Meeting Report

Operationalizing the South-East Asia Regional Strategy for Primary Health Care

World Health Organization
REGIONAL OFFICE FOR South-East Asia

Regional Meeting (virtual), New Delhi, India, 28–30 March 2022

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Regional Meeting (Virtual)

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Summary

Primary Health Care (hereafter 'PHC')-oriented health systems have long been recognized as the most equitable and efficient approach for achieving UHC and the health-related SDGs. The COVID-19 pandemic additionally brought to the fore the importance of PHC-oriented health systems for advancing health security and protecting the national and global economy.

In response to deliberations and Ministerial declaration on "Building Back Better" at the 74th Regional Committee, the **South-East Asia regional strategy for primary health care: 2022-2030 (who.int)** (hereafter 'SEAR PHC Strategy') was launched on UHC Day in December 2021 to help guide, support and monitor PHC-orientation of health systems in the Region.

Conscious of increasing interest across Member States and partners, a Regional Meeting for Operationalizing the SEAR PHC Strategy was held from March 28th to March 30th in order to:

1. Sensitize SEAR Member States and relevant stakeholders on the SEAR PHC Strategy;
2. Discuss current Member State initiatives, challenges, and priority areas for WHO and Partner support;
3. Discuss the monitoring of PHC-orientation across SEAR Member States; and
4. Strengthen coordination and engagement across development, knowledge, and implementation partners with respect to advancing PHC.

The meeting, as opened by the Director of Programme, WHO SEARO on behalf of the Regional Director, included representatives from 9 SEAR Member States, as well as development, knowledge, and implementation partners actively supporting PHC in the Region. Notably, over a hundred participants consistently participated in deliberation across the three days of the virtual meeting.

A major focus for the first two days of the meeting was to engage in operation-related discussion with SEAR Member States with respect to key initiatives, challenges, and priority areas for WHO and partner support. Topical areas for discussion – as prioritized by Member States representatives in advance of the meeting – were community engagement; primary health care workforce; integration of essential public health functions; and integration of disease programmes, with focus on Non-communicable Diseases.

Member States through a series of break out groups discussed and shared a variety of initiatives, challenges, and priority areas of support from WHO and partners (see Annex). In

addition to specific recommendations in each of the topic areas, Member states emphasised the following cross cutting points:

- Recognition that while PHC is not new, the changing scenario for PHC, including moving from selective to comprehensive PHC and incorporation of emergency preparedness and response pose a major challenge across all countries in the Region.

- The need for greater coherence in support from partners, knowledge of effective and cost-efficient models that can be scaled up, and support to the customization of solutions in specific contexts.

- The importance of strengthening the composition, composition, motivation and performance of PHC workers as teams central to operationalizing a more comprehensive vision of PHC.

- The need for capacity building at multiple levels and on multiple topics (ie health-specific, health system orientation, leadership, team building), encompassing not only the health workforce but also community and local government.

- The need for models that address Urban Primary Health Care challenges, as relevant across SEAR countries.

- Sharing of models and tools of digital technology to support PHC centres, including connecting PHC centres with communities and referral hospitals.

The first two days of the Regional Meeting also saw focused discussion on monitoring PHC-orientation and performance, including on the selection of indicators presented in the SEAR PHC. The importance of PHC monitoring and strengthening of country capacities in this area, with important role for WHO, was recognized across countries and meeting participants. Significant discussion took place on the need for further prioritization of indicators, with mix of process, input and output indicators, qualitative and quantitative assessments, and processes and capacities for capturing the relevant information. Member States welcome the idea of establishing a dedicated working group to help prioritize and refine indicators for monitoring at national, regional and global levels.

On the third day of the meeting, perspectives and priorities of Member States was presented to a wide group of partners, including bilateral partners, international financing institutions, philanthropic organizations, international organization, implementation partners,

civil society and academia. In addition to reflecting on Member State perspectives and priority areas for support, PHC-related development, knowledge, and implementation partners highlighted their recent PHC-related strategies, as well as ongoing and future activities in the area activities. The interventions captured future priorities of partners (ie Gates Foundation prioritization of India and Indonesia as 2 of 7 countries for intensified PHC-related support), as well as district and sub-district level activities and learning.

