Building the Foundations for Responsive Primary Health Care

Towards Available, Adaptable and Responsive PHC Systems

A PRACTICAL GUIDE FOR POLICYMAKERS

VillageReach®

Community health workers stand outside a community health center in Jalasi, Malawi. Photo Credit: Homeline Media

Letter from the President

Our ambition is bold: to help rebuild primary health care systems, ensuring that no one is left behind, especially those living in the hardest-to-reach communities.

The urgent realities of our time, marked by persistent inequities, emerging pandemics, demographic shifts, climate crises and fragile health infrastructures, demand that primary health care (PHC) systems evolve beyond traditional models. **For health systems to remain resilient and equitable in the prevailing landscape, they must be designed to anticipate, adapt and respond dynamically.** Responsive primary health care ensures that health systems are available where and when people need them, adapt to changing needs and emergencies and meaningfully respond to the needs of communities and voices of those historically left behind.

At VillageReach, this commitment to responsiveness is at the heart of our 2030 Strategy: we are investing in solutions that ensure health care reaches under-reached populations, particularly women, children and adolescents, who continue to face the greatest barriers to care. We are pioneering people-centered models, embedding community insights into system design and service delivery, scaling innovations such as digitally-enabled PHC and resilient supply chains and supporting governments to institutionalize reforms that build equity and resilience into the foundations of PHC.

But the reality remains; we cannot achieve this transformation alone. Responsive PHC requires collective action: from governments, funders, innovators, Africa's diaspora and communities themselves. It requires governance structures that empower decision-makers at every level; financing models that ensure equity and sustainability; a supported and well-distributed health workforce; service delivery innovations that extend care beyond brick-and-mortar facilities; supply chains that function even in the face of disruption; and data systems that illuminate who is being reached and who is being left behind.

VillageReach designed the Responsive Primary Health Care Reforms Technical Guide to support national governments and technical partners in assessing and reforming health systems to align with key principles of responsive PHC. This guide reflects our commitment to supporting governments and policymakers in advancing practical, evidence-based reforms that make health systems more responsive, equitable, and resilient. Anchored in the WHO's health systems building blocks and rooted in real-world lessons, this guide offers a roadmap to reform grounded in both global best practices and local realities.

As we move toward 2030, our ambition is bold: to help rebuild primary health care systems, ensuring that no one is left behind, especially those living in the hardest-to-reach communities. Together, we can advance this agenda, realizing health systems that not only survive crises but thrive; serving as a cornerstone for universal health coverage and sustainable development for generations to come. I invite all stakeholders: governments, civil society, donors and private sector partners—to use this guide as a springboard for bold reforms. Together, let's build PHC systems that leave no one behind.

Until we are all safe,
Dr. Ahmed Ogwell
President & CEO

Executive Summary

Health Technician discusses health and hygiene with community members in Jalasi, Malawi. Photo credit: Homeline Media.

Responsive Primary Health Care (RPHC) represents a transformative approach to strengthening health systems by ensuring that essential services are universally available, adaptable to changing demands and crises and responsive to community needs. In a time marked with rising health inequities, emerging diseases and global shocks like pandemics and climate change, RPHC offers a dynamic, people-centered framework to build resilient and equitable primary health care (PHC) systems.

This guide helps policymakers develop evidence-based strategies and implement sustainable solutions.

This guide equips policymakers, ministries of health and technical partners with practical tools to evaluate and reform PHC systems, drawing on the World Health Organization's six health system building blocks—leadership and governance, service delivery, health workforce, health information systems, medical products and technologies and health financing.

The guide provides a structured pathway for reforms, including assessing health systems, engaging stakeholders, developing evidence-based strategies and implementing sustainable solutions. By reimagining each health system building block through RPHC principles (i.e availability, adaptability and responsiveness), governments can address systemic weaknesses and prioritize equity, resilience and community engagement. Investing in RPHC should not be optional—it is a critical step toward achieving global health security, universal health coverage and sustainable development in an increasingly unpredictable world.

