

Accelerator Discussion Paper 2: Primary Health Care (PHC)

Developed by: UNICEF and WHO
Contributions from: UNFPA, UNAIDS, GFF, UNDP, The Global Fund, Gavi, World Bank

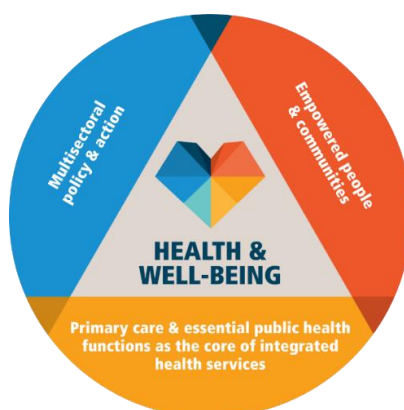
Disclaimer: These documents are working papers and subject to change. They do not necessarily reflect the views of the 12 Global Action Plan signatory agencies. Key elements of the accelerator discussion papers will be used as inputs to the Global Action Plan.

BACKGROUND

Health systems anchored in primary health care (PHC) are associated with **better health outcomes, improved equity and better cost efficiency**. The renewed concept of PHC towards universal health coverage (UHC) adopted in the Declaration of Astana maintains the central tenets of the 1978 Alma Ata Declaration and was acknowledged as the foundation of health and wellbeing for all. Paradoxically, despite this broad support, PHC remains inadequately translated into the policies, actions and services required to generate optimal health and wellbeing, particularly for those most in need. Accordingly, the **key objective of this Accelerator is to relentlessly focus on the elimination of inequity and the progressive achievement of UHC, health and wellbeing through a PHC approach, supported by the development and implementation of concrete plans and actions that combine, as appropriate, multi-sectoral action, community engagement and integrated primary care services**. These approaches should promote universal access to accessible, quality, effective and essential health care in all countries, beginning with the poorest and most marginalized communities.

PHC is a whole-of-society approach to health as a construct. As defined for the Astana Conference, PHC has three inter-related, synergistic components (Figure 1):