Reflecting on the rich discussion over the three days, SEAR Member States and partners active in the Region highlighted the need and opportunity to more systematically capture implementation related PHC learning and innovation; to improve synergy in support at national and sub-national level; and collectively advocate for PHC strengthening, with the SEAR PHC Strategy a unifying frame. There was strong support, from both SEAR Member States and Partners, for establishment of a Regional Partners or Learning Forum for development, knowledge and implementation partners to convene regularly to share, synergize, and support PHC-related implementation activities.

Meeting participants (i.e. India, Indonesia, Sri Lanka, Gates Foundation, and others) also highlighted the value of conducting a landscape analysis of key actors and PHC-related initiatives and tools in the Region, as one of the initial activities of the regional forum, as well as opportunity for different themes and thematic co-leads.

The meeting was closed by the Director for Programme Management, WHO SEARO who highlighted the many successes and innovations of PHC in the Region and WHO's support to the establishment of a Regional Partners Forum for PHC-oriented Health Systems.

Recommended Actions:

1. WHO SEARO, in dialogue with interested partners, to establish a Regional Partners Forum for PHC-oriented health systems.

2. WHO SEARO, with partners, to undertake landscape analysis of key PHC-related actors, initiatives and tools in the Region.

3. WHO SEARO to establish a Member States working group to identify priority indicators for PHC monitoring at national, regional and global level.

1. Introduction

Robust primary health care-oriented health systems have long been recognized as the most equitable and efficient approach for achieving UHC and the health-related SDGs. The COVID-19 pandemic has only further highlighted the importance of PHC-oriented health systems to rapidly mounting a response to health emergencies while maintaining essential health services.

Within the SEA Region there has been significant deliberation on the imperative and opportunity to "build back better". Notably, at the 74th session of the WHO Regional Committee Meeting, Ministers of Health committed to reorient health system towards PHC, including through increased public investment, as the primary approach to simultaneously ensure health system resilience and the achievement of UHC and the health-related SDGs (SEA/RC 74/R1). Moreover, through the Declaration of Health Ministers (SEA/RC/74/R1), SEAR Ministers emphasized a "once- in-a-century opportunity" to enable such transformation; the value of a SEA Region PHC Strategy for such transformation; and called for biennial reporting of progress on implementation of the Resolution. The associated RC 74 Work Paper (SEA/RC/74/3) further identified the development of a Regional Strategy for Primary Health Care as an action for WHO to guide, support and monitor PHC-oriented transformation in the Region.

The **South-East Asia regional strategy for primary health care: 2022-2030 (who.int)** was launched on UHC Day in December 2021, with participation of Ministers of Health from across the SEAR. The SEAR PHC Strategy elaborates a set of seven values; 12 interdependent strategic actions; and proposes a selection of monitoring indicators. The SEAR PHC Strategy seeks to advance priorities across all eight regional flagships, including linkages with the forthcoming Region Roadmap for Health Security and the regional priority to accelerate delivery of NCD services at the PHC level.

The three-day meeting was organized to bring together key stakeholders in the Region to support dissemination and operationalization of the SEAR PHC Strategy in order to support and monitor PHC-oriented health system strengthening across the Region.

2. Objectives

Conscious of the significantly increased attention to primary health care across institutions and partners active in the Region, the Regional Meeting content and organization sought to support member state priorities in a more coordinated and coherent manner.

The specific objectives of this meeting were to:

1. Sensitize SEAR Member States and relevant stakeholders on the SEAR PHC Strategy;
2. Discuss current Member State initiatives, challenges, and priority areas for WHO and Partner support;
3. Discuss the monitoring of PHC-orientation across SEAR Member States
4. Strengthen coordination and engagement across development, knowledge, and implementation partners with respect to advancing PHC.

3. Discussions

The Regional Meeting was organized in a manner where key Member State challenges, innovations, and priorities for WHO and partner support would be first discussed and then taken forward to development, knowledge and implementation partners.

To enable focused discussion during the meeting, key topical priorities for PHC strengthening were identified by conducting an online survey among the nominated Govt. participants from SEAR Member Countries.

Based on the received responses from the survey, the meeting was organized around the following four topics, with Member State-focused break out groups and plenary presentations:

1. Approaches for community engagement
2. PHC Workforce
3. Integration of public health functions
4. Integration of disease programmes, with focus on NCDs.

The Regional Meeting, included representatives from 9 SEAR Member States, as well as development, knowledge, and implementation partners actively supporting PHC in the Region. Notably, over a hundred participants consistently participated in deliberation across the three days of the virtual meeting.

