Meeting Report

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

Regional Meeting (virtual), New Delhi, India, 28–30 March 2022
Operationalizing the South-East Asia Regional Strategy for Primary Health Care

Regional Meeting (Virtual)

New Delhi, India
28–30 March 2022
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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 (i.e. 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)](https://www.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.
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.

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

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<td><strong>Day 1, 28 March 2022, 9:00 a.m. to 12:00 noon [IST]</strong></td>
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<tr>
<td>9:00 – 9:15</td>
<td>Welcome and Opening address - SEAR PHC Video</td>
<td>Dr Poonam Khetrapal Singh, Regional Director, WHO South-East Asia Region</td>
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<td>9:15 – 9:30</td>
<td>Introductions &amp; Meeting Objectives</td>
<td>Mr Manoj Jhalani, Director Department of UHC/Health Systems</td>
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<tr>
<td>9:30 – 10:00</td>
<td>Presentation of the SEAR PHC Strategy</td>
<td>Dr T. Sundararaman, Expert Group Member / Meeting Facilitator</td>
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<td>10:00 – 11:00</td>
<td>Priority Areas for PHC strengthening and WHO/Partner Support</td>
<td>Member States</td>
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<td>Break out Group Discussions</td>
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<td>5. Approaches for community engagement</td>
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<td>6. PHC Workforce</td>
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<td>7. Integration of public health functions</td>
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<td>8. Integration of disease programmes, with focus on NCDs.</td>
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<td>11:00 – 11:10</td>
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<tr>
<td>11:10 – 11:55</td>
<td>Priority Areas for PHC strengthening and WHO/Partner Support</td>
<td>Member States</td>
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<td>Break out Group Discussion continued</td>
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<td>1. Approaches for community engagement</td>
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<td>2. PHC Workforce</td>
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<td>3. Integration of public health functions</td>
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<td>4. Integration of disease programmes, with focus on NCDs.</td>
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<tr>
<td>11:55 – 12:00</td>
<td>Closing of Day 1</td>
<td>Mr Manoj Jhalani, Director Department of UHC/Health Systems</td>
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### Day 2, 29 March 2022, 9:00am to 12:00pm IST

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<tr>
<td>9:00 – 10:20</td>
<td>Plenary Presentations &amp; Discussion on Priorities</td>
<td>Member States &amp; Facilitator</td>
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<td>10:20 – 10:30</td>
<td><strong>Break</strong></td>
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<tr>
<td>10:30 – 11:30</td>
<td>Monitoring PHC: Orientation, Capacities and Performance</td>
<td>Facilitator</td>
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<td>- Presentation</td>
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<td>- Discussion on indicators/process</td>
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<td>11:30 – 11:50</td>
<td>Closing reflections by MS</td>
<td>Member States</td>
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<td>- Recommended actions/support from WHO and Partners</td>
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<td>11:50 – 12:00</td>
<td>Closing Reflections by WHO</td>
<td>Dr. Pem Namgyal, Director of Programme Management</td>
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### Day 3, 30 March 2022, (Development, Implementation, and Knowledge Partner Focus)

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<tr>
<td>9:00 – 9:20</td>
<td>Introduction and Recap of the first two days of discussion</td>
<td>Mr Manoj Jhalani, Director HSD/ Mr Ibadat Dhillon, RA HRH</td>
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<td>9:15 – 10:15</td>
<td>Partner Initiatives and Priorities</td>
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<td>- Roundtable Discussion</td>
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<td>Agreement on areas of collaboration and next steps</td>
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<td>11:45 – 12:00</td>
<td>Closing remarks</td>
<td>Dr Pem Namgyal, DPM</td>
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List of Participants

