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Achieving UHC, SDGs and health security through stronger and more comprehensive PHC

Comprehensive primary health care (CPHC) is well recognized as the foundation for universal health coverage, the cornerstone for the health-related Sustainable Development Goals (SDGs), the mechanism for ensuring integrated people-centred health services, and the platform for enabling public health functions and essential health services. Social participation, as well as community engagement and empowerment, are crucial elements of health system governance that promote inclusiveness and sustainability of CPHC.

In the context of the substantial health and economic challenges across the Region especially following the COVID-19 pandemic, and with the global community also approaching the halfway point of the 2030 SDGs Agenda, this Working Paper emphasizes the importance of strengthening comprehensive primary health care as the most efficient and equitable approach to simultaneously advancing towards the goals of universal health coverage, the health-related SDGs, and health security.

Decades of progress in the delivery of health services, improvement of population health, and reductions in poverty have stalled and/or reversed. Disruption of services during COVID-19 has led to reversal of health gains and forced more people into poverty. The current economic reality in the Region including budgetary constraints also calls for more efficiency in health systems. This Working Paper provides an update on progress towards achieving UHC and other health-related SDGs by strengthening primary health care (PHC) in the Region, and also enumerates the significance of the recently released South-East Asia Regional Strategy for Primary Health Care, 2022–2030.

This Working Paper also points to increasing partner interest in advancing comprehensive primary health care, and reiterates the urgency to ensure synergy in action that is aligned with national health goals in the Member States. The report further identifies an opportunity for Member States of the SE Asia Region to take leadership proactively and collectively in the build-up to the 2023 UN High-Level Meeting on Universal Health Coverage.

The attached Working Paper was presented to the High-Level Preparatory Meeting for its review and recommendations. The HLP Meeting reviewed the paper and made the following recommendations for the consideration of the Seventy-fifth Session of the Regional Committee.

Actions by Member States

- Reaffirm commitment to strengthen comprehensive people-centred PHC, including through the adoption and implementation of the South-East Asia Regional Strategy for Primary Health Care 2022–2030.
- Strengthen monitoring of the CPHC system, especially for enhancing national capacity and ownership in health information systems.
- Participate in regional knowledge- and experience-sharing mechanisms and activities.
- Enhance social participation and community engagement and empowerment, including by strengthening participatory platforms and government capacities to manage participatory processes in addressing UHC, the health-related SDGs and health security.
- Prepare for and take a proactive, collective and leadership role in the upcoming UN High-Level Meeting on UHC in 2023, as well as relevant preparatory process such as at the 152nd Session of the Executive Board and the Seventy-sixth World Health Assembly.

Actions by WHO

- Provide technical support to Member States of the Region, in coordination with other partners, for strengthening CPHC including enhancing social participation, community engagement and empowerment to promote the role of health system governance in advancing the realization of UHC and the SDGs as well as health security in the Region.
- Establish and strengthen regional knowledge- and experience-sharing mechanisms on PHC that include key development, implementation and academic partners in the Region.
- Integrate the concept of social participation, action and monitoring into this Working Paper for the Seventy-fifth Session of the Regional Committee, and support Member States in promoting social participation for sustainable UHC and PHC.
- Support Member States in demonstrating regional solidarity and leadership at the UN High-Level Meeting on UHC in 2023, including its preparatory process in the meetings of the WHO Governing Body.