The Regional Meeting was formally opened by the Director of Programmes, WHO SEARO on behalf of the Regional Director. The Regional Director's opening comments, highlighted the unique features of the 12 strategic actions in the Regional Strategy, that can help guide and support Member States in PHC-orientation of their health systems. The Director of Health Systems, WHO SEARO provided the rationale and detailed description of the SEAR PHC Strategy, and shared a recently completed video. Members of the Technical Expert Group reflected on the unique elements contained within the SEAR PHC Strategy, with discussion across Member State representatives on its relevance to national context.

A major focus for the first two days of the meeting was to engage in operation-related discussion with SEAR Member States with respect to key initiatives, challenges, and priority areas for WHO and partner support. Topical areas for discussion – as prioritized by Member States representatives in advance of the meeting – were community engagement, primary health care workforce, integration of essential public health functions. and integration of disease programmes, with focus on NCDs.

Member States through a series of break out groups discussed and shared a variety of initiatives, challenges, and priority areas of support from WHO and partners (See Annexes for specific outputs from groups). In addition to specific recommendations in each of the topic areas, Member states emphasised the following cross cutting points:

- Recognition that while PHC is not new, the changing scenario for PHC, including moving from selective to comprehensive PHC and incorporation of emergency preparedness and response pose a major challenge across all countries in the Region.

- The need for greater coherence in support from partners, knowledge of effective and cost-efficient models that can be scaled up, and support to the customization of solutions in specific contexts.

- The importance of strengthening the composition, composition, motivation and performance of PHC workers as teams central to operationalizing a more comprehensive vision of PHC.

- The need for capacity building at multiple levels and on multiple topics (ie health-specific, health system orientation, leadership, team building), encompassing not only the health workforce but also community and local government.

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- Sharing of models and tools of digital technology to support PHC centres, including connecting PHC centres with communities and referral hospitals.

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On the third day of the meeting, perspectives and priorities of Member States was presented to a wide group of partners, including bilateral partners, international financing institutions, philanthropic organizations, international organization, implementation partners, civil society and academia. In addition to reflecting on Member State perspectives and priority areas for support, PHC-related development, knowledge, and implementation partners highlighted their recent PHC-related strategies, as well as ongoing and future activities in the area activities. The interventions captured future priorities of partners (ie Gates Foundation prioritization of India and Indonesia as 2 of 7 countries for intensified PHC-related support), as well as district and sub-district level activities and learning.

Reflecting on the rich discussion over the three days, SEAR Member States and partners active in the Region highlighted the need and opportunity to more systematically capture implementation related PHC learning and innovation; to improve synergy in support at national and sub-national level; and collectively advocate for PHC strengthening, with the SEAR PHC Strategy a unifying frame. There was strong support, from both SEAR Member States and Partners, for establishment of a Regional Partners or Learning Forum for development, knowledge and implementation partners to convene regularly to share, synergize, and support PHC-related implementation activities.

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initiatives and tools in the Region, as one of the initial activities of the regional forum, as well as opportunity for different themes and thematic co-leads.

The meeting was closed by the Director for Programme Management, WHO SEARO who highlighted the many successes and innovations of PHC in the Region and WHO's support to the establishment of a Regional Partners Forum for PHC-oriented Health Systems.

4. Recommended Actions

1. WHO SEARO, in dialogue with interested partners, to establish a Regional Partners Forum for PHC-oriented health systems.
2. WHO SEARO, with partners, to undertake landscape analysis of key PHC-related actors, initiatives and tools in the Region.
3. WHO SEARO to establish a Member States working group to identify priority indicators for PHC monitoring at national, regional and global level**.**

Agenda

Time	Topic	Speaker/Facilitator
Day 1, 28 March 2022, 9:00 a.m. to 12:00 noon [IST]		
9:00 – 9:15	Welcome and Opening address - SEAR PHC Video	Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia Region
9:15 – 9:30	Introductions & Meeting Objectives	Mr Manoj Jhalani, Director Department of UHC/Health Systems
9:30 – 10:00	Presentation of the SEAR PHC Strategy	Dr T. Sundararaman, Expert Group Member / Meeting Facilitator
10:00 – 11:00	Priority Areas for PHC strengthening and WHO/Partner Support Break out Group Discussions 5. Approaches for community engagement 6. PHC Workforce 7. Integration of public health functions 8. Integration of disease programmes, with focus on NCDs.	Member States
11:00 – 11:10	**Break**	
11:10 – 11:55	Priority Areas for PHC strengthening and WHO/Partner Support Break out Group Discussion continued 1. Approaches for community engagement 2. PHC Workforce 3. Integration of public health functions 4. Integration of disease programmes, with focus on NCDs	Member States
11:55 – 12:00	Closing of Day 1	Mr Manoj Jhalani, Director Department of UHC/Health Systems

