Background
Despite unparalleled international commitment to universal health coverage (UHC) and encouraging recent progress, projections suggest that, at the current rate, few countries in the Southeast Asia Region will achieve the 80% essential service coverage UHC target by 2030. Renewed attention to primary health care (PHC) and improved frontline health services are a key part of the solution to accelerate progress towards UHC.

Many SEAR countries recognize the need to strengthen frontline services and much is happening. However, there is no blueprint on what to do. Common questions are: How can we introduce the new services needed for changing health problems into existing primary care? How can we increase the use of frontline services? How can we best manage the required changes? How can new technologies help accelerate progress? Can we afford these changes? Can we afford to not make them? How will we know if they are working?

Consultation objectives:
To discuss the ongoing and needed changes to strengthen frontline services, identify strategic priorities, and agree on next steps regarding:

1. the organization, management and staffing of frontline health services to accelerate progress towards UHC;
2. effective strategies to improve health service quality and safety; and
3. monitoring trends in the performance of frontline services.

Overview of programme
Day 1: Changing models of care for today’s health needs
• Where are we now?
• Towards more integrated and person-centered care
• Changing models: health systems dimensions
• Changing models: programme dimensions
• Changing models: managing change

Day 2: Improving quality and safety
• Harnessing the power of new technologies at scale
• Cleaner, safer frontline health facilities: how to accelerate progress?
• Cleaner, safer frontline health facilities: getting the basics right, igniting change
• Helpdesk

Day 3: Monitoring performance, accelerating progress
• The changing role of hospitals in primary care
• Monitoring and communicating progress and performance
• Making transitions, accelerating progress: emerging priorities
• Bringing it together: strategic priorities and next steps

1. Changing models of care for today’s health needs: key conclusions
• Various transitions are needed in frontline services to respond to today’s health needs in SEAR. The concepts of person-centered and integrated care are relevant. Many useful tools are available and much wisdom exists, which countries need to continue to share.
• An essential service package can facilitate change but cannot stand alone. Changes in service delivery models should link to those on frontline health workers, medicines and financing.
• Health workers need to learn new competencies and perform new roles. Primary care providers need to be care coordinators rather than gatekeepers. Local recruitment may promote rural retention. Nurses, midwives and community health workers are untapped cadres.
• Digital solutions hold promise but guidance is needed to support its use, given rapid technology changes.
• Hospitals and primary care services must work better together, through vertical integration, aligning incentives and regulations.
• Managing the transitions entails changing mindsets. Policy-makers need to tackle the politics of implementing change, manage vested interests and build from the current reality. Leadership is key.

2. Improving quality and safety: key conclusions
• There is a real need to improve the quality and safety of frontline services. Many still lack the basics.
• There is considerable potential for synergies between various programmatic initiatives in countries.
• Data are scare. Simple indicators are needed, derived from surveys and linked to outcomes.
• Several actions can be taken: finding champions, generating public demand, creating an improvement culture, developing effective advocacy tools (such as a dashboard), skilling and supporting health workers (especially nurses and cleaners), promoting accountability and advocating the issue with health ministers at major regional events.
3. Monitoring performance, accelerating progress: key conclusions

- To know if strategies are working, countries need to track whether performance is improving, focusing on results, not just inputs or processes.
- An equity focus is critical when monitoring progress and taking steps to accelerate progress towards UHC.
- Indicators and data on primary care remain a challenge. Countries can adapt and use various new tools and frameworks, building on existing monitoring processes.
- Comparisons through dashboards, within and between countries, are useful.

Concluding key messages:

- The world is seeing renewed attention to PHC, but “we cannot just do more of the same”. Given the changing health needs the South-East Asia region is facing, all countries recognize that it is now a time for change. The video shown on the first day of the consultation poses the challenge: are we doing the best we can do?
- Countries are not starting from scratch. A lot is now happening in SEAR. The posters and presentations at the consultation are a testament to the range of policies, actions and interventions under implementation across the Region. These offer promising lessons that need to be documented and shared between Member States in country consultations.
- New models of care and improved quality of care will be key. Countries need to be forward-looking and implement changes such as primary care redesign, minimum standards and facility assessments. Health workers need the skills to deliver competent and respectful care in an era of chronic diseases. These efforts need to be part of a whole-of-system approach, with other health system strengthening efforts reinforcing frontline services improvement.
- Improving the quality and safety of frontline services is essential to strengthen trust. Trust builds slowly through deliberate engagement with patients, families and communities. Several actions can be taken to ‘ignite the change’ for cleaner, safer health facilities.
- Policies and actions need to be informed by good evidence. Better monitoring is needed as part of routine health information systems, including of quality of care and patient safety. Improved collection of better data is not enough. Stronger analysis and use of such data is needed, to inform implementation and policy (re-)design.
- Political commitment is crucial and is linked to governance and accountability. Stronger civil society and community engagement can help hold governments to account. At the global level, political advocacy on UHC is needed to keep PHC high on the agenda.

Next steps:

**Organization, management and staffing of frontline health services to accelerate progress towards UHC**
- On return to countries, function as change agents to strengthen frontline services, building on the current situation, Feeding the recommendations from the consultation into other discussions.
- Support management capacity development in human resources for health, financial and support system management at facility and provincial/district level, including through regional courses and more cross-programme, cross-country and inter-agency collaboration.
- Implement fresh approaches to community engagement. Foster a culture of engagement with patients, their families and communities—including youth, as partners for action, not passive recipients of services.
- Overcome silos, especially regarding the relationship between PHC and hospitals. Building on recognition of the need to link these levels, implement new approaches to foster better links between PHC and hospitals.

**Effective strategies to improve health service quality and safety**
- Create a social movement and ignite demand for cleaner, safer health facilities among parliamentarians, the public, health workers and managers. Set a mid-decade target(s) for the Region. Communicate status and progress on cleaner, safer health facilities with the ‘fit-for-service’ dashboard and share at Regional Committees as part of WHO’s annual progress update on UHC and the SDGs.
- Strengthen the skills and competencies of all health workers, through greater attention to quality and safety in pre-service training and continuing professional development, including for nurses and cleaners, who play a key role in ensuring cleaner and safer health facilities.

**Monitoring trends in the performance of frontline health services**
- Accelerate improvements in regional evidence on strengthening frontline services: scale-up real-time documentation of the design, implementation and results of new frontline service delivery models. Share lessons from experience and good practices and set up peer-learning networks (e.g. WhatsApp group) for problem solving.
- Put in place accountability mechanisms, locally, as well as at national and provincial levels.
- Convene a small, initial expert brainstorming meeting on how to improve frontline services performance monitoring and present their recommendations subsequently to all Member States in a larger meeting.

More information, including all meeting materials, is available at: http://extranet.searo.who.int/meetings/UHC2019