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

Introduction

1. Comprehensive primary health care is the cornerstone for achieving the health-related SDGs. In 2015, the global community agreed on a shared vision for peace, prosperity, people and the planet, with focus on leaving no one behind: the 2030 Agenda for Sustainable Development.
2. Comprehensive primary health care is the foundation for universal health coverage (UHC). In 2019, through the Political Declaration of the United Nations High-Level Meeting on Universal Health Coverage, “Universal health coverage: moving together to build a healthier world”, Heads of State and Governments recognized primary health care as “the most inclusive, effective and efficient approach to enhance people’s physical and mental health, as well as social well-being, and that primary health care is the cornerstone of a sustainable health system for universal health coverage and the health-related Sustainable Development Goals”.
3. Comprehensive primary health care is the platform for public health function and essential health services, thereby promoting health security. Successive waves of the COVID-19 pandemic have since affected the health, economies and societies of Member States of WHO’s South-East Asia Region to an extent previously unimaginable, threatening and/or reversing decades of gains in service delivery and poverty alleviation. Longstanding gaps in health systems were exposed, delivery of essential health services disrupted, and pre-existing inequities exacerbated across countries in the Region.
4. While the COVID-19 pandemic challenged health systems and stakeholders across the world, it also brought forward a central learning: that the defining features of well-performing primary health care-oriented health systems, long advocated for in the context of UHC and the health-related SDGs, are the same as those required to effectively and efficiently protect people and economies from public health emergencies through resilient primary health care-oriented health systems. Indeed, the 2021 WHO position paper – “Building health systems resilience for universal health coverage and health security during the COVID-19 pandemic and beyond” – and numerous other reports and articles place resilient primary health care-oriented health systems as the foundation for UHC, the health-related SDGs and health security.
5. Comprehensive primary health care is the mechanism to promote integrated people-centred health services. In 2018, at the Global Conference on Primary Health Care in Astana, WHO Member States and partners reaffirmed the values and principles of the 1978 Declaration of Alma-Ata. The Declaration of Astana envisages the primary health care system as the execution mechanism to realize the vision of integrated people-centred health services. Since comprehensive primary health care puts people and communities, not diseases, at the centre of health systems including through social participation processes, and empowers people to take charge of their own health rather than being passive recipients of services, it is crucial in protecting the vulnerable.

6. At the regional level, significant deliberation and experience-sharing has taken place on the lessons learnt from COVID-19, as well as the urgency and opportunity to “build back better”. Notably, at the Seventy-fourth session of the WHO Regional Committee for South-East Asia in 2021, reflecting on the lessons learnt from COVID-19, ministers of health of the Region committed to reorienting health systems towards primary health care, including through increased public investment, as the primary approach to simultaneously ensure health systems resilience as well as the achievement of UHC and the health-related SDGs. This commitment was envisaged through the Regional Committee resolution SEA/RC74/R1 titled “Declaration by the health ministers of Member States at the Seventy-fourth session of the WHO Regional Committee for South-East Asia on COVID-19 and measures to ‘build back better’ essential health services to achieve universal health coverage and the health-related SDGs”.

7. Moreover, ministers of health from the SE Asia Region emphasized in the resolution “the imperative and a once-in-a-century opportunity” to advance transformation toward resilient primary health care-oriented health systems in the Region. An important action identified for WHO in the related Working Paper (number SEA/RC74/3) for the Seventy-fourth session of the Regional Committee was to develop a Regional Strategy on primary health care that builds on lessons learnt from the ongoing pandemic in the Region, in order to guide, support and monitor the transformation to PHC-oriented health systems in Member States of the Region.

8. This Working Paper follows on from the deliberations at the previous Regional Committee session and outlines progress on advancing primary health care-oriented health systems across countries of the Region. Cognizant of the current health and economic challenges faced by several countries in the Region, as well as the approaching halfway point of the tenure of the Sustainable Development Agenda, the report seeks to support the drive towards strengthening comprehensive primary health care as the means to simultaneously advance toward UHC, the health-related SDGs, and health security, and also towards bringing about economic recovery in the Region.

