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**COVID-19 and measures to ‘build back better’ essential health services  
to achieve UHC and the health-related SDGs**

The COVID-19 pandemic has profoundly impacted the economies and societies of Member States and the health and well-being of the people of the WHO SEA Region. Successive COVID-19 waves in the SEA Region have exposed longstanding gaps in national and subnational health systems and disrupted essential health services. Moreover, through its direct and indirect impact on health, on the economy, and on the social determinants of health, the COVID-19 pandemic has exacerbated existing inequities in the Region.

Inadequate investments in health systems, and especially in primary health care, prior to the pandemic negatively affected the COVID-19 response and the continuity of essential health services. Indeed, the WHO South-East Asia Region has on average across its Member States the lowest level of public expenditure on health and the highest out-of-pocket expenditure among all WHO regions.

However, while COVID-19 demonstrated the vulnerability of health systems in the Region, it has also led to innovation and provided learning on the factors associated with ‘building back better’. In fact, the features of strong primary health care-oriented health systems are the same as that required to equitably and efficiently address health emergencies, achieve universal health coverage, and deliver on the ambition of achieving the Sustainable Development Goals.

Re-orienting health systems to comprehensive and integrated primary health care including rendering essential public health functions, as well as increasing investments, strengthening governance, and monitoring performance of such systems must be the strategy to build back better. Through sustained focus on accelerating progress towards the Regional Flagship Priority Programmes related to achieving universal health coverage and responding to health emergencies, the WHO Regional Office for South-East Asia will continue to assess, guide and provide technical support to Member States in maintaining essential health services while continuing to progress towards achieving UHC and the health-related SDGs.

This Working Paper was presented to the High-Level Preparatory Meeting held in July 2021 for its review and recommendations. The HLP Meeting reviewed the paper and made the following recommendations for the consideration of the Seventy-fourth Session of the Regional Committee.

### ***Actions by Member States***

- (1) Orient health systems towards primary health care and strengthen public investment in primary health care-based health systems as a foundation for effectively addressing health emergencies, achieving UHC, and delivering on the health-related Sustainable Development Goals.
- (2) Prioritize supply-side investments in essential medicines, health workforce, and health infrastructure as critical to ensure a robust response to health emergencies and the delivery of essential health services.
- (3) Strengthen partnerships, bilateral, multilateral and/or public-private, to strengthen national capacities to address health emergencies and ensure the delivery of quality health services to all.

### ***Actions by WHO***

- (1) Develop a Regional Strategy on Primary Health Care, that builds on lessons learnt from the ongoing pandemic in the Region, in order to guide, support and monitor the transformation to PHC-oriented health systems in Member States of the Region.
- (2) Continue to support Member States in responding to the ongoing pandemic while strengthening the delivery of essential health services through accelerating progress on the Regional Flagship Priorities related to universal health coverage and health emergencies. The linkages between the two Flagships Priorities should also be strengthened, such as facilitating identification of priority actions to enhance resilience of health systems through COVID-19 intra-action reviews.

This Working Paper and the HLP Meeting recommendations are submitted to the Seventy-fourth Session of the WHO Regional Committee for South-East Asia for its consideration and decision.

## Introduction

1. The COVID-19 pandemic has impacted the economies and societies of Member States and the health and well-being of the people of the WHO SEA Region to an extent previously unimaginable. Of note, after years of economic growth, the Region suffered an estimated economic contraction of –5.4% in 2020.<sup>1</sup> Moreover, the World Bank has estimated that 60% of the 120 million people worldwide pushed into extreme poverty in 2020 reside in South Asia.<sup>2</sup> Earlier projections of return to growth in 2021 have also been rendered uncertain due to the severity of the recurrent waves of the ongoing pandemic and emergence of variants of concern in the Region and the lack of adequate vaccine supplies and coverage.
2. Health systems and national authorities across all WHO SEA Region Member States have been seriously challenged in maintaining essential health services while responding to a pandemic that has grown in scale over the course of the last year. The challenges are particularly acute for several Member States in the Region, which even prior to the crisis had struggled to ensure access to essential services and financial protection for a significant portion of their population.<sup>3</sup>
3. Successive waves of the pandemic have exposed longstanding gaps in national and subnational health systems, disrupted essential health services and exacerbated inequities. At the same time, Member States through proactive measures and adaptations have reduced the magnitude of disruption to essential health services during this period of crisis.
4. While the pandemic has demonstrated the vulnerability of health systems, it has also provided important learning on the factors associated with the resilience of health systems to such shocks. It is increasingly recognized that most of the defining features of high-performing primary health care systems are the same as those required to effectively and efficiently address health crises and achieve universal health coverage.<sup>4</sup> Within the region, there is further evidence that countries with strong primary health care-oriented systems were better able to respond to the pandemic, rapidly mount public health actions, and maintain essential services with minimal disruption.<sup>5</sup>
5. The COVID-19 pandemic has also made it clear that accountability for respecting, protecting and fulfilling the human right to health, including mounting an effective public health response and ensuring the delivery of quality essential health services, rests firmly with the government.