SECTION 1

Introduction

*RPHC ensures essential services are **available**, **adaptable**, and **responsive**—an approach that is both necessary and feasible.*

Responsive Primary Health Care (RPHC) is a transformative approach to health system strengthening that ensures essential services are ***available*** and accessible to all when needed, are ***adaptable*** to changes in demand, disasters and shocks, and are ***responsive*** to the needs of communities. As the world continues to face increasing health inequities, emerging diseases, demographic shifts and global health shocks such as pandemics and climate change, there is an urgent need for PHC systems that are not only robust but also dynamic and people centred. RPHC places primary health care at the frontline of service delivery, ensuring that health systems remain resilient, equitable and capable of addressing the diverse and changing health needs of populations.

While achieving a truly RPHC system may seem ambitious, it is both necessary and feasible. Countries such as Ghana, Peru and Zambia have demonstrated that targeted PHC reforms—from decentralized service delivery and community health workforce strengthening to innovative financing and digital health solutions—can significantly improve access, adaptability and responsiveness, leading to measurable health outcomes[1]. These examples provide valuable lessons on how governments can drive reforms tailored to their own health system contexts.

WHY RESPONSIVE PHC MATTERS NOW

The contemporary health landscape is increasingly defined by complex, intersecting challenges that threaten the stability and effectiveness of health systems worldwide. These changing dynamics necessitate a paradigm shift in how primary health care is conceptualized and delivered. Traditional PHC models, which are often facility-based and reactive, often fall short in responding to the rising burden of non-communicable diseases (NCDs), persistent infectious disease threats, climate-driven health crises and widening health inequities.

The COVID-19 pandemic further exposed vulnerabilities in health infrastructure, supply chains and workforce capacity.

The COVID-19 pandemic further exposed vulnerabilities in health infrastructure, supply chains and workforce capacity, underscoring the need for more flexible and integrated service delivery[2]. RPHC offers a more adaptive, community centred and preventive approach, ensuring that essential services remain accessible and resilient amid evolving demands. Evidence has demonstrated that responsive health systems contribute to better health outcomes by anticipating and adapting to current and future health needs[3].

Failure to modernize PHC to address these realities carries profound risks. Health systems that remain rigid and fragmented will struggle to meet growing demands, leading to increased preventable mortality, economic strain and further entrenchment of health disparities. The financial implications are substantial, with health emergencies costing the global economy billions of dollars due to lost productivity and emergency response expenditures[4].

1 Exemplars in Global Health, Primary Health Care. Available at: **https://www.exemplars.health/topics/primary-health-care**

2 Filip, R., et al. (2022). Global Challenges to Public Health Care Systems during the COVID-19 Pandemic: A Review of Pandemic Measures and Problems. Journal of personalized medicine, 12(8), 1295. Available at: **https://pmc.ncbi.nlm.nih.gov/articles/PMC9409667/**

3 Tolib Mirzoev, Sumit Kane - What is health systems responsiveness? Review of existing knowledge and proposed conceptual framework: BMJ Global Health 2017;2:e000486. Available at: **https://gh.bmj.com/content/2/4/e000486**

4 The World Bank. Economic Analysis: Technical Note AFE Health Emergency Preparedness, Response and Resilience MPA (P180127). Available at: **http://documents1.worldbank.org/curated/en/099433310162397541/pdf/SECBOS00d3ae4a090af870e8bab78dc000.pdf**

In low- and middle-income countries, these shocks can reverse gains toward universal health coverage and broader development goals. Beyond economic considerations, unresponsive health services erode public trust and diminish the capacity of systems to respond effectively to crises. The current moment, therefore, presents an opportunity to institutionalize reforms that will not only strengthen health systems for the present but also build long-term resilience against future challenges. Investing in responsive primary health care is not merely an option—it is a necessity for ensuring global health security, equity and long-term development.

PURPOSE OF THIS GUIDE

This guide is designed to support national and global policymakers, technical partners and ministries of health in evaluating and reforming their PHC systems to be more, resilient and people centred. Through a structured and practical framework, governments can:

I. **Understand the principles of responsive PHC**, including its core pillars—availability, adaptability and responsiveness—and how they contribute to stronger health systems.

II. **Assess current health system performance**, identifying strengths, weaknesses and opportunities for targeted reforms.

III. **Develop and implement policy and structural strategies** that embed responsive PHC principles into broader health system strengthening efforts.

SECTION 2

The Role of Health System Foundations

These building blocks provide the foundation for responsive PHC by ensuring that systems are well-integrated, resilient and people centred.