9. Social participation is an important means to promote health system responsiveness. Engagement and ownership of the community and other stakeholders are at the heart of inclusive and sustainable UHC, one that in particular ensures that “no one is left behind”. Community engagement and empowerment is one of the three pillars of comprehensive primary health care, according to the Astana Declaration. Strengthening participatory spaces towards advancing the PHC and UHC agenda is rather complex in its implementation. Ensuring that the voices, experiences, needs and expectations of people are heard, understood and tangibly incorporated into the decision-making process requires well-designed open-for-all mechanisms, as well as trust and open-mindedness. These challenges leave social participation largely unimplemented and resigned to the conceptual realm in reality. Involvement of communities, civil society organizations, professional organizations, the private sector and academia is rather limited in policy formulation and implementation. This is despite the fact that these stakeholders can indeed make significant contributions towards enhancing access to and coverage, effectiveness and efficiency of health care.

10. Discussions on this Agenda at the Seventy-fifth Session of the WHO Regional Committee for South-East Asia will also enable Member States to have a proactive and collective role in engaging in and shaping the discourse at the upcoming UN High-Level Meeting on Universal Health Coverage in 2023. The 2023 UN High-Level Meeting on UHC is expected to focus on renewing the vision of “Health for All”, with associated political commitment and accountability processes to accelerate progress towards the achievement of UHC and other health-related SDGs by 2030. Strengthening comprehensive primary health care will underpin the discussions at the forthcoming High-Level Meeting of the UN General Assembly in 2023.

Current situation, response and challenges

11. Member States of the South-East Asia Region are currently facing significant economic challenges in the aftermath of the COVID-19 outbreak. The past few years have witnessed economic contraction, a rising debt burden and/or inflationary pressures, and a rise in extreme poverty. A recent World Bank report identified that almost two thirds of the people who fell into or remained in extreme poverty globally due to COVID-19 reside in the World Bank's South Asia Region.¹ The Asian Development Bank's Southeast Asia Region further estimated that 4.7 million people fell into extreme poverty in this part of the world in 2021.² These economic consequences also led to fiscal distress for governments in ensuring adequate health budgets and investment on health.

12. Prior to the COVID-19 pandemic, the SE Asia Region had the lowest levels of public spending on health and the highest out-of-pocket payment in comparison with other WHO regions. Additional demands on health systems, especially with respect to expanding capacities to address and prepare for public health emergencies, have compounded existing financing challenges. Priorities for strengthening of surveillance, laboratory, and public health intelligence capacities; equitable delivery of COVID-19 tools; strengthened preparedness and response functions; as well as continued expansion and extension of health services for a growing population with changing disease burdens must all be considered in a context of constrained resources.

13. The hard-earned progresses in UHC and the achievement of health-related SDGs may be derailed due to COVID-19 and its consequences including, primarily, the disruption of essential health services. There is the risk of losing what has been gained through intensive progress, and the people of Member States may have to cope with poorer access and less financial protection. The following serve as illustrations.

a. Universal health coverage

- Essential health service coverage: The SE Asia Region made significant progress in improving the service coverage index from 47 in 2010 to 61 in 2019, driven particularly by improvements in reproductive, maternal, newborn and child services. However, there is marked variation in the service coverage index across countries and, even prior to the pandemic, progress was not fast enough to achieve the minimum coverage score of 80 by 2030. In seven countries of the Region, even prior to the pandemic, service capacity and access coverage served as a major constraint.

Moreover, all nine SE Asia Region countries that participated in the third round (December 2021/January 2022) of the National Pulse Survey on the Continuity of Essential Health Services identified continued disruption in essential health services, with disruptions most prominent in the areas of primary, community and emergency services. Health system capacity to provide quality, equitable and effective services to address the health needs of the population, and engagement of communities, as well as multisectoral collaboration, are of concern across SE Asia Region countries.

¹ South Asia and the World Bank: stories of resilience and recovery. Washington, DC: The World Bank. 2022. <https://www.worldbank.org/en/region/sar/publication/south-asia-and-the-world-bank> – accessed 5 Aug 2022

² Southeast Asia rising from the pandemic. Manila: Asian Development Bank. 2022. <https://www.adb.org/publications/southeast-asia-rising-from-pandemic> - accessed 5 Aug 2022.