Day 2, 29 March 2022, 9:00am to 12:00pm IST		
9:00 – 10:20	Plenary Presentations & Discussion on Priorities	Member States & Facilitator
10:20 – 10:30	**Break**	
10:30 – 11:30	Monitoring PHC: Orientation, Capacities and Performance - Presentation - Discussion on indicators/process	Facilitator
11:30 – 11:50	Closing reflections by MS - Recommended actions/support from WHO and Partners	Member States
11:50 – 12:00	Closing Reflections by WHO	Dr. Pem Namgyal, Director of Programme Management
Day 3, 30 March 2022, (Development, Implementation, and Knowledge Partner Focus)		
9:00 – 9:20	Introduction and Recap of the first two days of discussion	Mr Manoj Jhalani, Director HSD/ Mr Ibadat Dhillon, RA HRH
9:15 – 10:15	Partner Initiatives and Priorities - Development Partners - Knowledge and Implementation Partners	Facilitator
10:15-10:25	**Break**	
10:25 – 11:30	Opportunities for strengthening cooperation - Roundtable Discussion	Member States Partners Facilitator
11:30 – 11:45	Agreement on areas of collaboration and next steps	Facilitator &SEARO
11:45 – 12:00	Closing remarks	Dr Pem Namgyal, DPM

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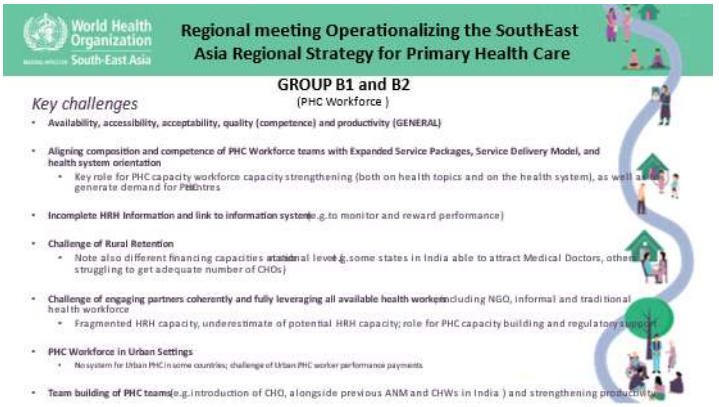
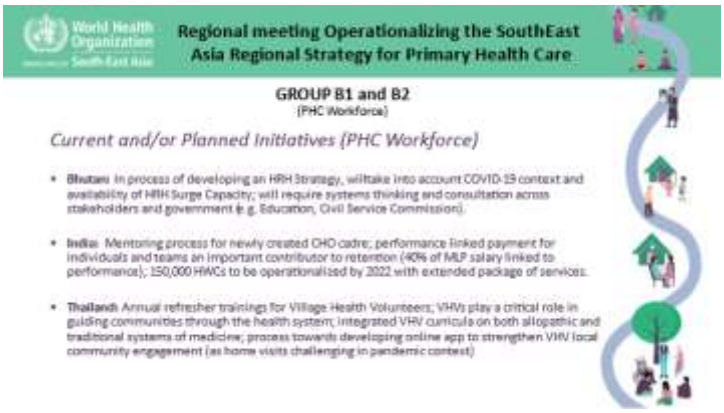
Annex 1