Responsive PHC cannot be achieved in isolation—it depends on a strong, well-functioning health system. Without robust system-wide structures, efforts to enhance PHC accessibility, adaptability and responsiveness will remain fragmented and unsustainable. This guide is, therefore, anchored in the World Health Organization's (WHO) six health system building blocks: leadership and governance, service delivery, health workforce, health information systems, access to medicines and technologies and health financing,[5] ensuring that responsive PHC is integrated across all key components of health system strengthening.

These building blocks provide the foundation for responsive PHC by ensuring that systems are well-integrated, resilient and people centred. To reform PHC effectively each block must be reimagined through the lens of availability, adaptability and responsiveness. Together, targeted policy and structural reforms across these interconnected components will enable sustainable systemic improvements in primary health care that meet communities' evolving needs.

5 WHO (2010). Monitoring the Building Blocks of Health Systems: A Handbook of Indicators and their Measurement Strategies. Available at: **https://apps.who.int/iris/bitstream/handle/10665/258734/9789241564052-eng.pdf**

SECTION 3

RPHC Reforms Case Studies and Exemplars

The following case studies, drawn from the Exemplars in Global Health[6] initiative, illustrate how targeted reforms can boost availability, adaptability and responsiveness in PHC systems. From Ghana's decentralized community health worker programs to Peru's innovative financing models and Zambia's integration of digital health solutions, these nations demonstrate practical strategies that have led to measurable improvements in health outcomes.

The case studies illustrate that there is no one-size-fits-all approach to PHC transformation. Successful reforms depend on identifying and addressing the most pressing weaknesses within a country's health system. Whether through governance restructuring, financial protection mechanisms, workforce development, service delivery innovations, or digital health integration, these reforms demonstrate that strategic, evidence-informed changes can significantly improve health outcomes.

ZAMBIA:

A COMMUNITY-DRIVEN, DATA-INFORMED APPROACH TO HEALTH CARE

Challenge: Health system inefficiency due to fragmented resource flows, limited local autonomy and weak integration of community health structures.

Health system reforms:

- Governance: Decentralised governance to District Health Management Teams and Neighbourhood Health Committees, empowering local planning.
- Financing & Health Information Systems (HIS): Results-based financing & HIS improvements were introduced to enhance accountability.

Outcomes: Under-five mortality dropped from 168 to 61 deaths per 1,000 live births and maternal mortality reduced from 649 to 213 deaths per 100,000 live births between 2000 and 2018.

GHANA:

FINANCIAL PROTECTION & COMMUNITY-BASED CARE FOR EQUITY

Challenge: Marginalised groups faced financial barriers, inefficient donor coordination and limited local authority in planning and delivery

Health system reforms:

- Financing: Introduced the National Health Insurance Scheme to reduce financial barriers and provide an essential health benefit package to all.
- Service delivery: Established the Community-Based Health Planning and Services program to decentralise health care, expanding services to under-reached communities.

Outcomes: By 2018, 54% of the population, including indigents, were covered by the NHIS. Under-five mortality reduced from 111 to 50 deaths per 1,000 live births.

6 Exemplars in Global Health, Primary Health Care. Available at: **https://www.exemplars.health/topics/primary-health-care**

PERU:

EMPOWERING COMMUNITIES & USING DATA TO REDUCE HEALTH INEQUITIES

Challenge: Rural areas and marginalised groups were deprioritised, leading to significant inequities in access.

Health system reforms:

- Governance: Established Local Health Administration Committees to empower communities in co-managing health resources and services, ensuring accountability and transparency.
- Financing: Expanded maternal and child health coverage through the Seguro Integral de Salud insurance program.

Outcomes: Neonatal mortality fell from 16 to 7 deaths per 1,000 live births and Maternal mortality from 185 to 88 deaths per 100,000 live births between 2000 and 2018.