- Financial protection: Unlike improvements in service coverage, the Region has witnessed negative trends in financial protection between 2010 and 2017, with catastrophic health spending increasing from 12.6% to 15.25%. Catastrophic health expenditure and out-of-pocket expenditure on health is expected to rise due to COVID-19 and the economic challenges in the Region.

b. Health-related Sustainable Development Goals

- Reproductive, maternal, newborn and child health: As identified earlier, significant progress has been made in reducing maternal and child mortality in the Region. However, the Region continues to bear much of the global burden of child malnutrition. Of concern is the fact that immunization rates for both diphtheria–tetanus–pertussis vaccine third doses (DTP3) and measles-containing vaccine second dose (MCV2) dropped in 2020 and 2021 compared to previous years.
- Communicable diseases: The burden of tuberculosis (TB) remains an important concern in the Region. Due to the COVID-19 pandemic, for the first time in over a decade, TB deaths have increased due to reduced access to diagnosis and treatment.
- Noncommunicable diseases: These continue to be a leading cause of death in the Region, responsible for 69% of all deaths in the Region. A significant proportion of these deaths are premature, with cardiovascular deaths in particular occurring among the younger population in the SE Asia Region than globally. High rates of hypertension and its low rates of treatment and control are of serious concern across countries in the Region. COVID-19 has also further highlighted the importance of addressing mental health challenges in the Region.

c. Health security

With respect to the core capacity of the International Health Regulations (IHR, 2005), the reported preparedness index for the Region rose from 56% in 2018 to 63% in 2020. However, international health emergency preparedness continues to be major challenge in the Region.

14. Conscious of the need to deliver equitably and efficiently across multiple health objectives, ministers of health and the Regional Director for the WHO SE Asia Region together launched the South-East Asia Regional Strategy on Primary Health Care, 2022–2030 (hereafter called the Regional PHC Strategy), on UHC Day 2021. The Regional PHC Strategy was inspired and guided by the “Declaration by the Health Ministers of Member States at the Seventy-fourth Session of the WHO regional Committee for South-East Asia on COVID-19 and measures to ‘build back better’ essential health services to achieve universal health coverage and the health-related SDGs (SEA/RC74/R1)”. Other guiding factors were the long history of primary health care in the Region; lessons learned from COVID-19 in the Region; the WHO and UNICEF Operational Framework for Primary Health Care; a consolidation of technical evidence and information;³ and an iterative consultative process with participation of Member States, international development partners and technical experts.

³ As an example, the World Bank *Walking the talk* report; two rounds of pulse surveys; annual monitoring reports on UHC and the health-related SDGs; regional country profiles on health financing; special issues of the SEA Journal of Public Health; 10 country case studies on primary health care; and a background regional paper to the Global Conference on PHC.

15. Through prioritization of seven values and twelve interrelated strategic actions (*see Fig. 1*), providing information on not only what should be done but also speaking to the “how”, the Regional PHC Strategy seeks to guide, support and monitor primary health care-oriented transformation in the Region. The Regional PHC Strategy also seeks to serve as a mechanism to stimulate cross-country learning and advocacy.

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



16. The Regional PHC Strategy was developed with awareness of escalating partner interest in primary health care and the need to ensure aligned, as opposed to fragmented, partner action, in support of the health priorities of Member States. As illustration, the past year has seen comprehensive primary health care-focused strategies and initiatives advanced in the Region by a variety of international financing institutions (i.e. the World Bank, Asian Development Bank, European Investment Bank), philanthropies (i.e. Gates Foundation, with India and Indonesia as two of its three priority countries with respect to its new primary health care strategy, and the Rockefeller foundation), bilateral partners (i.e. United States Agency for International Development [USAID], with primary health care an important focus of its 2030 vision), and associated implementing partners.