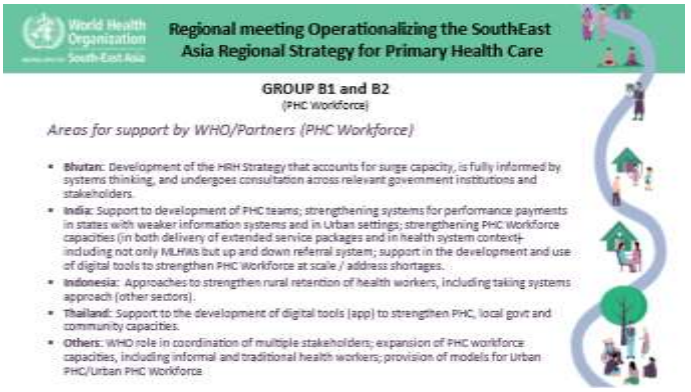
Group A1-Community Engagement

Annex 2


World Health Organization South-East Asia
Regional meeting Operationalizing the SouthEast Asia Regional Strategy for Primary Health Care
BREAK OUT GROUP DISCUSSIONS
1. Key challenges
- Common and Member State specific
2.Current and/or Planned Initiatives
- Member State specific
3. Areas for support by WHO/Partners
- Common and Member State specific


World Health Organization South-East Asia
Regional meeting Operationalizing the SouthEast Asia Regional Strategy for Primary Health Care
GROUP B1 and B2
(PHC Workforce)
Key challenges
Availability, accessibility, acceptability, quality (competence) and productivity (GENERAL)
Aligning composition and competence of PHC Workforce teams with Expanded Service Packages, Service Delivery Model, and health system orientation
Key role for PHC capacity workforce capacity strengthening (both on health topics and on the health system), as well as to generate demand for PHC
Incomplete HRH Information and link to information systems (e.g.to monitor and reward performance)
Challenge of Rural Retention
Note also different financing capacities at sub-national level (e.g. some states in India able to attract Medical Doctors, others struggling to get adequate number of CHOs)
Challenge of engaging partners coherently and fully leveraging all available health workers including NGO, informal and traditional health workforce
Fragmented HRH capacity, underestimate of potential HRH capacity; role for PHC capacity building and regulatory support
PHC Workforce in Urban Settings
No system for Urban PHC in some countries; challenge of Urban PHC worker performance payments
Team building of PHC teams (e.g. introduction of CHO, alongside previous ANM and CHWs in India) and strengthening productivity


World Health Organization South-East Asia
Regional meeting Operationalizing the SouthEast Asia Regional Strategy for Primary Health Care
GROUP B1 and B2
(PHC Workforce)
Current and/or Planned Initiatives (PHC Workforce)
Bhutan: In process of developing an HRH Strategy, will take into account COVID-19 context and availability of HRH Surge Capacity; will require systems thinking and consultation across stakeholders and government (e.g. Education, Civil Service Commission).
India: Mentoring process for newly created CHO cadre; performance linked payment for individuals and teams an important contributor to retention (40% of MLP salary linked to performance); 150,000 HWCs to be operationalised by 2022 with extended package of services.
Thailand: Annual refresher trainings for Village Health Volunteers; VHVs play a critical role in guiding communities through the health system; integrated VHV curricula on both allopathic and traditional systems of medicine; process towards developing online app to strengthen VHV local community engagement (as home visits challenging in pandemic context)


World Health Organization South-East Asia
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GROUP B1 and B2
(PHC Workforce)
Areas for support by WHO/Partners (PHC Workforce)
Bhutan: Development of the HRH Strategy that accounts for surge capacity, is fully informed by systems thinking, and undergoes consultation across relevant government institutions and stakeholders.
India: Support to development of PHC teams; strengthening systems for performance payments in states with weaker information systems and in Urban settings; strengthening PHC Workforce capacities (in both delivery of extended service packages and in health system context) including not only MLHWs but up and down referral system; support in the development and use of digital tools to strengthen PHC Workforce at scale / address shortages.
Indonesia: Approaches to strengthen rural retention of health workers, including taking systems approach (other sectors).
Thailand: Support to the development of digital tools (app) to strengthen PHC, local govt and community capacities.
Others: WHO role in coordination of multiple stakeholders; expansion of PHC workforce capacities, including informal and traditional health workers; provision of models for Urban PHC/Urban PHC Workforce