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<sup>1</sup> World Health Organization, Regional Office for South-East Asia. Crisis or opportunity? Health financing in times of uncertainty: Country profiles from the SEA Region. New Delhi, 2021. <https://apps.who.int/iris/handle/10665/341404> - accessed 7 July 2021.

<sup>2</sup> Lanker C, Yonzan N, Mahler DG, Aguilar RAC, Haoyu Wu. Updated estimates of the impact of COVID-19 on global poverty: Looking back at 2020 and the outlook for 2021. World Bank, 2021. <https://blogs.worldbank.org/opendata/updated-estimates-impact-COVID-19-global-poverty-looking-back-2020-and-outlook-2021> - accessed 7 July 2021.

<sup>3</sup> Supra note 1.

<sup>4</sup> World Bank. Walking the talk: Reimagining primary health care after COVID-19. Washington DC, 2021. [https://openknowledge.worldbank.org/handle/10986/35842?cid=hnp\\_tt\\_health\\_en\\_ext](https://openknowledge.worldbank.org/handle/10986/35842?cid=hnp_tt_health_en_ext) – accessed 7 July 2021.

<sup>5</sup> Significance of Primary Health Care for Building Back Better: Lessons from COVID-19. Special Issue: WHO South-East Asia Journal of Public Health. 2021;10 (Suppl 1). <http://www.who-seajph.org/> - accessed 7 July 2021.

6. The COVID-19 crisis in the Region serves as both the imperative for, and also provides a once-in-a-generation opportunity to, “build back better”. This difficult time has also revealed that strengthened investment in primary health care-oriented health systems – through simultaneously addressing priorities of equity and efficiency – is the approach to better meet population health needs as we move towards a post-COVID-19 world. Strengthened primary health care systems, with integration of public health functions, will also serve as the basis for robust emergency response.

7. The Regional Flagship Priority Programme on universal health coverage, with its focus on primary health care, health workforce and access to essential medicines and health products, as well as the Regional Flagship Priority Programme on protecting people against health emergencies, with focus on scaling up capacity for emergency risk management, serve as critical tools to support Member States towards building back better in order to achieve and sustain the SDG-3 gains.

8. Notably, the WHO Director-General’s observation of UHC and health security being “two sides of the same coin” is especially relevant in the context of a pandemic that has persisted for over a year and a half.

9. This document follows on and updates the previous Regional Committee document “Ministerial Roundtable on COVID-19: Maintaining essential health services and public health programmes in the context of COVID-19 (SEA/RC73/4)”<sup>6</sup> and the related SEA Region Ministerial Declaration and resolution on “Collective Response to COVID-19”,<sup>7</sup> promulgated at the Seventy-third session of the Regional Committee for South-East Asia in Bangkok in 2020, including its focus on prioritizing investments in PHC and UHC. The document SEA/RC73/4 includes the following actions for WHO, progress on which is highlighted in the sections below:

- Continue guiding and facilitating the assessment of essential health services delivery and functioning of public health programmes in the context of COVID-19.
- Continue providing technical guidance for restoration and maintenance of essential health services and public health programmes.
- Promote operational research around health service delivery and public health programmes to curb the pandemic and develop context-specific policies and strategies.
- Provide technical assistance to Member States on planning and monitoring of essential health services to inform policy and systemic response.