17. In March 2022, to ensure aligned partner support towards Member States’ priorities, the Regional Office organized a three-day virtual regional meeting, “Operationalizing the SEAR PHC Strategy”. Senior Member State representatives from nine Member States participated in the meeting, alongside over a hundred knowledge, development and implementation partners active in the Region. The meeting was organized to first enable Member States to deliberate and identify key areas of innovation, challenge and areas for WHO and partner support; and then to open up the dialogue with partners.

18. In addition to identifying innovations, Member States identified the following key challenges and areas for WHO and partner support:

- a. the changing scenario and demands of primary health care, with support needed to move from selective disease-model primary health care to comprehensive people-centred primary health care with protective, promotive and preventive capacity, including incorporating public health emergency preparedness and response;
- b. the need for greater coherence in support from partners, knowledge of effective and cost-efficient models that can be scaled up, and support for the customization of solutions in specific contexts;
- c. the importance of strengthening the composition, competence, coordination, motivation and performance of primary health care workforces, including community health workers, as teams central to operationalizing a more comprehensive vision of primary health care;
- d. the need for comprehensive and collective capacity-building at all levels and on multiple topics (i.e. specific to health, health system orientation, leadership, team-building), encompassing not only the health workforce but also community and local government. This includes strategic knowledge management to facilitate knowledge- and experience-sharing to tackle system bottlenecks in implementing primary health care;
- e. the need for models that address urban primary health care challenges, as relevant across SE Asia Region countries, as well as sharing models and tools of digital technology in support of primary health care.

19. Following rich discussions in the virtual meeting, Member States and partners active in the Region highlighted the need and opportunity to more systematically capture implementation-related learning and innovation on primary health care; to improve synergy in support at the national and subnational levels; and collectively advocate for primary health care strengthening, with the Regional PHC Strategy a unifying frame. There was strong support from both Member States and partners for the establishment of a concrete knowledge management mechanism for Member States and partners to share experiences and synergize support towards strengthening primary health care. The Regional Office is currently in discussion with development and implementation partners with a strong focus on comprehensive primary health care to explore the potential of such a mechanism.

20. The WHO Director-General, at the Seventy-fifth World Health Assembly, highlighted the “radical reorientation of health systems towards primary health care” as one of his five areas of focus for WHO. A strong focus on comprehensive primary health care is reflected at the regional level, both in intensified primary health care activities at the country level, tailoring of health systems support for the primary health care context, and increasing operational collaboration across WHO departments and units, with the Regional PHC Strategy being a unifying frame.

- a. The activities over the past two years included support to Member States in defining, assessing and operationalizing essential service packages, with a focus on incrementally expanding serves at the primary health care level. Ongoing efforts include strengthening operationalization of primary health care across virtually all SE Asia Region countries. Notably, important health system reforms are anticipated in Bangladesh, Maldives and Sri Lanka, with further prioritization of comprehensive primary health care likely.