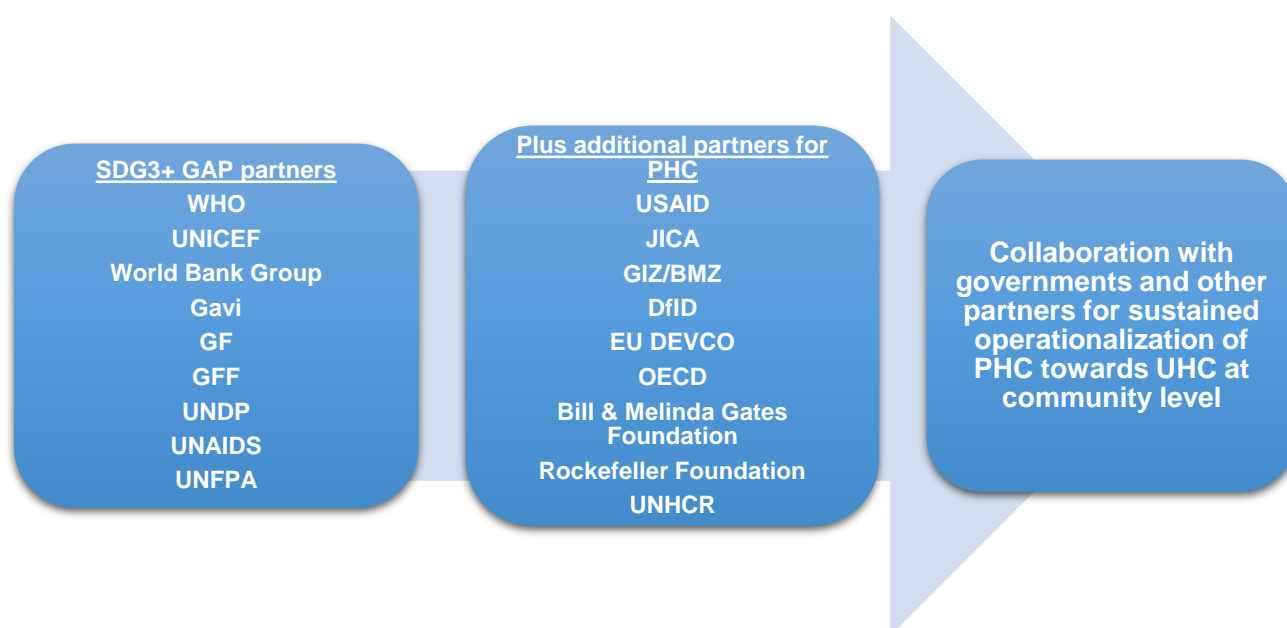
Figure 1: The three components of PHC



- (1) **Multisectoral action** that systematically addresses social, economic, environmental and commercial determinants of health through **evidence-informed public policies and actions across all sectors**;
- (2) **Empowering people, families, and communities** to take control of their health as self-carers and caregivers; as co-developers of health and social services through social and community participation; and as advocates for multisectoral policies that promote and protect health; and
- (3) **Integrated service delivery** that ensures people's main health problems are addressed through comprehensive care throughout the life course, **prioritizing essential public health functions and primary care services as the central elements of integrated service delivery across all levels of care.**

A broad group of global health partners have committed to support PHC and this Accelerator. They include UN agencies, bilateral and multilateral partners and philanthropies, setting the stage for maximal collaboration and impact (Figure 2).

Figure 2. SDG3+ GAP partners and additional agencies supporting the PHC Accelerator



THE PROBLEM AND THE SOLUTION – WHY WE NEED PHC, NOW?

Despite support for and consistent reference to PHC by a wide range of stakeholders, it has not been uniformly adopted as a foundation of health. In relation to the three components outlined above:

1. In the area of **service delivery**, health systems remain characterised by expensive, poorly integrated hospital-centric services; variable service quality; vertical, disease-based approaches; knowledge asymmetry between providers, planners and beneficiaries, low levels of public funding and a lack of focus on people-centredness, disease prevention and health promotion.

2. With respect to **multisectoral policy and action**, health, and particularly PHC, receives limited priority from other sectors; action on the broader determinants of health is weak in many countries, despite acknowledgement that it is critical to the progressive achievement of health and wellbeing for all.
3. At the **community level**, individuals and communities are often unable to participate in steering and addressing their health needs, especially those most vulnerable, marginalized and poor.

In addition, the world is very different from 1978, with evolving health needs around new patterns of disease, ageing populations, health emergencies, climate change, migration and conflict, placing additional pressure on health systems to respond through a community-based PHC approach.

These explanations provide the rationale for, and the foundation for the above objective of the PHC Accelerator. Success will only be possible by addressing all three components of PHC, where possible as combined elements of an integrated strategy. As such, the **PHC Accelerator is interdependent and linked to the success of other SDG3+ GAP Accelerators**, particularly **#1 on Sustainable Financing for Health** and **#3 on Community and Civil Society Engagement**. Data and digital health (Accelerator 6) are also increasingly used in PHC, and many of the Determinants of Health (Accelerator 4) operate at the community level. Inequity in health status and health care access is often worst in fragile settings, so the achievement of this Accelerator's objective will also benefit from the robust implementation of Accelerator 7 on Innovative Programming in Fragile and Vulnerable States, and Disease Outbreak Response. Acceleration in the area of PHC is, therefore, key to the achievement of "healthy lives and well-being for all", and PHC provides a platform for joining many other multi-agency initiatives and programs in a more coordinated effort.