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<sup>6</sup> World Health Organization, Regional Office for South-East Asia. Ministerial Roundtable on COVID-19: Maintaining essential health services and public health programme in the context of COVID-19, July 2020. Doc no. SEA/RC73/4. New Delhi, 2020. <https://apps.who.int/iris/bitstream/handle/10665/334130/sea-rc73-4.pdf?sequence=1&isAllowed=y> – accessed 7 July 2021.

<sup>7</sup> World Health Organization, Regional Office for South-East Asia. WHO South-East Asia Region Member States’ Declaration on Collective Response to COVID-19. Doc no. SEA/RC73/R1. New Delhi, 2020. <https://apps.who.int/iris/bitstream/handle/10665/334243/sea-rc73-r1-eng.pdf?sequence=1&isAllowed=y> – accessed 7 July 2021.

## Current situation, response and challenges

### *Disruption in essential health services*

10. In terms of COVID-19 cases and deaths, the SEA Region is the third most affected region following the Americas and the European Region. As of 29 July 2021, 38 018 705 COVID-19 cases and 560 839 COVID-19 deaths have been cumulatively reported in the Region. India, Indonesia and Bangladesh have reported the highest number of cases and deaths in the Region in that order.<sup>8</sup>

11. Notably, India, Maldives and Nepal experienced rapid and major surges of COVID cases, hospitalizations and deaths from April to May 2021, alongside a sharp increase in cases featuring the Delta variant. Since early June 2021, Bangladesh, Indonesia and Myanmar have also seen a very high rise in COVID-19 cases, with the Delta variant rapidly becoming the dominant lineage. From April to June 2021, clusters of COVID-19 cases grew to sustained community transmission in Bangladesh and Sri Lanka with introduction of the Alpha variant. Several clusters have also been reported from Bhutan in areas bordering India. Timor-Leste also experienced high case incidence from April to June 2021. Thailand continues to report an increase in new cases in the month of July 2021.

12. Significant progress has been made in the roll-out of the COVID-19 vaccination. However, the proportion of people fully vaccinated in most countries of the Region stands at 6.2 % as of 29 July 2021. Public health and social measures continue to play a critical role in controlling the transmission of COVID-19.

13. To better understand the extent of service disruption due to the COVID-19 pandemic, WHO conducted a second round of the National Pulse survey on continuity of essential health services during the COVID-19 pandemic over the period January–March 2021.<sup>9</sup> The survey follows previous WHO Pulse surveys conducted in 2020.

14. Nine SEA Region Member States participated in the second round of the Pulse survey, representing the highest response rate of any WHO Region. Findings from the two rounds of Pulse surveys provide important insights into disruptions to essential health services in the SEA Region and country approaches to maintaining service delivery.

15. Eighteen months into the pandemic, eight out of the nine SEA Region countries that reported to the second Pulse survey identify continued disruption of essential health services. On average, countries identified disruption to nearly a third of tracer essential health services. Disruptions were reported across all major service areas, with neglected tropical diseases identified as the most and immunizations as the least frequently disrupted service. Primary care and rehabilitative, palliative and long-term care were also identified as being more frequently disrupted than emergency, critical and operative care and auxiliary services. A third of the Member countries also reported disruption in their supply chains for essential health products.

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<sup>8</sup> Among the cases and deaths reported in the Region, India reported 87.2% of the cases and 81.5% of deaths; Indonesia reported 6.2% of cases and 11.9% of deaths; and Bangladesh reported 2.6% of cases and 3% of deaths.

<sup>9</sup> World Health Organization. Second round of the national pulse survey on continuity of essential health services during the COVID-19 pandemic, January–March 2021. Geneva, 2021. <https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS-continuity-survey-2021.1> - accessed 7 July 2021.

16. The second round of the Pulse survey also identified a mix of supply- and demand-side factors as causing the above disruptions. The most common demand-side reasons identified were due to decrease in patients presenting to outpatient care, and community-level fear and mistrust in seeking health care. In turn, the most identified supply-side factors were due to cancellation of services, insufficient health workforce, and changes in treatment policy.

17. Despite very real challenges that continue to be experienced across countries, successive round of Pulse surveys indicate improvement in the provision and utilization of health services across the Region. At the end of the first quarter of 2021, an average of just over 30% of 35 tracer services were identified as being disrupted versus 50% that were identified for the second and third quarters of 2020. Restoration in services has been seen across all tracer service areas.

