

Primary health care

An integrated approach for delivering universal health coverage with a focus on social justice, equity, and solidarity

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Primary health care (PHC) is considered the most inclusive, cost-effective, equitable, and efficient approach to enhancing physical and mental health, as well as social well-being. Evidence for the impact of public investment in PHC is wide-ranging and unequivocal. The PHC approach encompasses integrated health services with an emphasis on primary care and essential public health functions (EPHFs); multisectoral policy and action; and empowering people and communities.

PHC is key to integrating and synergising the delivery of health services to individuals and populations crucial for UHC and can also strengthen and sustain capacities for emergency management advancing health security and various health-related SDGs.

Key messages

- PHC provides the foundation upon which countries can build equitable and resilient health systems to deliver quality, affordable health services to everyone, everywhere, especially the most vulnerable.
- Rooted in a commitment to social justice, equity, solidarity, and participation, the PHC approach recognizes that enjoying the highest attainable standard of health is a fundamental right of every human being.
- The radical reorientation of health systems towards PHC is a key way for countries to achieve universal health coverage (UHC) and other health-related targets of the United Nations' Sustainable Development Goals (SDGs), and health security.
- The PHC approach requires governments at all levels to enable action and accountability beyond the health sector, in order to deliver the EPHFs required for meeting population health needs in peacetime and during emergencies.
- Increased investment in PHC will always yield high returns, with long-lasting impact on population health, socioeconomic growth, and development in countries across all income groups, including those with fragile, conflict-affected, and violent settings.
- PHC is critical to health system resilience – by making health systems more proactive in detecting early signs of public health threats and more prepared to respond early to surges in demand for services. Although evidence is still evolving, there is widespread recognition that PHC provides a solid foundation for effective management of health emergencies such as COVID-19.
- The COVID-19 pandemic has reinforced the need for political commitment and investment to build people-centred, resilient, and sustainable PHC-based health systems. The World Health Organization (WHO), together with its network of partners, is committed to supporting Member States in contextualizing and operationalizing the PHC vision.

Background and challenges

The 2018 Astana Declaration set on course a renewed focus on primary health care.ⁱ This commitment has been further supported by various global accords including that of the 72nd World Health Assembly (Resolution WHA 72.2), the UHC Global Monitoring Report 2019, the Operational Framework for Primary Health Care, and the United Nations General Assembly High-level Meeting on UHC. PHC is therefore well-recognized across the world as a cornerstone for UHC: investments in PHC have improved equity and access, health care performance, accountability of health systems, and health outcomes. However, in many countries, the PHC vision is far from accomplished, thereby stalling global progress towards UHC, along with other interdependent SDG targets and health security. Impacts of the COVID-19 pandemic have increased this disparity.

Fragmented and insufficient investment in PHC has meant that countries and health systems are unable to benefit from its potential to facilitate the comprehensive delivery of EPHFs,ⁱⁱ to tackle public health challenges and build resilience. It has been estimated that investing an additional US\$ 200–328 billion annually from 2020 to 2030, or up to approximately 3.3% of gross domestic product by 2030, would increase coverage of PHC interventions – averting an estimated 60.1 million deaths and increasing average life expectancy by 3.7 years.

Countries with strong PHC-oriented health systems have demonstrated resilience to COVID-19. However, the pandemic has laid bare a chronic neglect of PHC, which has resulted in a disproportionate impact on the most vulnerable, and the inability of health systems to maintain essential health services for all.

The prevailing fragmented investments in health systems, and over-reliance on curative hospital-based models of care, have proven ineffective and inefficient in improving population health. For UHC to be truly universal, health systems designed around diseases and institutions need to shift towards those designed for people, with people. PHC as a people-centred, whole-of-society approach to health is critical, particularly in reaching underserved populations and ensuring that no one is left behind. This vision is supported by WHO's position paper recommendations on health system resilience in the context of recovery.

Key actions and policy recommendations

- In order to advance the dual goals of UHC and health security, countries should build resilient health systems based on the PHC approach. Current global and domestic fiscal realities dictate that integrating these two goals within one national health system delivering EPHFs is a fiscal as well as a health imperative.
- Governments at all levels should promote action beyond the health sector to mainstream a whole-of-government, whole-of-society approach to health, including health-in-all-policies, with a strong focus on equity.
- WHO and partners should provide focused support to strengthen national capacities for developing policies, strategies, and plans based on the PHC approach and its measurement framework and indicators. These policies and strategies should ensure an adequate and sustainable multidisciplinary and community-based workforce that can effectively contribute to emergency management while maintaining essential health services.
- Lessons learned from the COVID-19 pandemic, including the need for stronger PHC foundations, should inform health sector recovery, reforms, policies, plans, and actions. This applies to countries in all income groups including those with fragile, conflict-affected, and violent settings.
- WHO calls for a radical reorientation of health systems towards PHC, through its strategic priorities for the extended Thirteenth Programme of Work and a position paper on recovery from the COVID-19 pandemic.
- At the current pace of UHC, up to one-third of the world's population will remain underserved by 2030. WHO calls for multisectoral partnership and coordinated actions through whole-of-government and health-in-all-policies approaches to build PHC-based health systems to face 21st century health needs and challenges, and to reach the health-related targets of the SDGs by 2030.

i. WHO and United Nations Children's Fund (UNICEF) define PHC as "a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment".

ii. EPHFs are: public health intelligence, public health emergency management, public health governance, public health planning and financing, health protection, disease prevention and early detection, health promotion, community participation, a public health workforce, health services quality and equity, public health knowledge and research, and use of and access to medical products.

