https://apps.who.int/iris/handle/10665/328065>, accessed 20 November 2019).

system that supports first-contact, accessible, continued, comprehensive and coordinated patient-focused care.

3. Building on the principles of the Declaration of Alma-Ata, the Declaration of Astana was adopted at the Global Conference on Primary Health Care on 25 and 26 October 2018 in Astana. In the Declaration of Astana, Member States reaffirmed their commitment to primary health care as a cornerstone of sustainable health systems for the achievement of universal health coverage and the health-related Sustainable Development Goals.

4. The Declaration of Astana commitments – to make bold political choices for health across all sectors, build sustainable primary health care, empower individuals and communities, and align stakeholder support to national policies, strategies and plans – was built on previous resolutions aimed at strengthening the vision of primary health care in the Declaration of Alma-Ata: WHA69.24 (2016) on strengthening integrated, people-centered health services, WHA65.8 (2012) on the outcome of the World Conference on Social Determinants of Health and WHA62.12 (2009) on primary health care, including health system strengthening. In resolution WHA62.12, the Sixty-second World Health Assembly requested the Director-General to prepare implementation plans for four broad policy directions, including putting people at the centre of service delivery. These four policy directions for reducing health inequalities and improving health for all were identified in *The world health report 2008: primary health care now more than ever*,¹ published on the thirtieth anniversary of the international conference of Alma-Ata.

5. The Seventy-second World Health Assembly in 2019 welcomed the Declaration of Astana in resolution WHA72.2 and urged Member States to take measures to share and implement the vision and commitments of the Declaration of Astana according to national contexts.

6. The WHO regional committees have also called for strengthening of primary health care, notably in regional reports on primary health care prepared for the 2018 Global Conference on Primary Health Care in Astana.²

IMPORTANCE OF PRIMARY HEALTH CARE

7. Despite remarkable improvements in the health outcomes of the global population during the era of the Millennium Development Goals, important gaps persist in people's ability to attain the highest possible level of health. About half of the world's population lack access to the services they need, and poor health disproportionately affects those faced with adverse social and other determinants of health, driving health inequity both within and between countries.³

8. Health is central to the 2030 Agenda for Sustainable Development as it relates to many of the Sustainable Development Goals and is the specific focus of Goal 3 (Ensure healthy lives and promote well-being for all at all ages). Commitment to equity and leaving no one behind is captured in target 3.8 on achieving universal health coverage. Universal health coverage means that all individuals and

¹ The world health report 2008: primary health care now more than ever. Geneva: World Health Organization; 2008 (<https://apps.who.int/iris/handle/10665/43949>, accessed 20 November 2019).

² See the section on regional reports on primary health care, in technical documents on primary health care (<https://www.who.int/primary-health/technical-documents>, accessed 19 November 2019).

³ WHO and the International Bank for Reconstruction and Development/the World Bank. Tracking universal health coverage: 2017 global monitoring report. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/handle/10665/260522>, accessed 16 October 2019).

communities receive the health services they need – including promotive, protective, preventive, curative, rehabilitative and palliative – of sufficient quality, without experiencing financial hardship.

9. The demonstrated links of primary health care to better health outcomes, improved equity, increased health security and better cost-efficiency make primary health care the cornerstone of health systems strengthening. Health systems built on the foundation of primary health care are essential to achieve universal health coverage.

10. Primary health care-oriented health systems are required to effectively tackle WHO’s current priorities including: WHO’s Thirteenth General Programme of Work, 2019–2023, with its triple focus on promoting health, keeping the world safe and serving the vulnerable; the global action plan for healthy lives and well-being for all, including the primary health care “accelerator” to enhance collaboration between partners in order to accelerate progress at the country level on the health-related targets of the Sustainable Development Goals; WHO’s framework on integrated people-centred health services; and WHO’s framework for action for strengthening health systems to improve health outcomes, with its six building blocks, in which the principles and strategies for action are aligned with the overall approach of primary health care and the “levers” outlined in the draft operational framework.