18. Improvements and a partial rebound are likely due to implementation of policies and strategies for maintaining essential health services and health system adaptations. All SEA Region countries reported designating a national focal point responsible for continuity of essential health services and having allocated additional funding to maintain essential health services; and all but one reported as having defined essential health services to be maintained in a national policy or plan. Major approaches used across regional countries to restore essential health services included strengthening community engagement and communication, reorganization and shifting of services to primary level, recruitment of additional health workers, use of telemedicine, and novel dispensing approaches for medicines.

19. SEA Region countries also engaged their private sector to support the COVID-19 response and the delivery of essential health services, albeit on a different scale and fashion, and with varying success. In countries where the private sector accounts for a large proportion of health service delivery, such as India and Indonesia, the private sector continued to be used as an important complementary service provider including mandates and public financing for private hospitals to provide COVID-19 related health services. In order to account for the surge in health-care demand, countries with a private sector that has a less prominent role also allowed COVID-19 services to be provided through private facilities subject to regulations. At the same time, across SEA Region countries there has also been concern regarding the delivery of equitable, affordable and quality COVID-19 related services through the private sector.<sup>10</sup> Private sector engagement strategies in the Region should also seek to ensure that costs are supported through public financing systems and /or social health insurance rather than leading to increased out of pocket expenditure.

20. Due to the timing of the second round of the National Pulse Survey in countries, information is limited to the first quarter of 2021 and does not provide details on the further disruption of essential health services due to the second wave of the pandemic. As widely reported, the impact of the pandemic was particularly pronounced on the emergency care system, with challenges related to the availability of oxygen, beds, ventilators and medicines and emergency care-related health workforce. Shortages in health workforce, contributed in part by reassignment of health workers for COVID-response to vaccination campaigns, and disruptions to the supply chain, as well as other common supply- and demand-side factors, potentially further disrupted essential health services over the last few months.

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<sup>10</sup> Supra note 1.

21. Weaknesses in PHC systems compounded further by the disruption are likely to have been an important underlying cause for the significant demand and lack of hospital capacity. The movement restrictions imposed in tandem with subsequent waves of the pandemic, restrictions on the plying of public transport, as well as fear among the public to access health-care services are also likely to have negatively affected delivery of essential health services in the Region. Limited supply of vaccines, the challenges posed by the infodemic around COVID-19 vaccination, and uncertainties regarding the availability of second doses may also have negatively affected people's trust in the immunization delivery system.

22. With the increasing focus on strengthening health systems and service delivery to respond to the COVID-19 pandemic, the complexities arising out of increasingly regular seasonal disasters such as flash floods (in Indonesia and Timor-Leste in 2021), earthquakes (in India, Indonesia and Nepal in 2021) and cases of fire (Cox's Bazar, Bangladesh in 2021) further underscore the significance of resilient health systems that are capable of delivering essential services and can remain functional during and after emergencies.

## Response and challenges

23. In June 2020 WHO issued the Operational Guidance on Maintaining Essential Health Services that recommended practical actions at the national, subregional and local levels to reorganize and safely maintain access to high-quality, essential health services in a pandemic context.<sup>11</sup> The WHO Operational Guidance has been disseminated widely in the Region and technical support was provided to include essential health service provision in the country preparedness and response plans. Further support was provided to monitor the roll-out of this guidance through the action checklist of the Partners' Platform as well as during the intra-action reviews. WHO is currently in the process of updating this guidance based on the lessons learnt over the last year.

24. The WHO South-East Asia Regional Office has provided focused support to SEA Region Member States during this period to maintain essential health services while continuing to advance towards universal health coverage and the health-related SDGs. Key areas of support and response include:

- (1) *Health Workforce*: The COVID-19 pandemic brought renewed attention to the health workforce and the importance of having the appropriate numbers, skills and distribution, and of supporting and protecting them. The WHO regional offices for South-East Asia, Eastern Mediterranean and the Western Pacific, along with the Asia-Pacific Alliance on Human Resources for Health (AAAH) and other partners, co-organized seven webinars on the health workforce and COVID-19 in 2020. These covered health workforce surge capacity, protection of health workers, psychosocial support and training modalities in the context of closed health education institutions. Innovations in health workforce-related response to COVID-19 and for maintaining essential health services was featured in the special issue of the *South-East Asia Journal of Public Health* on "Recalibrating PHC-centred systems for UHC in the new normal: lessons from COVID-19". Across countries, surge capacity was enabled through optimizing the available health workforce, including using students, expanding scope of practice, and operating telemedicine services. The use of