Annex 3


World Health Organization South-East Asia
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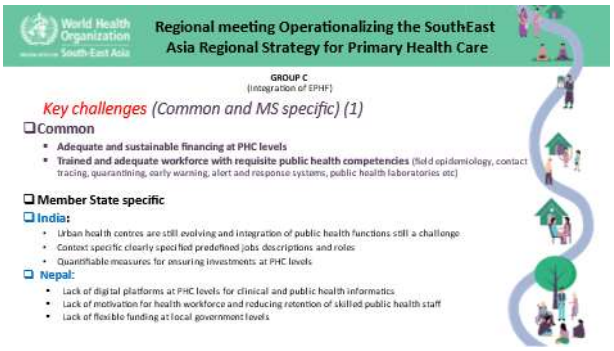
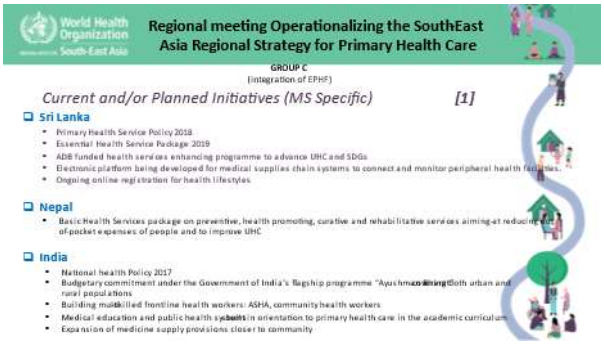
3. Areas for support by WHO/Partners
- Common and Member State specific


World Health Organization South-East Asia
Regional meeting Operationalizing the SouthEast Asia Regional Strategy for Primary Health Care
GROUP C
(Integration of EPHF)
Key challenges (Common and MS specific) (1)
Common
Adequate and sustainable financing at PHC levels
Trained and adequate workforce with requisite public health competencies (field epidemiology, contact tracing, quarantining, early warning, alert and response systems, public health laboratories etc)
Member State specific
India:
Urban health centres are still evolving and integration of public health functions still a challenge
Context specific clearly specified predefined jobs descriptions and roles
Quantifiable measures for ensuring investments at PHC levels
Nepal:
Lack of digital platforms at PHC levels for clinical and public health informatics
Lack of motivation for health workforce and reducing retention of skilled public health staff
Lack of flexible funding at local government levels


World Health Organization South-East Asia
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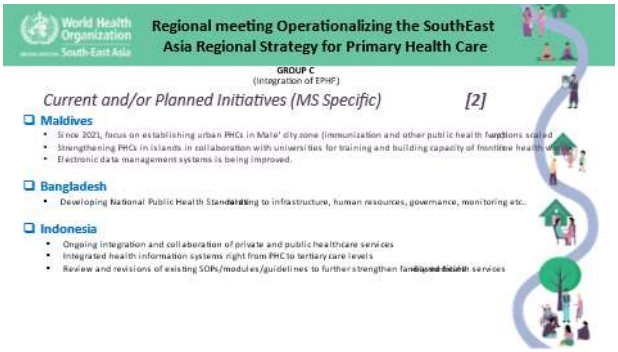
GROUP C
(Integration of EPHF)
Current and/or Planned Initiatives (MS Specific) [1]
Sri Lanka
Primary Health Service Policy 2018
Essential Health Service Package 2019
ADB funded health services enhancing programme to advance UHC and SDGs
Electronic platform being developed for medical supplies chain systems to connect and monitor peripheral health facilities.
Ongoing online registration for health lifestyles
Nepal
Basic Health Services package on preventive, health promoting, curative and rehabilitative services aiming at reducing
of-pocket expenses of people and to improve UHC
India
National health Policy 2017
Budgetary commitment under the Government of India's flagship programme "Ayushmaan Bharat" both urban and rural populations
Building multi-skilled frontline health workers: ASHA, community health workers
Medical education and public health system in orientation to primary health care in the academic curriculum
Expansion of medicine supply provisions closer to community


World Health Organization South-East Asia
Regional meeting Operationalizing the SouthEast Asia Regional Strategy for Primary Health Care
GROUP C
(Integration of EPHF)
Current and/or Planned Initiatives (MS Specific) [2]
Maldives
Since 2021, focus on establishing urban PHCs in Male' city zone (immunization and other public health functions scaled
Strengthening PHCs in Islands in collaboration with universities for training and building capacity of frontline health
Electronic data management systems is being improved.
Bangladesh
Developing National Public Health Standards relating to infrastructure, human resources, governance, monitoring etc.
Indonesia
Ongoing integration and collaboration of private and public healthcare services
Integrated health information systems right from PHC to tertiary care levels
Review and revisions of existing SOPs/modules/guidelines to further strengthen family based health services