PRIMARY HEALTH CARE LEVERS OF THE DRAFT OPERATIONAL FRAMEWORK

11. The draft operational framework proposes 14 levers (see Table) needed to translate the global commitments made in the Declaration of Astana into actions and interventions. Such actions and interventions can be used to accelerate progress in strengthening primary health care-oriented systems and ultimately lead to a demonstrable improvement in health for all without distinction of any kind.

Table. Levers of the draft operational framework for primary health care

Title	Description
Core strategic levers	
Political commitment and leadership	Political commitment and leadership that place primary health care at the heart of efforts to attain universal health coverage and that recognize the broad contribution of primary health care to the Sustainable Development Goals
Governance and policy frameworks	Governance structures, policy frameworks and regulation in support of primary health care that build partnerships within and across sectors, and promote community leadership and mutual accountability
Funding and allocation of resources	Adequate financing for primary health care that is mobilized and allocated to minimize financial hardship, promote equity and enable high-quality care and services
Engagement of communities and other stakeholders	Engagement of communities and other stakeholders from all sectors to define problems and solutions and prioritize actions through policy dialogue

Title	Description
Operational levers	
Models of care	Models of care that promote high-quality people-centred primary care and essential public health functions as the core of integrated health services throughout the life course
Primary health care workforce	Adequate quantity, competency levels and distribution of a committed multidisciplinary primary health care workforce that includes facility-, outreach- and community-based health workers supported through effective management, supervision and appropriate compensation
Physical infrastructure	Secure and accessible primary care facilities to provide effective services with reliable water, sanitation and waste disposal/recycling, telecommunications connectivity and power supply, and with transport systems that can connect patients to other care providers
Medicines and other health products to improve health	Availability and affordability of appropriate, safe, effective, quality medicines and other health products, through transparent processes, to improve health
Engagement with private-sector providers	Sound partnership between public- and private-sector providers for the delivery of integrated health services
Purchasing and payment systems	Purchasing and payment systems that foster a reorientation in models of care towards more prevention and promotion, and towards care delivered closer to where people live and work. Such systems provide incentives for the delivery of high-quality primary care services and facilitate integration and coordination across the continuum of care
Digital technologies for health	Use of digital technologies for health in ways that facilitate access to care and service delivery, improve effectiveness and efficiency, and promote accountability
Systems for improving the quality of care	Systems at the local, subnational and national levels to continuously assess and improve the quality of integrated health services
Primary health care-oriented research	Research and knowledge management, including dissemination of lessons learned, as well as the use of knowledge to accelerate the scale-up of successful strategies to strengthen primary health care-oriented systems
Monitoring and evaluation	Monitoring and evaluation through well-functioning health information systems that generate reliable data and support the use of information for improved decision-making and learning by local, national and global actors

12. Actions and interventions related to each lever are not intended to be carried out independently: they are intimately interrelated, and impact and enable each other. They need to be an integral part of the national health strategy, prioritized, optimized and sequenced in a way that guarantees overall results along the three dimensions of universal health coverage.

13. For each lever in the draft operational framework, there is a narrative description (see Table). A non-exhaustive list of proposed actions and interventions to be considered at the policy, operational and implementation levels, as well as actions and interventions to be carried out by engaged people and communities, is also included in the draft operational framework. It also includes case studies that illustrate how one or, more commonly, several levers can be implemented to advance primary health care.

14. The four core strategic levers comprise political commitment and leadership, governance and policy frameworks, funding and allocation of resources, and the engagement of communities and other stakeholders. Without these core strategic levers, actions and interventions carried out through use of the operational levers are unlikely to lead to effective primary health care. Actions and interventions related to all levers, in particular those related to governance and finance, need to be developed using an inclusive and ongoing policy dialogue that engages the community as an actor. The use of the core strategic levers paves the way for the use of other levers. The implementation of all levers needs to take into consideration the contexts, strengths and weaknesses of the health system, and the national, subnational and local priorities for universal health coverage.