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<sup>11</sup> World Health Organization. Maintaining essential health services: operational guidance for the COVID-19 context interim guidance, 1 June 2020. Geneva, 2020. <https://apps.who.int/iris/handle/10665/332240> - accessed 7 July 2021.



community and traditional health workers in the COVID-19 response, and the importance of strengthening public health emergency-related capacities, were especially notable. WHO shared best practices and experience with repurposing traditional health workers in the Region. The SEARO Department also engaged Member States in discussions on approaches to strengthen rural retention and manage international migration, which are especially relevant during the COVID-19 pandemic and in the context of a mismatch between health workforce need and economic demand. The COVID-19 pandemic highlighted the recurring need to further accelerate progress with respect to the Decade for health workforce strengthening in the South-East Asia Region, 2015-2024

- (2) *Essential medicine and health products*: Medicines constitute the single largest component of out-of-pocket expenditure for the population in the Region. The already challenging situation in this area was exacerbated by COVID-19, which resulted in shortages and disrupted supply chains of emergency medical supplies and essential medicines. WHO provided technical guidance to Member States on specifications and procurement of COVID-19-related supplies. However, the limited and constrained production capacity triggered shortages and a rise in prices and reinforced the fact that effective price control mechanisms and building regional supply chain resilience are more relevant now than ever. WHO conducted an assessment of medicines pricing policies implemented in the Region to identify gaps and needs. WHO also conducted the first-of-its-kind virtual online workshop on pilot current good manufacturing practices (cGMP) for pharmaceutical units in active pharmaceutical ingredients (API) and formulations to improve access to quality-assured medical products and address the challenges that emerged during the pandemic. WHO is spearheading the global efforts to ensure equity in access to vaccines and medical products.
- (3) *Health financing*: Through a secondary data review, the Regional Office analyzed the initial health financing policy responses put in place by Member countries of the Region to mitigate the immediate financial pressures caused by COVID-19 in the first six months of the pandemic, i.e. from March to August 2020. Data was collected from published and grey literature and publicly available information. The analysis showed that SEA Region countries adopted policies to reduce financial barriers to care, to mitigate the immediate economic impacts of national lockdowns, and streamline public financial management systems to enable the rapid procurement of essential resource commodities. Common policy responses included extending free service coverage for COVID-19 testing in the public sector, engagement of the private sector and the adoption of price ceilings intended to regulate the private sector. The analysis also revealed that COVID-19 stimulated countries in the Region to introduce health financing policies and innovations that may support progress towards UHC, such as the adoption of digital technologies, streamlined procurement systems, public–private partnership, and increased investment in health security. In addition, several regional webinars and events were conducted in partnership with the Asian Development Bank, the World Bank, WHO headquarters and the Regional Office for the Western Pacific to discuss and promote learning on the health financing responses to the “double crisis” created by the COVID-19 pandemic: health and economic. These included, for instance, the High-Level Ministerial Meetings with ministers of health and finance and the partners mentioned above in September 2020 and the Fifth Bi-regional Health Financing Workshop in February 2021.