Participants from Member Countries

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

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**UNICEF**

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Annex 1

Group A1 – Community Engagement

BREAK OUT GROUP DISCUSSIONS

1. Key challenges
   - Low literacy rates for Village Health Volunteers (VHWs)
   - Limited capacity and lack of motivation for Community Health Volunteers (CHVs) due to poor and untimely incentive payments
   - Knowledge gaps amongst Gram panchayat members
   - Limited linkage of local self-Government and Health System
   - Many vertical programs – minimal integration
   - Lack of intersectoral coordination and convergence
   - Poor utilization of Primary Health Care facilities due to limited people’s trust and enhanced focus on medicine and diagnostics
   - Timely conduct of social audit activities
   - Out of Pocket Expenditure
   - Lack of RSE Clarity

2. Current and/or Planned Initiatives
   - Incentivizing CHVs
   - Defining minimum standards for public health services and assessment of the same
   - Inter-ministerial collaboration and coordination – Leveraging school health programs
   - Decentralized planning of health programs
   - Home based drug distribution by CHVs
   - Facility based institutional framework for accountability
   - Planning and implementation of social accountability exercise
   - Institutionalizing learning mechanisms

3. Areas for support by WHO/Partners
   - Design high impact low cost intervention models for community engagement in health
   - Strengthening Primary/Community Health Facilities
   - Strengthening community for pandemic preparedness
   - Support the capacity building initiatives for CHVs and primary health care teams
   - Successful models of community engagement and empowerment in urban areas
   - Sharing models and mechanisms for team based care in primary health care
   - Strengthening public monitoring mechanisms
   - Strengthening communication within community especially feedback mechanisms
Annex 2

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

GROUP B1 and B2 (PHC Workforce)

Current and/or Planned Initiatives (PHC Workforce)

- India: Monitoring progress for newly recruited PHC cadre, performance linked payment for individual and teams an important contributor to retention (40% of MUP salary linked to performance). 150,000 HMIs to be operationalized by 2022 with extended package of services.

- Thailand: Annual refresher trainings for Village Health Volunteers; WHO play a critical role in guiding communities through the health system; integrated PHC curricula on both allopathic and traditional systems of medicine; process towards developing online app to strengthen VHH local community engagement (as home visits challenging in pandemic context).

GROUP B1 and B2 (PHC Workforce)

Areas for support by WHO/Partners (PHC Workforce)

- India: Development of the PHC strategy that accounts for surge capacity, fully informed by systems thinking, and involves 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 systems context, including not only HMIs but also and driven by synergistic partnerships in the development and use of digital tools to strengthen PHC workforce outreach, addressing shortages.

- Indonesia: Approaches to strengthen rural retention of health workers, including taking systems approach (other options).

- Thailand: Support to the development of digital tools (app) to strengthen PHC services and community engagement.

- Others: Role in coordination of multiple stakeholders, expansion of PHC workforce capacities, including informal traditional health workers, provision of models for urban PHC (Urban PHC Workforce).
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Annex 3

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
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Annex 4

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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

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 aren’t for NCDs
- Continuum of care issues
- Working with the community to improve health via better training with VHWs
- VHW recognition and supportive monitoring for knowledge for referral and surveillance
- Continuity of supplies
- Financing, cost, 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 NHB

Current and/or Planned Initiatives (MS Specific)
- Multiple training to be developed / developed
- Community participation, effort has been made (wellness and yoga and WATSAN)
- Referral/consultation all members in NCDs
- Unique health-ID based electronic portal for PHA, creates a platform for integrated approach
- Setting up elderly clubs for elderly and Apanas for setting people with NHB issues
- Social Determinants identified by VHW
- Having staff go to villages for palliative care and then educate VHWs to follow up with some palliative care
- NCCN staff integrated, managed at levels: NCCN workers not only give PH advice to patients coming to centres for NCCNs and give medications.
- Some initiatives via PHC packages piloted and use it for other NCCNs as well

GROUP D-1

Areas for support by WHO/Partners (Common and MS specific)
- Need training of PH and monitoring of the quality of training
- Extension of tele consultation and those of hardware and software, connectibility
- Technical and financial support for expanding PHN in broader breadth of what is covered and broader
- Support for engaging with VHWs