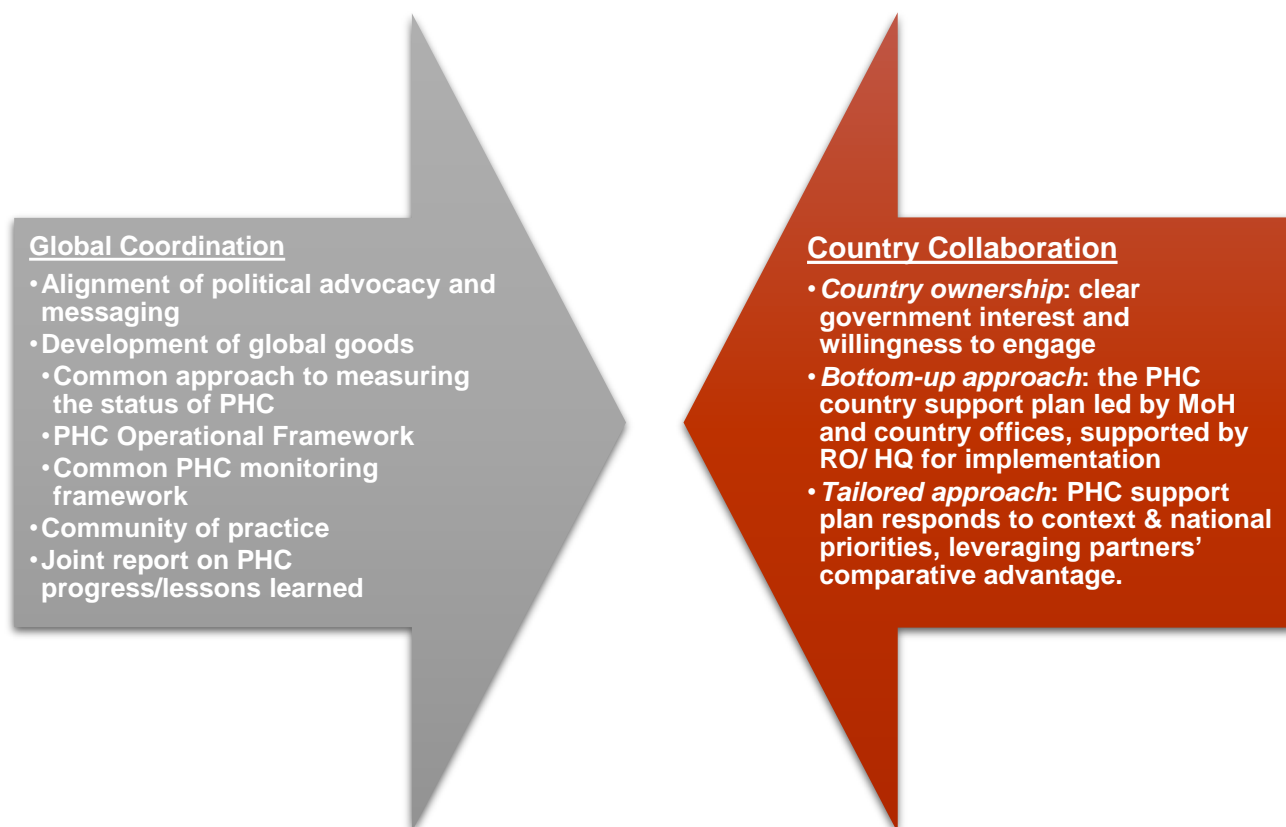
JOINT ACTIONS TO BE TAKEN

HOW WILL THE PHC ACCELERATOR ACHIEVE ITS OBJECTIVES?

WHAT ARE THE ROLES OF THE PARTNERS ON THIS ACCELERATOR, AND HOW WILL IT LINK TO OTHERS?

The PHC Accelerator will support, enable and enrich existing global and national efforts. Figure 3 lists (on the left) the global coordination processes to advance PHC ongoing since before Astana and (on the right) the key criteria and strategies for partnership with other agencies and country governments on the sustained improvement of PHC.

Figure 3. Align, Accelerate, Account through Global Coordination and Country Collaboration



Following the adoption of the 2018 Declaration of Astana, global partners reaffirmed their commitment to collaborate in supporting countries to promote PHC. They also agreed that actions promoting PHC should be founded upon the right to health and health care, be gender sensitive and guided by principles that seek to:

- Promote nationally led health sector coordination mechanisms with the participation of civil society, the private sector and young people.
- Promote equity and progressive universalism (first prioritising the poor and vulnerable);
- Ensure domestic capacity on and resourcing of PHC as quickly as possible, with a view to the sustained achievement of UHC and the other SDG3 health targets;
- Ensure as much as possible the use of one situation and gap analysis, one PHC strengthening plan and one framework of PHC metrics and measurement.