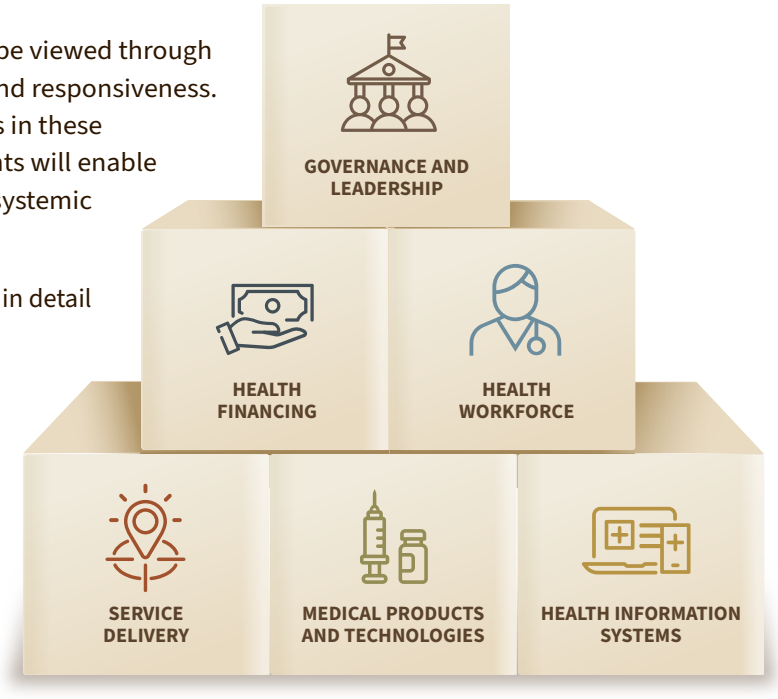
SECTION 4

Responsive PHC Through the Health Systems Building Blocks

As the Exemplar countries demonstrate, building responsive PHC requires a holistic health systems approach. Through the WHO's six building blocks of health systems, policymakers can assess, reform and strengthen their systems in alignment with RPHC principles.

Each building block must be viewed through availability, adaptability and responsiveness. Together, targeted reforms in these interconnected components will enable health systems to deliver systemic and sustainable RPHC.

The sections below explore in detail how each building block contributes to responsive PHC, providing guidance on identifying strengths, gaps and opportunities and offering actionable steps to align each building block with RPHC principles.



4.1. GOVERNANCE AND LEADERSHIP: DRIVING VISION AND ACCOUNTABILITY

Effective governance provides the vision, coordination and accountability necessary to operationalise responsive PHC. Governance frameworks enable strong policies, regulatory oversight and multisectoral collaboration that drive PHC reforms. Good leadership ensures that responsive PHC principles are institutionalized and sustained within national health strategies and foster collaboration and community engagement to create a shared sense of ownership, paving the way for sustainable, people-centred solutions that improve health outcomes.

	Key guiding questions to assess your health system
Availability	Are there dedicated units or bodies at the national and sub-national levels responsible for PHC planning, implementation and oversight?
	Do the leadership structures have adequate financial, human and technical resources to function effectively?
Adaptability	Are governance structures flexible enough to adapt during crises or shifts in health priorities?
	Are there mechanisms for cross-sectoral collaboration with ministries, CSOs and private actors?
Responsiveness	Are under-reached communities meaningfully engaged in designing, implementing and monitoring health policies and programs?
	Are accountability mechanisms such as citizen oversight bodies or scorecards, in place to track progress?

Actionable reforms *to strengthen leadership and governance*

1. ESTABLISH RESPONSIVE PHC GOVERNANCE BODIES

- Create inclusive national and sub-national committees with clear mandates, adequate funding and technical capacity to oversee RPHC reforms.

2. STRENGTHEN CROSS-SECTORAL COLLABORATION

- Establish formal partnerships across ministries and non-state actors (CSOs, private sector, communities) to address systemic challenges.

3. IMPLEMENT TRANSPARENCY AND ACCOUNTABILITY TOOLS

- Build effective governance systems anchored on ethics, accountability, transparency
- Institutionalise citizen scorecards, public reviews and performance dashboards to enhance accountability.

4.2. HEALTH FINANCING: BUILDING EQUITY AND SUSTAINABILITY

An equitable and sustainable financing system that raises adequate and predictable resources for health is essential for responsive PHC, enabling health systems to deliver high-quality care without imposing financial hardship on individuals. By prioritising innovative financing models, increasing domestic resource mobilisation and ensuring financial protection for vulnerable populations, health systems can achieve the financial resilience needed to RPHC. Flexible funding models help PHC systems adapt to emerging health challenges and shocks.