- (4) *Health information systems:* The COVID-19 crisis has amplified the need for continuous monitoring of pandemic response and UHC, including the delivery of essential services and provision of timely information for decision-makers, both technical and financial. As illustrated in Bangladesh, early and continuous monitoring of data at the PHC level was fundamental to informing the response strategies to restore the availability and use of essential health services.<sup>12</sup> The Regional Office is well-positioned to detect, analyze and present the impact that the COVID-19 response is having on progress towards UHC and the health-related SDGs in future annual reports. The annual monitoring of progress on UHC, the GPW13 “Triple Billion” target on UHC, and the health-related SDGs are being progressively improved and harmonized at national, regional and global levels. However, ensuring continuous improvement in the regular availability and analysis of national data remains a challenge. Moreover, regarding the measurement of financial protection, one of the drawbacks of the current system is that it cannot capture foregone care due to demand- or supply-side barriers. To this end, the Regional Office will work closely with Member States to explore ways to amend existing household surveys to capture unmet needs.
- (5) *Infection prevention and control:* Patient safety including the safety of health workers is critical to the delivery of quality health care in all settings. IPC is both central to the COVID-19 response and to maintaining and extending quality essential health services. Most SEA Region countries have updated their IPC Guidelines and conducted extensive capacity-building for IPC over the last year. WHO supported several trainings and webinars on strengthening IPC, including focus at country and health-care facility levels, as well as the publication of several guidance documents. Notably, the Seventy-fourth World Health Assembly in May 2021 adopted the Global Patient Safety Action Plan 2021 – 2030, which includes a specific focus on IPC and the protection of health workers.
- (6) *Primary health care:* WHO launched the Primary Health Care Operational Framework in December 2020 to accelerate progress towards PHC-oriented health systems. Alongside the publication and to mark Universal Health Coverage Day, a special issue of the *South-East Asia Journal of Public Health*, on *Recalibrating PHC-centred systems for UHC in the new normal: lessons from COVID-19*, was published.<sup>13</sup> The publication consolidates approaches for response, gaps and lessons learned in the Region during the pandemic that highlight the need for strong PHC-oriented health systems. Additionally, a review of the role of primary health care systems to the COVID-19 response in the Region is currently underway. The review will provide further information on positive practices to respond to public health emergencies while maintaining essential health services. The review will also inform the forthcoming WHO SEA Region PHC Regional Strategy, which aims to support Member States in strengthening PHC-oriented health systems.

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<sup>12</sup> Wangmo S, Sarkar S, Islam T, Rahman MH, Landry M. Maintaining essential health services during the pandemic in Bangladesh: the role of primary health care supported by routine health information system. *WHO South-East Asia Journal of Public Health*. 2021;10 (Suppl 1): 93-99.

<sup>13</sup> Supra note 7.

25. WHO has also provided a global guidance document, *Health Systems for Health Security*, for developing capacities for the implementation of the International Health Regulations (IHR) (2005), and components of health systems and other sectors that work in synergy to meet the demands imposed by health emergencies.<sup>14</sup> In addition, to promote the integration of risk management strategies adapted to the local context through multisectoral and multiagency synergistic collaboration, the *Health Emergency and Disaster Management Framework* was released as guidance for Member States.<sup>15</sup> For making health facilities operationally ready and for long-term case management of COVID-19 cases at the health facility level, a series of webinars on “Safe Hospitals” was organized during January to April 2021 with the engagement of hospital administrators.

26. The uncertainty around and the dynamic nature of the ongoing COVID-19 pandemic, with the potential of recurring waves, remains the most significant challenge faced by the Region in maintaining essential health services and public health programmes, as well as progressing toward UHC and the health-related SDGs.

27. COVID-19 has also exacerbated existing inequities, with socially and economically vulnerable populations increasingly being pushed into extreme poverty and having limited access to essential health services, public health programmes and financial protection.

28. Inadequate investments in health systems, especially in primary health care, prior to the pandemic negatively affected the COVID-19 response and continuity of essential health services. Indeed, the WHO South-East Asia Region, home to over a quarter of the world’s population, has on average across its Member States the lowest level of public expenditure on health and the highest -of-pocket expenditure among all WHO Regions

29. COVID-19 has already imposed unprecedented financing requirements on countries while at the same time causing a severe economic contraction. Countries are faced with the fundamental challenge of maintaining existing funding for health while at the same time having to mobilize additional financing in the current economic context.

## **The way forward**

30. The scale and severity of the COVID-19 pandemic has revealed significant deficiencies in health systems across the Region. It has simultaneously highlighted the necessity and presented the opportunity for the structural change that is required.

31. The COVID-19 pandemic has also made clear that orienting health systems towards primary health care, as well as increasing investments, strengthening governance, and monitoring performance of such systems must serve as the foundation to build back better. The pandemic, in particular, highlighted the importance of supply-side investments with respect to the health workforce, essential medicines and medical products, and health infrastructure at the PHC level.