In order to accomplish this, a set of key actions are needed from the SDG GAP Accelerator partners for advancing PHC, namely: A. coordination, B. producing global guidance on PHC and C. accelerating progress through collaboration at country level.

A. COORDINATION

While UNICEF and WHO co-lead Accelerator 2, **global and regional collaboration¹ on PHC must be coordinated among the leading global health agencies** (Figure 1) with support from other global and regional partners and bodies. This coordination should use **existing**

¹ It is not anticipated that a Member State negotiation process would be undertaken for any agreement among the major partners, as most discussions would occur at country level, not across national boundaries.

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mechanisms; **no new structure or global oversight body is anticipated**. Orienting existing mechanisms towards PHC could include:

- I. **Reframing support for country programs:** To improve PHC, key roles can be played by the major sources of global health financing, including the Global Fund (GF), Gavi, the Global Financing Facility (GFF), major bilateral partners such as USAID, the European Union, the governments of Japan, Germany, Norway, Sweden, the United Kingdom, the Bill and Melinda Gates and Rockefeller Foundations and others. To the extent that their support includes country programs, these programs should also be reframed as appropriate, to align with the three components of PHC. In particular:
 - a. Gavi HSS resources enable many countries to apply for support to build health systems elements that yield better immunization coverage and disease control outcomes. Immunization is the quintessential community-based activity that not only exemplifies PHC but can also link to the Accelerators on Digital Health, Research and Innovation and Fragile contexts.
 - b. GF RSSH resources are currently being redesigned to place systems strengthening at the forefront of fund application process, and common approaches to cross-cutting systems elements included for control of the three diseases. This will encourage the harmonization needed for collaboration across health programs, also benefiting the other Accelerators.
 - c. Health system strengthening and PHC/UHC are core to the value proposition of the GFF and its focus on the health and nutrition of women, children and adolescents.
 - d. PHC can benefit from coordination with the existing or newly developed country programs of UNDP, UNAIDS and UNFPA as the other UN partners on this Accelerator.
 - e. Major new USAID investments in health systems strengthening should be leveraged through the USAID missions in the country, to support PHC improvement as appropriate to the context.
 - f. Various other UHC-focused initiatives funded by Japan, the UK, Ireland, the EU, Luxembourg and others under the [UHC Partnership](#) should align with the three components of PHC, using contextualised versions of the global goods described below.
 - g. Relevant initiatives such as the BMGF's support for the [PHC Performance Initiative \(PHCPI\)](#) and Rockefeller's support for strengthening digital input to PHC should be engaged to support this Accelerator, with links to the Digital Health and Research and Innovation Accelerators.
- II. **Promotion and support for the three components of PHC:** Existing initiatives should align with and promote all three components of PHC individually or optimally, in an integrated fashion. Opportunities for update meetings on Accelerator partners work to support PHC would be sought at existing partner meetings (World Bank Spring Meetings, World Health Assembly, etc).
- III. **Exploring a key role for [UHC2030](#) with links to a new G7 initiative for a knowledge portal for PHC:** UHC2030 could be a suitable vehicle for global-level discourse on PHC, knowledge management and advocacy, and ensuring the engagement of civil society and countries
- IV. **Other platforms and communities of practice:** Additional coordination and promotion of PHC should be sought through official regional bodies (such as ASEAN and the African Union), groups of nations, regional public health authorities (such as the Africa CDC and Pan-American Health Organization) or interest groups (e.g. the Africa Medicines Agency),

and existing communities of practice such as the [Joint Learning Network for UHC](#), [Health Systems Global](#) and the [Community Health Roadmap](#).

The success of global coordination to operationalise PHC depends on the **alignment of work and deliberate collaboration** among partners according to their expertise, funding and operationalization. The agreed principles of engagement noted above guided the development of this Accelerator and fundamentally support country coordination efforts for PHC implementation.