15. In order to implement policy changes that strategically direct resources to the areas of greatest need and document progress made in strengthening primary health care over time, decision-makers need high-quality data on all three components of primary health care. To that end, a framework for monitoring and evaluation of primary health care – with indicators aligned with the levers of the draft operational framework, existing efforts in monitoring universal health coverage and other routine planning, monitoring and evaluation processes – will be prepared as a separate technical document as a supplementary tool.

16. It is expected that countries will select the levers and indicators that are most pertinent to their settings, based on an assessment of their needs, the capacity of their systems and their health governance models. It is also assumed that the specific actions, interventions and strategies used to bring about a visible improvement in primary health care will vary between settings and over time and will have an impact on, as required, health promotion, prevention of disease, and curative, rehabilitative and palliative care. As economies, institutions and resources evolve, both the levers used and the ways in which they are operationalized should also evolve.

Enablers of success

17. The levers in the draft operational framework are based on evidence and experience gained over years of implementing health system reforms. They align with the well-known building blocks and functions of effective health systems. The added value of this framework is that it provides guidance to countries throughout the national planning cycle on how commitment to primary health care can be translated into health for all through intersectoral actions, empowered people and communities, and integrated health services centred on people.

18. The experience of the past four decades, including the era before the Millennium Development Goals, provides important insight into the factors and conditions that have either enabled or hindered strengthening of primary health care. The levers of the draft operational framework should be considered

in the development of a contextualized strategy to strengthen health systems, to strengthen the national planning cycle and integrate implementation across sectors. The operational framework should therefore be used throughout the different steps of the operational planning process, understanding that in the 21st century, the role of health ministries is to create enabling conditions and an environment conducive to improving health. Health ministries should also empower actors and hold them accountable for their actions. They should steer the health sector as a whole in an inclusive manner, involving public, private and civil society actors as outlined in the handbook on national health policies, strategies and plans.¹

19. For many countries, the integration of primary health care across a wide range of policies, strategies, activities and services is likely to require substantial transformation of the ways in which health-related policies and action are prioritized, funded and implemented. This reorientation of the health system requires clear political commitment and strong leadership at all levels to effectively implement all levers and achieve the desired results.

20. The engagement of people, as individuals, and communities, and of stakeholders from all sectors to work together to define health needs, identify solutions and prioritize action is central to primary health care. Special effort should be made to reach and meaningfully engage vulnerable and disadvantaged populations who disproportionately experience poor health, while often lacking the resources to participate in traditional engagement mechanisms. Promotion of social accountability will strengthen community engagement. Optimally, engagement of communities and other stakeholders should be integrated across sectors and inform actions and interventions related to all levers.

21. Incremental change in health systems as a result of actions and interventions related to any of the levers included in this draft operational framework will not be sufficient to implement the 2030 Agenda. That will require bold action based on political leadership with an explicit, strong and well-defined vision, engagement of people, communities and other stakeholders, guided by evidence and a monitoring and evaluation framework that is relevant to primary health care.

22. Many countries will still require external technical and/or financial support to bring about an improvement of primary health care for universal health coverage. In each of these countries, strong leadership and advocacy for harmonization and alignment of global donors and technical partners involved in strengthening primary health care are needed more than ever, under the leadership and at the direction of each country. The international community, through platforms such as the International Health Partnership for UHC 2030, should support such harmonization and alignment at the country level.

ACTION BY THE EXECUTIVE BOARD

23. The Board is invited to note the report and support the implementation of the draft operational framework for primary health care, towards the commitments in the Declaration of Astana and the high-level political declaration on universal health coverage.

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¹ Schmets G, Rajan D, Kadandale S, editors. Strategizing national health in the 21st century: a handbook. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/handle/10665/250221>, accessed 21 October 2019).