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<sup>14</sup> World Health Organization. *Health systems for health security: a framework for developing capacities for IHR*, and components in health systems and other sectors that work in synergy to meet the demands by health emergencies. Geneva, 2021. <http://apps.who.int/iris/handle/10665/342006> - accessed 7 July 2021.

<sup>15</sup> World Health Organization. *Health emergency and disaster risk management framework*. Geneva, 2019. <https://www.who.int/hac/techguidance/preparedness/health-emergency-and-disaster-risk-management-framework-eng.pdf?ua=1> - accessed 7 July 2021.

32. Though PHC-oriented health systems have been called for since the Alma-Ata Declaration on Primary Health Care of 1978, over 40 years ago, with primary focus on considerations related to equity, the cost-efficiency of transformation to such systems is increasingly evident in the regional context of rising need for managing chronic care; intensifying public health emergencies; and increasing impact on populations from the social determinants of health. As an illustration, with appropriately functioning referral systems, approximately 80% of COVID-19 cases can be managed at the primary health care level.

33. The following inter-related actions should be considered in building back better on a strong foundation of PHC that delivers integrated services across different levels of care and performs public-health functions across the SEA Region:

- Political leadership and accountability, mechanisms to enable whole-of-society and health-in-all policies including as required to address health emergencies and the social and economic determinants of health, closer engagement with and empowerment of communities, and strengthened governance of the health sector, including effective oversight and engagement with the private sector and CSOs.
- Increased public investment in health that is directed at ensuring sufficient, efficient and equitable financing of primary health care, human resources for health, and access to essential medical products, with prioritization of those most vulnerable.
- Continued strengthening of core health system elements including health information systems disaggregated along different equity stratifiers and data treated as a public good; improving equitable access to medical products including through domestic production and technology transfer; ensuring a strengthened, supported and fit-for-purpose health workforce; strengthening linkages across levels of care, including emergency care systems; and creation of learning health systems with prioritization of operational research.
- Integration of health emergencies and disaster risk management strategies, as well as public health emergency preparedness and capacity, at the PHC level in order for the response to be closer to affected communities who suffer from the brunt of disasters and health emergencies.
- Fully leveraging the underutilized potential in the Region with respect to traditional and complementary systems of medicine and innovations in digital technology.
- Strengthening partnerships, bilateral, multilateral and/or public–private partnerships as appropriate, to ensure the necessary infrastructure and resources, as well as to support the delivery of quality essential health services to all.

35. A strong primary health care-oriented health system is the basis for solid emergency response. Linkages between emergency response and the primary health care system must be ensured, with caution against creating parallel systems for the two (e.g., surveillance). COVID-19 Intra-Action Reviews as well as the new Universal Health and Preparedness Review can serve to identify priority actions aimed at strengthening health system resilience, particularly at the primary health care level. Investments in risk-informed development and strengthening of contingency and service continuity plans, including assessment of key health infrastructure for safety and viability during emergencies, health emergency-related capacity development of health workers, and effective referral and follow-up mechanisms are needed.

36. The Regional Office in collaboration with Member States and working across its departments, will develop a Regional Strategy on Primary Health Care to guide, support and monitor the required transformation to PHC-oriented systems in the Region. The Regional Strategy will adapt the PHC Operational Framework to the regional context and in the light of the lessons learnt in the Region and globally from the COVID-19 pandemic experience.

37. Through sustained focus on accelerating progress towards the Regional Flagship Priorities of UHC and health emergencies, the Regional Office will continue to assess, guide and provide technical support to Member States in maintaining essential health services and progressing towards achieving UHC and the health-related SDGs.

## **Conclusions**

38. The unprecedented scale and severity, as well as uncertainties, associated with the COVID-19 pandemic in the SEA Region provide the imperative to address longstanding weaknesses and gaps in health systems of the Region. Strong PHC-oriented health systems can serve as the foundation for building back better towards a post COVID-19 world. This will be a world where quality essential health services are delivered to all; public health emergency response is capacitated; and where universal health coverage and health-related SDGs are achieved. This will require significant commitment and action from Member States and strong and coordinated support from WHO. The WHO SEA Region, through its Flagship Priorities including on universal health coverage and health emergencies, is well placed and committed to providing such support.