



PRIMARY HEALTH CARE IN THE WESTERN PACIFIC REGION

LOOKING BACK AND FUTURE DIRECTIONS



World Health
Organization
Western Pacific Region

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ABBREVIATIONS

ASEAN	Association of Southeast Asian Nations
CHW	community health worker
DHS	Demographic and Health Surveys
GDP	gross domestic product
GP	general practitioner
HRSA	Health Sector Reform Agenda (Philippines)
ICT	information and communications technology
KAP	knowledge, attitude and practices
MCH	maternal and child health
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
NCD	noncommunicable disease
NGO	nongovernmental organization
OECD	Organisation for Economic Co-operation and Development
OOP	out-of-pocket
PEN	Package of Essential Noncommunicable Disease Interventions
PHC	primary health care
PHO	Primary Health Care Organisation (New Zealand)
PICs	Pacific island countries and areas
RMNCAH	reproductive, maternal, newborn, child and adolescent health
SARS	severe acute respiratory syndrome
SDG	Sustainable Development Goal
TB	tuberculosis
WASH	water, sanitation and hygiene
WHO	World Health Organization
UHC	universal health coverage
UHC TAG	Technical Advisory Group on Universal Health Coverage

EXECUTIVE SUMMARY

Background

The Western Pacific Region of the World Health Organization (WHO) is home to one quarter of the world's population. There is a high level of diversity across the Region, with countries broadly categorized as advanced economies, transition economies, and the Pacific island countries and areas (PICs). Despite this diversity, the Region is experiencing some common epidemiological, governance and demographic trends. These include population ageing and mobility, rapid urbanization, decentralization, persistent inequities despite rapid economic growth, unfinished agendas in reproductive health and infectious disease control, rise of noncommunicable diseases (NCDs) and increased environmental threats. Balanced against these threats are opportunities presented by the revitalization of the primary health care (PHC) values of equity and social solidarity, through a renewed regional focus on the values of PHC as part of a multisectoral commitment to universal health coverage (UHC). This report presents a policy and strategy overview of the experience of PHC over the last 10 years (Part 1) and discusses options for future policy directions (Part 2).

Methods

Literature was sourced purposively from three major sources – the database of the WHO Regional Office for the Western Pacific, national health plans and policies, and selected peer-reviewed literature related to PHC policy and strategy (see Annex on methods).

Main findings

Looking back. Over the last 10 years, countries across the Western Pacific Region have continued to experience rapid social, economic and epidemiological changes. One in every two people in the Western Pacific Region now lives in urban areas, and this trend towards urbanization is set to continue. The double burden of communicable diseases and NCDs is evident across all country categories, with chronic disease management and climate change adaptation becoming of increasing public health concern. Inequities in terms of access to PHC is a common trend reported across the Region, with socioeconomic status, ethnicity and geographic location all strongly correlated with levels of access to health care. Main health system gaps contributing to these inequities are inadequate health workforce numbers, mix and skills for primary care – particularly in rural and remote and urban poor settings, and lack of adequate health expenditures on PHC. The private sector and nongovernmental organizations (NGOs) in many country settings are continuing to emerge as strategic partners in provision of PHC, and countries are implementing varying models of decentralization that are having significant impacts on health system governance. Strategy implementation demonstrates highly adaptive responses by both governments and other stakeholders (see Section 1.1.2). These include: renewed political commitments to UHC; health financing initiatives to offset financial barriers to access; decentralized health planning and budgeting processes; innovations in models of multisectoral collaborations for Healthy Cities, Healthy Islands and climate change adaptation; and forging of new alliances and partnerships at the community level. Good practice examples of how countries are responding at a policy level to these changes are outlined in this report (see Section 1.2.1).

Future directions. Reorientation of PHC towards more pro-equity, efficient, decentralized and people-centred services; a focus on prevention of NCDs; health security and adaptation to climate change; and expansion of the capacity for use of information and communications technology are major future directions for the Western Pacific Region. Given the diversity in levels of economic and institutional development across the Region, future directions will also entail a continued focus on women's and children's health and infectious disease prevention and control. Potential policy levers to support these policy directions include enhancement of political commitment and mandates for UHC, improved social protection, national health insurance and decentralized planning and budgeting processes, health service access across the life cycle, and building of new partnerships and alliances at the community level and across sectors. The health sector will combat the double burden of diseases by: improving integration of services; building capacity for decentralized planning and budgeting; designing more people-centred services; building health alliances with local governments, community organizations, families, and with the traditional medicine sector; as well as by spreading more widely the application of information and communications technology. Emphasis of the people-centred vision of PHC is mainly on the shared roles of community health workers, community nurses and midwives, allied health workers, traditional medicine practitioners and primary care doctors in applying a multidisciplinary team-based approach to supporting PHC services for the population.

Conclusion

A strengthened decentralized and people-centred vision of PHC will refocus strategies on prevention and promotion, as well as prepare systems for responding to emerging environmental threats and the rise of NCDs. It will also support the completion of unfinished agendas in the areas of reproductive, maternal, neonatal, child and adolescent health, and infectious disease control. A more people-centred and multisectoral public health vision of PHC will increase the capability of societies, health systems and communities to better adapt to the 21st century pressures of rapid social and environmental change.

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