B. GLOBAL GUIDANCE

i. a Global guidance on health systems assessment for PHC

Assessing the strength of **PHC within country health systems at national and subnational levels** is the first key element on which the agencies supporting the SDG3+ GAP can work jointly. Building on considerable agency level assessments as well as assessments done by teams working for Global Fund, Gavi and Global Financing Facility pre-investment assessments, the PHC Accelerator can bring together in one situation analysis in key countries the current gaps and areas for improvement and further investment in PHC. In addition, by coming to a common understanding on key indicators for assessing PHC, the Accelerator will allow agencies to better align behind country measurement efforts for PHC and UHC. Global guidance on health systems assessment for PHC is in development.

ii. Global guidance on the operationalization of PHC

A **draft PHC Operational Framework** was developed for Astana and will be finalized with Member State input. The Framework considered that the **global commitment to PHC in the Astana Declaration must be transformed into visible actions in each of the three components, to bring about demonstrable progress on this Accelerator's key objective**, and provided related guidance. It proposes 13 levers or key health systems elements to focus country action on how to improve PHC (Annex 1), underlining the importance of health systems strengthening for this Accelerator.

The levers are separated into those focused-on policy, governance and financing, and a longer list related to PHC operationalization. **More than half of them link directly to the other SDG3+ GAP Accelerators (see Annex 1)**, underscoring the foundational nature of PHC. However, **governments and partners must prioritize among the levers and actions in the context of an inclusive PHC planning process involving GAP signatories at the country level**. Levers and actions vary in their priority according to context. Their selection and prioritization should be **informed by evidence and the values, capabilities and preferences of diverse stakeholders, as a kind of sector-wide approach or SWAp for PHC**. Actions will be refined according to progress, evidence and experience, and implementation research is strongly encouraged. The indicators for tracking inputs, processes, and outputs should be selected based on national or subnational needs and context, as well as the feasibility of measurement and actionability. Indicators are also suggested that demonstrate progress on the determinants of health or at impact level, resulting from broader influences. PHC is a contributor to these indicators. In some cases, tracking will require special studies, including qualitative analyses.

iii. Global guidance on progress monitoring

A common monitoring framework for PHC with improved metrics, including on PHC financing, should be established at the global level and made available for adaptation by countries. This framework should enable monitoring of progress at national and sub-national levels, inform fund-raising and decisions on resource allocation, and underpin priority-setting to promote equitable access to services and progressive UHC.

The global [Health Data Collaborative](#) (HDC) is supporting the development of this framework, using existing sources of a menu of PHC-specific metrics, including:

- SDG monitoring
- The [WHO list of 100 Core Health Indicators](#)
- WHO Global Program of Work monitoring
- HDC Inventory of Quality of Care Indicators
- UHC monitoring processes
- OECD Healthcare Quality indicators ([subset on primary care](#))
- WHO IPCHS indicators
- WHO [National Health Workforce Accounts](#)
- The [PHC Performance Initiative](#)
- Indicators listed in the draft [PHC Operational Framework](#)
- HDC indicators on community health (in development)

Some of these global goods remain in development, but the SDG3+ GAP and high-profile events are hastening this process, promoting new alignment and collaboration among partners and a stimulus to action. PHC will be a focus of the High-Level Meeting on UHC at the UN General Assembly in September 2019, and a sub-theme at the 2020 Prince Mahidol Award Conference, whose main theme will be UHC.

C. ACCELERATING PROGRESS THROUGH ACTION AT COUNTRY LEVEL

The following mechanisms either already exist at country level, or once developed, should be operationalized collectively by PHC Accelerator partners to advise country actions:

- **National and sub-national coordination platforms** led by the government, such as health partners working groups, inclusive of private sector and civil society (in line with Accelerator 3), supported by partners as needed.
- Prompted by the national health planning cycle, **joint situation analysis, health systems assessment, prioritisation and reporting** (each only as needed). For example, if not already undertaken a health labour market analysis may provide a better understanding of the PHC workforce in support of related policy development, advocacy for financing and planning.
- An **overarching framework of PHC metrics and measurements** informed by the global standards and individual program indicators agreed between country government and partners.
- **Streamlined programmatic policies, operational rules and technical assistance** to maximize efficiency and reduce fragmentation, supported by a substantive country-expert, south-south PHC technical team working alongside government at the country-level. According to capacity, partners should **increase and/or reorient resources and capacity** to support this work.