Annex 4


Regional meeting Operationalizing the SouthEast Asia Regional Strategy for Primary Health Care
BREAK OUT GROUP DISCUSSIONS
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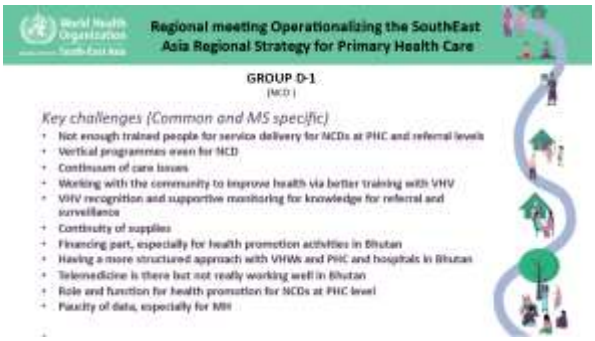
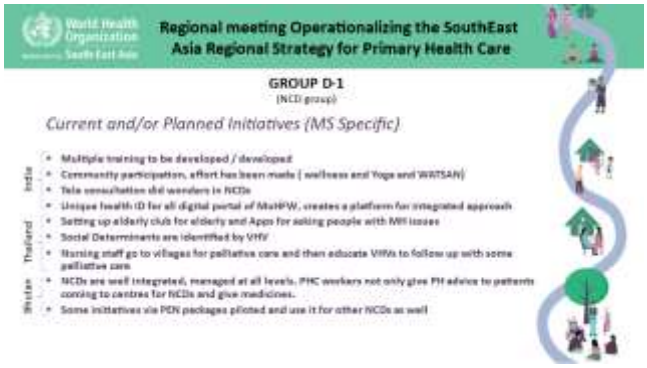
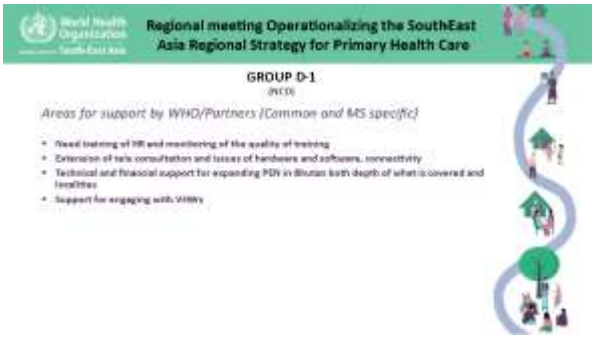
3. Areas for support by WHO/Partners
- Common and Member State specific


Regional meeting Operationalizing the SouthEast Asia Regional Strategy for Primary Health Care
GROUP D-1
Key challenges (Common and MS specific)
Not enough trained people for service delivery for NCDs at PHC and referral levels
Vertical programmes even for NCD
Continuum of care issues
Working with the community to improve health via better training with VHV
VHV recognition and supportive monitoring for knowledge for referral and surveillance
Continuity of supplies
Financing part, especially for health promotion activities in Bhutan
Having a more structured approach with VHWs and PHC and hospitals in Bhutan
Telemedicine is there but not really working well in Bhutan
Role and function for health promotion for NCDs at PHC level
Paucity of data, especially for MH


Regional meeting Operationalizing the SouthEast Asia Regional Strategy for Primary Health Care
GROUP D-1
Current and/or Planned Initiatives (MS Specific)
India
Multiple training to be developed / developed
Community participation, effort has been made (wellness and Yoga and WATSAN)
Tele consultation did wonders in NCDs
Unique health ID for all digital portal of MoHFW, creates a platform for integrated approach
Setting up elderly club for elderly and Apps for asking people with MH issues
Social Determinants are identified by VHV
Thailand
Nursing staff go to villages for palliative care and then educate VHVs to follow up with some palliative care
Bhutan
NCDs are well integrated, managed at all levels. PHC workers not only give PH advice to patients coming to centres for NCDs and give medicines.
Some initiatives via PEN packages piloted and use it for other NCDs as well


Regional meeting Operationalizing the SouthEast Asia Regional Strategy for Primary Health Care
GROUP D-1
Areas for support by WHO/Partners (Common and MS specific)
Need training of HR and monitoring of the quality of training
Extension of tele consultation and issues of hardware and softwares, connectivity
Technical and financial support for expanding PEN in Bhutan both depth of what is covered and localities
Support for engaging with VHWs