- b. The type of health systems support provided is increasingly being refined for the primary health care context, including with respect to increasing focus on financing, workforce (for more details, see the 4th round progress report on the SEAR Decade for HRH Strengthening), subnational governance and health information system support, and with respect to access to essential medicines.
 - c. The Declaration of Health Ministers at the Seventy-fourth session of the WHO Regional Committee for South-East Asia (resolution SEA/RC74/R1), development of the South-East Asia Regional Strategy for Primary Health Care 2022–2030, and focused attention on comprehensive primary health care orientation and strengthening of health systems at the Regional Office have also enabled greater collaboration across departments. As illustration, following the Seventy-fourth session of the WHO Regional Committee for South-East Asia, health systems technical officers have jointly supported meetings and activities with counterparts responsible for health emergencies, healthier populations (including NCDs) and family health, including reproductive, maternal, neonatal, child and adolescent health (RMNCAH) in a variety of primary health care-related areas.
 - Of particular note, a joint mission with colleagues of the Departments of WHO Health Emergencies and Health Systems at the Regional Office was undertaken in March 2022 to pilot the Universal Health and Preparedness Review tool (UHPR) in Thailand. UHPR is an innovative intervention to strengthen national capacities for health emergency preparedness, UHC and healthier populations.
21. The Regional Office is also engaged actively with WHO headquarters to provide focused three-level support to Member States of the Region, including with respect to the roll-out of the PHC Implementation Solutions initiative and development of the WHO Academy Course on Primary Health Care.
22. Finally, as part of the WHO Director-General's prioritization of radical reorientation of health systems to primary health care, intensified support is planned for 30 countries to accelerate progress with respect to WHO's Triple Billion targets, encompassing UHC, the health-related SDGs, and health emergencies. The Regional Office is working actively to ensure that Member States in the Region are appropriately supported, given the size of the population and existing challenges.
23. The creation of enabling participatory health governance mechanisms, while at the same time ensuring good representation, strengthening capacities, increasing policy uptake of participatory process results, and sustaining engagement, is crucial. Good practices in promoting social participation and community actions in health system strengthening in the Region are worth sharing, disseminating and learning from. WHO headquarters has recently released the publication *Voice, agency, empowerment: Handbook on social participation for universal health coverage*, that seeks to provide practical guidance, anchored in conceptual clarifications, on strengthening meaningful government engagement with the population, communities and civil society for policy-making on health in the countries.

The way forward

24. While comprehensive primary health care-oriented health systems have been called for since the Alma-Ata Declaration on Primary Health Care of 1978 over 40 years ago, the urgency and opportunity for strengthening comprehensive primary health care across the SE Asia Region is especially notable at this moment.

25. The following actions should be considered to support national and regional efforts to strengthen comprehensive primary health care across the SE Asia Region:

- Member States, WHO and partners should seek to collectively operationalize stronger and more comprehensive primary health care across the Region, including as aligned to the guidance provided in the “Declaration by Health Ministers of Member States at the Seventy-fourth session of the WHO Regional Committee for South-East Asia on COVID-19 and measures to ‘build back better’ essential health services to achieve universal health coverage and the health-related SDGs” and the South-East Asia Regional Strategy for Primary Health Care: 2022–2030.
- With the world at the halfway point of the tenure of the SDG Agenda, monitoring progress with respect to strengthening comprehensive primary health care is critical to moving forward. Member States, WHO and partners should seek to strengthen capacities and information systems to monitor progress, identify successes and challenges, and promote accountability at subnational, national, regional and global levels.
- Significant innovation and learning are available on operational approaches to overcome bottlenecks with respect to advancing comprehensive primary health care in the Region. Member States, WHO and partners should consider approaches to strengthen national and regional collective capacities, including by sharing experiences and lessons learned on primary health care-oriented health systems reorientation through strengthened regional knowledge and experience-sharing processes.
- Social participation and community engagement and empowerment must be enhanced and advanced in order to promote health system governance, including by strengthening participatory platforms and government capacities to manage participatory processes.

26. The South-East Asia Region countries have led discussions on primary health care in the past. This is an important reason for Member States of the South-East Asia Region to take a proactive, collective and leadership role with respect to engagement in the upcoming UN High-Level Meeting on UHC in 2023, and its preparatory events, including at the Seventy-sixth Session of the World Health Assembly.

Conclusions

27. Member States and populations in the WHO South-East Asia Region have been particularly affected by the COVID-19 pandemic and the subsequent economic challenges. The Region, however, also has a shared history of resilience to previous internal and external challenges, as evidenced by improvements in economies, poverty alleviation and health.

28. Building on the long history of primary health care in the Region, Member States, through a concerted focus on strengthening comprehensive primary health care, can overcome current challenges and deliver on the ambition of UHC, the health-related SDGs, and health security. WHO is committed to supporting the Member States in this endeavour.