- **Investment cases** to include strong support for PHC and more **coherent financing plans** that consider investment from government and all contributing agencies (in line with Accelerator 1).

Partners' support for countries may be divided into three types of action:

1. **Evidence generation and planning:** Support for all countries to focus on collecting, analysing and reporting PHC-related data and incorporating it into appropriate sub-national, national, regional and global policy and implementation framework
2. **Focused and evidence-informed support on the financing and progressive realization of UHC:** Provide evidence-based information, guidance and support related to PHC funding and implementation in line with country needs. Rigorous measurement of PHC funding and performance should guide policy decisions, financing and implementation, guided by the Operational Framework. The [UHC Partnership](#) provides a concrete example of the approach intended, with the support of multiple partners.
3. **Intensified and targeted support for PHC** to enhance equity in a short list of Member States, including some FCVs, ideally in collaboration with the other SDG3+ GAP Accelerators.

The SDG3+ GAP provides a focus for **engaging all countries in the support and promotion of PHC**. The specific strategies and actions taken to advance PHC should be determined by each country according to their needs and plans, supported by Accelerator partners. Country-level implementation will be rooted in the agreed commitments made by Member States in the Declaration of Astana:

Commitment 1: Make bold political choices for health across all sectors

Commitment 2: Build sustainable PHC

Commitment 3: Empower individuals and communities

Commitment 4: Align stakeholder support to national policies, strategies and plans.

On country engagement, strengthening PHC in a set of leading countries will be coordinated with all other relevant Accelerator teams. In order to maximize lessons learned and knowledge sharing on PHC implementation, a diverse selection of countries may be selected for initial joint partner support. At a minimum, it will be ideal for Accelerator 1 and Accelerator 3 to partner directly with the PHC Accelerator in the same countries, which should fulfil the following criteria:

- Strong government buy-in and leadership;
- Need: Critical health outcome and/or major disease control indicators that are lagging;
- Multiple partners already supporting the health sector, and
- New investment opportunities through national budgeting cycles or partner investment

Countries facing protracted conflicts, fragile situations and frequent public health emergencies should also be considered for support, where partners can contribute to improved service delivery and better population health outcomes to improve equity.

PHC ACCELERATOR STRUCTURE AND PARTNERS

In continuation of the collaborative efforts around the Global Conference on PHC, the PHC accelerator is co-led by WHO and UNICEF, with substantive input from the SDG3+ GAP and other partners on this Accelerator (Figure 1). However, as part of the SDG3+ GAP, the PHC Accelerator must align with many ongoing external initiatives and coordination mechanisms.

Accordingly, partners can leverage existing assessment and planning exercises (such as the development of national health policies, strategies and plans; WHO country cooperation strategies; UNICEF country program documents; World Bank / GFF investment cases, GF RSSH and Gavi HSS Proposals etc.) to assist national governments in prioritizing transformational levers and ensuring a strong focus on PHC in investment cases. Existing health system assessments can be supplemented by WHO's Local Engagement, Assessment and Planning toolkit (in development), the Joint Assessment of National Strategies, and Health Labour Market Analysis Toolkit, GF health sector analyses, EQUIST and other equity-focused planning tools, the World Bank's "Frontlines First" toolkit, the Community Health Roadmap or the PHCPI vital signs profiles.

Whilst there is a UN-agency coordination mechanism in all low- and middle-income countries, this collaboration among partners is not a given; its adoption as part of the SDG3+ GAP must be explicit, based on lower transaction costs, increasing efficiency of investments, alignment around a single national plan and investment case, coordinated technical and financial support for PHC strengthening, knowledge sharing in-country, aligned monitoring and evaluation and ultimately maximizing impact and outcomes.