	Key guiding questions to assess your health system
Availability	Do current resources guarantee equitable access to the essential benefits package (including workforce costs)?
	How predictable and sufficient is government allocation for health services without external funding?
	What steps are in place to ensure sustainability for essential health services?
Adaptability	Do financing mechanisms allow for rapid reallocation of funds during emergencies or unexpected health needs?
	Are there contingency plans or reserve funds in place for crises?
	Are there innovative financing mechanisms to ensure adequate and resilient financing during shocks and crises?
Responsiveness	Are PHC resources equitably distributed across populations and regions?
	Do health budgets prioritise marginalised or under-reached groups, such as those in remote or fragile settings?
	Are financial resources addressing the most urgent needs of the population?
	Do financing mechanisms allow for community insights and accountability in resource allocation and spending?

Actionable reforms *to create a robust health financing framework*

1. STRENGTHEN DOMESTIC RESOURCE MOBILISATION

- Develop a strong investment case for RPHC, reflecting its value, economic returns and sustainability through economic analysis.

2. MITIGATE FINANCIAL RISKS THAT THREATEN HEALTH SYSTEM EFFECTIVENESS

- Conduct resource allocation analyses, using equity metrics (e.g. Gini coefficient) to identify disparities in financial allocations.
- Ensure annual health budgets include contingency funding for emergencies.

3. IMPLEMENT ADAPTIVE FINANCING TOOLS FOR HEALTH SYSTEM RESPONSIVENESS

- Create emergency health funds that can be rapidly accessed during crises.
- Incorporate flexible budget lines to fund shifting or emerging health needs.

4.3. HEALTH WORKFORCE: EMPOWERING FRONTLINE CARE

A skilled, motivated and well-distributed health workforce, including community health workers (CHWs), are at the frontline of care, bridging communities with the health system and delivering services tailored to local needs. By investing in continuous training, fostering digital literacy and staffing rural and under-reached communities, the health workforce can adapt to changing health needs while delivering patient-centred care. Responsive PHC systems ensure that community health workers, nurses and primary care providers have the skills and support to deliver patient centred, culturally appropriate and flexible care in routine and emergencies.

	Key guiding questions to assess your health system
Availability	Are there enough health workers to provide essential services to all, including under-reached communities?
	Are health workers consistently supplied with the necessary health supplies, and equipment, including at the last mile?
	Are health workers equipped with supportive tools, job aids, standard operating procedures, etc to carry out key tasks?
	Are there disparities in workforce distribution across regions or population groups?
Adaptability	Can workforce models adapt to crises or evolving health needs (e.g., CHWs, task shifting, emergency response teams)?
	Are health workers trained in cultural competence and crisis response for diverse populations?
Responsiveness	Are there mechanisms and tools that enable health workers to reflect the needs of under-reached communities, including language and cultural alignment?
	Are there supportive supervision mechanisms ensuring health workers have the support necessary to do their jobs effectively?

Actionable reforms *to create a skilled, motivated, well-resourced workforce*

1. CONDUCT AND RESPOND TO HEALTH LABOUR MARKET ANALYSIS

- Map current workforce distribution and identify regions or services with critical shortages, prioritising under-reached and remote areas.
- Develop a national, updated, geo-referenced master list of health workers, including CHWs and identify health workers who can be rapidly deployed during emergencies.

2. SCALE TRAINING IN ADAPTABILITY AND CRISIS RESPONSE

- Train health workers at all levels in emergency preparedness protocols, which may include task shifting and telehealth delivery models.
- Provide regular training on cultural competence and community engagement.

3. INTRODUCE RETENTION INCENTIVES

- Offer career progression opportunities, hardship allowances and mental health support to retain health workers in fragile and remote areas.
- Provide supportive supervision at all levels, ensuring health workers are provided with support and feedback in their work, as well as ensuring they have the right support (including digital tools) to carry out their work

4.4. SERVICE DELIVERY: MEETING COMMUNITIES WHERE THEY ARE

Responsive PHC relies on service delivery systems that are integrated, equitable, and patient-centred by ensuring that health services are accessible, high-quality, and designed to meet the evolving needs of communities. By fostering integration, community involvement, and quality improvement, health systems can deliver comprehensive services that improve health outcomes for all. A strong service delivery framework allows decentralized, community-based, and adaptable PHC models that respond to health demands efficiently.

