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PANEL DISCUSSION ON PRIMARY HEALTH CARE

A reimagined and strengthened primary health care system is vital for strong and resilient health systems. Existing primary health care models are built largely on a disease-focused approach: people interact with the health system only when they are sick. Economic, demographic, sociocultural and technological changes are creating different public health challenges for countries now and in the future, as outlined in the four thematic priorities of *For the Future: Towards the Healthiest and Safest Region*. Addressing these priorities requires that primary health care shift from a disease-based approach to a system that interfaces regularly with individuals and promotes the greatest level of health and well-being throughout the life course.

The coronavirus disease 2019 or COVID-19 pandemic has affected countries' efforts to attain universal health coverage. At the same time, however, the pandemic has revealed opportunities and fostered innovations as well as multisectoral approaches. These must be translated into sustained action to address the persistent challenges around access, quality and equity in health care.

Member States are invited to share perspectives and reflect on the way forward to build strong and resilient health systems oriented towards primary health care.

1. CURRENT SITUATION

Since the [Declaration of Alma-Ata](#) in 1978, the global health community has advocated for the central role of primary health care as a cornerstone of strong and robust health systems. However, progress on implementing the principles of Alma-Ata has been inconsistent, and its interpretation has differed across countries depending on income level and macro context. In the past two decades, as the world transitioned from the Millennium Development Goals to the Sustainable Development Goals (SDGs), countries in the Western Pacific Region have seen an increase in access to health services with resultant improvements in health outcomes.

The [Declaration of Astana](#) in 2018 reaffirmed the global commitment to primary health care, redefining the vision of primary health care in the 21st century. Countries in the Western Pacific Region have initiated policy changes and actions to strengthen primary health care, as well as health reforms aimed at expanding access to essential health care and empowering communities. The global [universal health coverage monitoring report](#) in 2019 indicated that making progress towards universal health coverage and other SDG health targets will require sustained commitments and actions around strengthening primary health care. However, many barriers continue to hamper efforts to build health systems oriented around primary health care. In addition to greater investment in primary health care, a fundamental transformation is needed.

As the strategic vision for the Western Pacific, [For the Future: Towards the Healthiest and Safest Region](#) outlines the current and future challenges to be addressed in order to make the Region the world's healthiest and safest. Furthering these themes requires a new approach to primary health care. More so, the global [Operational Framework for Primary Health Care: Transforming Vision into Action](#) outlines 14 areas of action to achieve the vision of primary health care as the cornerstone for achieving universal health coverage, including reinforcing the call to action. Primary health care provides an important platform and integration point for Member States to deliver health care and promote well-being for older populations and young people, thereby linking with other regional frameworks such as the [Regional Action Plan on Healthy Ageing in the Western Pacific](#), endorsed by the Regional Committee in 2020, and the [Regional Framework on Nurturing Resilient and Healthy Future Generations in the Western Pacific](#), submitted for endorsement by the Regional Committee in 2021.

The coronavirus disease 2019 (COVID-19) pandemic has put pressure on health systems, with some countries stalled and others thrown off track in their progress towards the SDGs. The findings from the [national pulse survey on continuity of essential health services](#) indicate that overall essential health services have been impacted negatively by the pandemic. However, countries have optimized

primary health care in various ways to maintain essential health services during the pandemic, pointing to new ways to organize services, expand and sustain access to quality care. The pandemic response also demonstrated the necessity of a whole-of-government approach to address national issues, a way of working that must be sustained for the future of primary health care.

As WHO and Member States look ahead to the rest of the decade, it is now critical to redefine what primary health care means for the Western Pacific Region, outlining key action areas and changes that must be made to achieve the vision, learning from evidence of what has worked in the past and drawing from the opportunities presented to build back better from the pandemic.

2. ISSUES

2.1 Changing population health needs require new ways and workforce competencies to deliver health and related services.

Changing demographic patterns with resultant changes in health and disease burden, are leading to shifts and greater complexity in population health needs. Noncommunicable diseases kill 41 million people each year, equivalent to 71% of all deaths globally. They are the leading cause of chronic ill-health and premature death, especially in low- and middle-income countries. These diseases coexist with persistent infectious diseases and ever-present risks of new and emerging diseases that can cause health emergencies. In addition, the impact of climate change on the environment and health of populations carries unique challenges. This is already visible in many countries in the Region, especially Pacific island countries and areas. Fast-paced economic growth with a growing middle class in many countries brings changing population expectations from the health system. Further, addressing complex population needs requires going beyond addressing ill-health to helping individuals maintain well-being and achieve the best functional quality of life. This calls for new ways to manage, organize and finance primary health care services to better address the needs of today and the future. It will also require new competencies for a high-quality and motivated primary health care workforce. The role of nurses will be particularly important, especially in remote and rural areas.

2.2 Fiscal pressures on health budgets call for greater efficiency.

Unchecked medicalization of health care in the past decades has led to rising costs of care. Increasing use of new and costly technologies may continue to drive health-care costs upward. The COVID-19 pandemic has further led to fiscal pressures on countries, with limited room for flexibility, particularly for lower middle-income countries. Globally, economies contracted on average by 6.7% in

per capita terms in 2020. Some countries in the Western Pacific Region were particularly hit. For example, Pacific island countries faced a gross domestic product contraction of 8.7% in 2020 and a further 5.6% in 2021. This has the potential to weigh on economies and government budgets beyond the short term. The growing burden of noncommunicable diseases and chronic conditions will also weigh on countries' health budgets in the coming years. This could result in greater financial barriers to health care, impairing progress towards universal health coverage. Identifying more efficient ways to deliver services, which are most effective, will be an important element in strengthening primary health care.

2.3 Inequity in access to care persists, particularly for the most vulnerable.

There is still a large inequity in access to basic health care close to where people live and work within and across countries. For many, accessing health care still comes with the potential to be driven into poverty. In 2017, between one third and one half of the world population (33% to 49%) were covered by [essential health services](#), while, based on a relative poverty line, the percentage of the population impoverished by out-of-pocket health spending increased from 1.8% in 2000 to 2.5% in 2015, deteriorating [financial protection](#). The poor and vulnerable are no longer limited to fragile contexts and low-income countries, as there is an increasing number of unreached and vulnerable populations in middle-income countries. Implementing primary health care that is universally accessible must include targeted approaches to reach those who would otherwise be left behind.

2.4 Service delivery remains fragmented with limited multisectoral coordination.

[Evidence](#) has shown that improvements in health outcomes were due as much to social and economic health determinants as to factors within the health sector. A lot has been written around multisectoral policy and action as a component of primary health care, but this has been difficult to achieve in practice. In addition, years of disease-focused health policy have led to fragmentation within health systems. Moving towards the future will require integrated health and related services that include those delivered by other sectors. These integrated services will need to be delivered in a cohesive and continuous way to individuals to maximize their health and well-being and provide the best functional quality of life. Achieving this also calls for an empowered frontline workforce to coordinate and manage services for their target communities.

2.5 The potential of innovations to transform and improve primary health care is not being systematically taken up and incorporated into primary health care design.

There has been an upswing of innovation and technology use in health over the past decade, accelerated by the COVID-19 pandemic. From temporal and spatial service reconfiguration to mainstreaming telemedicine, this increased innovation and technology can transform the delivery of

primary health care. But much will depend on country contexts. While high-income and upper middle-income countries in the Region have established infrastructure to rapidly scale up digital health interventions, others such as many Pacific island countries and areas still lack adequate infrastructure to take full advantage of innovations. Appropriate enabling environments must be created to use these advances in a more sustainable way that maximizes the benefits while mitigating the risks of further inequity.