NEXT STEPS

In addition to the opportunities for global and country-level engagement by the partners of the PHC Accelerator, the partners will refine and strengthen their ability to effectively align, accelerate and account to advance PHC through their work with a subset of countries committed to receiving intensified PHC support. Concretely and according to the above principles, procedures and coordination structure for PHC country-support, the following next steps are proposed:

1. Working with the SDG GAP Secretariat and the partner agencies country offices, the Accelerator partners would work with Ministries of Health (MoHs) of a proposed sample of front-runner countries to develop a programme of intensified support to strengthen PHC implementation efforts in line with national plans and country health strategies. Specifically, a joint letter from WHO and UNICEF country representatives (on behalf of Accelerator partners) could be submitted to MoH offering PHC support. Where appropriate, this would acknowledge and build upon work completed by the Community Health Roadmap or other groups.
2. Partner agency representatives would hold use existing government coordination mechanisms to hold joint meetings with MoH and other government representatives in each identified country to discuss post-Astana PHC-collaboration.
3. Where appropriate, Accelerator partners would work with MoH to organize multi-stakeholder dialogue (through the existing platform for health sector coordination) to discuss priorities, activities, roles and responsibilities for the PHC agenda and roll out, using the PHC Operational Framework.
4. Following, partners would work together with MoH and within existing workplans to conduct any additional in-country documentation and planning needed to support intensified support on PHC, including:
 - Establishment of in-country leadership group under the guidance of government;
 - Completion of situation, policy and gap analysis;
 - Identification of priority areas of focus (levers) for PHC;
 - Determination of actions according to partner capacity;

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- Development of monitoring and evaluation plan;
- Completion of financing analysis; and
- Development of global coordination work plan and country-specific work plans highlighting timeline, roles and responsibilities.

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ANNEX 1: PHC OPERATIONAL FRAMEWORK LEVERS, BY COMPONENT (DRAFT TO BE FINALIZED BY 2020)

Short title	Long title	Component of primary health care		
		Primary care & public health	Multisectoral action	Community engagement
Governance, policy and finance levers				
Political commitment and leadership*	Political commitment and leadership that place PHC at the heart of efforts to attain UHC and that recognize its broad contribution to the SDGs	•	•	
Governance and policy frameworks	Governance structures and policy frameworks that build partnerships for PHC within and across sectors, and that promote community leadership and mutual accountability	•	•	•
Adequate funding and equitable allocation of resources	Adequate financing for PHC that is mobilized and allocated in ways that minimize financial hardship and promote equity	•	•	
Operational levers				
Engagement of community and other stakeholders across sectors	Engage community and other stakeholders to define problems and solutions and prioritize actions, including actors across sectors influencing health	•	•	•
Models of care that prioritize primary care and public health functions	Models of care that promote primary care and essential public health functions as the core of integrated people-centred health services	•		•
Ensuring the delivery of high-quality and safe health care services	Systems at the local, subnational and national levels to continuously assess, strengthen and improve the quality of PHC services	•		•
Engage private sector providers	Partnership between public and private sector for the provision of PHC services	•	•	
The PHC workforce	Adequate quantity, competency and distribution of a multidisciplinary PHC workforce at facility-, outreach- and community-level	•		•
Physical infrastructure and appropriate medicines, products and technologies	Availability and affordability of appropriate, safe, effective, quality medicines and other health products that are needed to deliver quality PHC services	•		
	Secure and accessible PHC facilities with reliable power supply; telecommunications connectivity; water, sanitation and waste			

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Short title	Long title	Component of primary health care		
	disposal/recycling, including for people with a wide range of ability.			
Digital technologies	Use of modern health information and communication technology in ways that improve effectiveness and efficiency and promote accountability	.	.	.
Purchasing and payment systems	Purchasing and payment systems that promote the integration of PHC across the health system and improve access, quality, equity and efficiency of care	.		
PHC-oriented research	PHC-oriented learning, research and knowledge management, dissemination of lessons learned, and use of knowledge to accelerate scale-up	.	.	.
Monitoring and evaluation	Monitoring and evaluation generates reliable data and supports its use for improved decision-making from local to global level	.	.	.

* Yellow shading indicates overlap with other SDG3+ GAP Accelerators; green indicates levers unique to Accelerator 2, PHC