	Key guiding questions to assess your health system
Availability	Have you clearly defined the essential health services needed by under-reached communities and do you review these regularly?
	Are there gaps in essential service coverage across and within regions or population groups?
Adaptability	Do service delivery models adapt to the needs of under-reached communities (mobile clinics, telehealth, task shifting etc)?
	Are clear plans in place to ensure continuity of care during crises and other unexpected disruptions?
Responsiveness	Are essential health services readily available to all groups, including marginalized and special groups?
	Do services reflect the preferences and needs of under-reached populations (e.g., language, cultural appropriateness)?

Actionable reforms *to enable patient-centred service delivery models*

1. DEFINE AND REVIEW ESSENTIAL SERVICE PACKAGE

- Develop essential service packages based on population health needs and regularly update to include emerging priorities.

2. INTRODUCE ADAPTIVE SERVICE DELIVERY MODELS

- Scale innovative models such as mobile clinics, telehealth platforms and task-shifting for under-reached regions.
- Develop service continuity plans for care delivery during health emergencies.

3. INSTITUTIONALISE COMMUNITY FEEDBACK LOOPS

- Use patient satisfaction surveys and community engagement mechanisms, such as community councils, to refine service delivery approaches.

4.5. MEDICAL PRODUCTS AND TECHNOLOGIES: ENSURING ACCESS TO ESSENTIAL HEALTH SUPPLIES FOR ALL, EVERYWHERE

Equitable access to essential medical products, vaccines and technologies is critical for responsive PHC, as it ensures PHC's ability to provide timely, cost-effective and equitable care. By strengthening procurement systems, improving supply chain efficiency and prioritising context-appropriate innovations, health systems can ensure that essential products are accessible, adaptable, and responsive to population needs.

	Key guiding questions to assess your health system
Availability	Are essential medicines and technologies consistently available at the point of care, particularly in remote or under-reached areas?
	Are supply chain gaps regularly and in a timely manner assessed and addressed?
Adaptability	Are there mechanisms to adapt supply chains during emergencies or unexpected demand spikes?
	Is there flexibility in procurement systems to respond to changing health priorities?
Responsiveness	Are under-reached populations equitably prioritised in the distribution of essential medicines and supplies?
	Are all health workers, including community health workers, trained to use new or emerging health technologies effectively?

***Actionable reforms** to an equitable, efficient medical supply chain for all*

1. CONDUCT COMPREHENSIVE SUPPLY CHAIN ASSESSMENTS

- Evaluate gaps in the availability of essential medicines and technologies, especially in remote areas.

2. DIVERSIFY AND DECENTRALISE PROCUREMENT SYSTEMS

- Decentralise procurement and storage systems to ensure rapid response and better accessibility in under-reached regions.

3. INCLUDE ALL HEALTH WORKERS IN SUPPLY CHAIN PLANNING

- Develop tools and workflows that empower health workers to relay critical information, such as stockouts or usage trends, to district health offices.

4. BUILD REAL-TIME DECISION-MAKING CAPACITY

- Train national and sub-national health leaders in data interpretation for strategic decision-making.

4.6. HEALTH INFORMATION SYSTEMS: DRIVING EVIDENCE-INFORMED DECISIONS

A robust Health Information System (HIS) enables evidence-informed decision making and adaptive responses to evolving health needs through real-time monitoring of health trends, rapid response to outbreaks and evidence-based policy adjustments. By prioritising an integrated, data-driven approach, HIS can foster equity, improve health outcomes and ensure the scalability of interventions such as telehealth.

	Key guiding questions to assess your health system
Availability	Does the HIS capture data from all providers, including CSOs and the private sector?
	Are digital health systems functional and interoperable across health systems players, regions and sectors?
Adaptability	Are HIS platforms resilient to disruptions, such as emergencies and other disruptions?
	Are there policies guiding the use of digital health technologies?
Responsiveness	Does the HIS collect and use data to address health inequities?
	Does the HIS enable real-time monitoring of health trends, rapid response to outbreaks and evidence-based policy adjustments?
	Are health workers, including community health workers, adequately trained in collecting, analysing and using data?

Actionable reforms *to facilitate evidence-based decision making*

1. DEVELOP LOCALISED HEALTH INFORMATION SYSTEM AND TELEHEALTH POLICIES

- Establish comprehensive national HIS and telehealth policies, ensuring alignment with broader health system goals and realities.
- Develop localised guidelines to address unique contextual challenges, including cultural and infrastructural barriers.

2. STANDARDISE AND DIGITISE DATA COLLECTION

- Ensure all providers (public, private, CSOs) use interoperable digital tools to collect health data.
- Include community-level data to capture insights from under-reached communities.

3. BUILD REAL-TIME DECISION-MAKING CAPACITY

- Invest in platforms that provide rapid health surveillance and crisis response analytics.

SECTION 5

Key Actionable Considerations for Policymakers

This section outlines a structured pathway to assess health systems, prioritize key reform areas and implement sustainable solutions that advance PHC availability adaptability and responsiveness.

1

CONDUCT A COMPREHENSIVE HEALTH SYSTEM ASSESSMENT

- Evaluate the health system using WHO's six building blocks: governance, financing, workforce, service delivery, medical products and information systems.
- Use data-driven tools, stakeholder consultations and community feedback to identify strengths, weaknesses and gaps.
- Assess routine performance and crisis adaptability, ensuring alignment with local needs, resource constraints and national health priorities.

2

ENGAGE STAKEHOLDERS AND BUILD CONSENSUS

- Involve relevant government agencies, healthcare providers, civil society and communities to gather insights and foster a shared vision for RPHC.
- Prioritize reforms based on feasibility, resources and national health goals.
- Ensure inclusive participation, particularly from under-reached populations, to build ownership and support for sustainable reforms.

3

DEVELOP A TARGETED REFORM AGENDA

- Identify key reform areas based on the assessment, focusing on health outcomes, equity and system resilience.
- Design an evidence-based strategy with clear objectives, measurable outcomes and alignment with national goals.
- Engage stakeholders in crafting interventions suited to cultural, economic and infrastructural contexts.
- Establish a phased implementation plan with pilot testing, continuous monitoring and adaptation.

4

STRENGTHEN POLICY, REGULATION AND INSTITUTIONAL CAPACITY

- Align policies with national health strategies and international best practices, reinforcing governance through accountability mechanisms.
- Secure sustainable financing from domestic and international sources while improving financial management for equity and transparency.
- Invest in workforce training, infrastructure and digital health innovations to enhance service delivery and long-term resilience.

5

IMPLEMENT REFORMS WITH MONITORING AND ADAPTATION

- Roll out reforms with pilot testing and use real-time data systems to track progress through KPIs and scorecards.
- Ensure accountability with governance mechanisms and oversight structures.
- Regularly refine strategies based on emerging data, stakeholder feedback and evolving health priorities.

6

FOSTER SUSTAINABILITY, RESILIENCE AND KNOWLEDGE SHARING

- Enhance system resilience through continuous training, digital innovations and strategic partnerships.
- Establish platforms for knowledge exchange, documenting lessons learned to refine and scale effective reforms.
- Maintain reforms as dynamic and evidence-driven, adapting to emerging health needs and challenges.

Esnati a CHW interacting with the mother Loveness who is carrying her child after the vaccination. Location Jalasi Health Centre, Mangochi. Photo credit: Homeline Media

SECTION 6

Conclusion

VillageReach's Freddy Nkosi shaking the hand of a provincial EPI coordinator in DRC. Photo credit: Hervé Loyck Kipulu

Responsive Primary Health Care is more than a reform agenda—it is a fundamental reimagining of how health systems can meet the evolving needs of populations in a complex and unpredictable global landscape.

In the present dynamic global health environment, health systems that fail to adapt risk deepening inequities, escalating costs and eroding public trust, with consequences that extend beyond health into economic and social stability. This guide equips policymakers with a clear, actionable framework to assess their systems, prioritize actionable reforms and implement sustainable solutions that align with local contexts and global best practices.

The time to act is now. Investing in responsive PHC is an investment in the well-being of current and future generations. Through deliberate, evidence-driven action, policymakers can lay the foundations for health systems that are not just reactive but truly responsive, ensuring that no one is left behind in the pursuit of a healthier, more secure world.

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