

Transforming Women's, Children's, and Adolescents' Health and Wellbeing through Primary Health Care

Despite significant improvements in health outcomes for women, children, and adolescents over recent decades, many have now stalled.^{1,2} There remains a substantive unfinished agenda of preventable mortality among women, children, and adolescents while at the same time, epidemiological shifts call for greater attention to noncommunicable diseases. Pregnancy and the first two decades of life provide a unique window of opportunity for supporting healthy growth and development, preventing health-related risks, and promoting health and wellbeing along the life course. The demographic dividend of improved survival will only be reaped if women, children, and adolescents are enabled to thrive, thereby building human capital that will reduce inequities and benefit current and future generations.

At the 2023 UN General Assembly, the High-Level Meeting on Universal Health Coverage (UHC) will provide an opportunity for member states to recommit to achieving UHC and Sustainable Development Goals by 2030.³ The WHO Director-General has called for a "radical reorientation of health systems towards Primary Health Care (PHC)".⁴ PHC is an approach consisting of three key components: integrated health services focused on primary care and essential public health functions; community engagement and empowerment; and multisectoral policy and action to address the broader determinants of health.^{5,6} Here we highlight what implementation of a transformative PHC approach will mean for women's, children's and adolescent health (WCAH) and nutrition from the perspective of Strategic and Technical Advisory Group of Experts (STAGE) for maternal, newborn, child, and adolescent health and nutrition, a group which advises the WHO Director General.

Both the PHC transformation and the Global Strategy for WCAH⁷ require a shift towards preventive, promotive, and protective functions in health services, and with involvement of communities and working across sectors. The strategy's 'Survive-Thrive and Transform' agenda requires enabling health system and multisectoral interventions, and a focus on prevention and the wellbeing of women, children, and adolescents. A continuum of care, starting with the health of prospective parents before conception, and sustained through all stages of a newborn, child, and adolescent's life, is central to this agenda, alongside attention to family and community support systems. It also requires investment in evidence-based intervention packages⁸ and essential public health functions⁹ that have demonstrated to have a lifelong impact on the health and well-being of individuals and of populations (panel).

Transforming from vertical programs and illness-centred care to a preventive, promotive and a life-course approach requires expansion and increased investment in community-based models of health care including for basic health services.¹⁰ Alongside provision of universal basic health services,¹¹ such systems are able to address the determinants that are associated with poor health outcomes and are embedded within in political, social, cultural, economic, environmental, and health system realities. Empowering individuals and communities to take control over their own health requires improving health literacy and expanding community roles in health governance and advocacy, service delivery, self-care,¹² and home-based care. Investing in accessible, effective, and quality community-based health services for maternal, child and adolescent health, nutrition, mental health, and including communicable and non-communicable diseases (NCDs) and injury risk reduction, will yield substantial returns across the life course.

A more integrated, community and multisectoral primary health care service model will be characterised by functional networks that provide comprehensive prevention and care services to a defined population and can be held accountable for the health status of the population that it

serves.¹³ Such service delivery models need to be supported by laws, policies, workforce capabilities and system capacities, and should be a driver of health policy in the coming decades. This will mean governments and partners recognising and overcoming barriers and challenges related to overemphasis on vertical programming and illness centred care, and inadequate financial and health workforce investment in capabilities for life-course interventions and community-based services.

Supporting PHC transformation for WCAH requires a commitment to values and investments in systems, services, workforce, and community engagement. A primary driver will be translating values of quality, equity, gender responsiveness, and accountability into systems and processes that place the needs and voices of communities at the centre of health policy, planning and services. In view of the 2023 UN High-Level Meeting (UN HLM) on UHC, we call upon political leaders and health partners to ensure that the PHC transformation emphasises health services for WCAH across the life-course, and makes the needed shifts in policy, governance, and investments to enable the transformation to take place. Leadership at all levels is required to shift mindsets, and reform laws, policies, resourcing, and governance processes to align models of prevention and care. This PHC transformation must accelerate now, to ensure access to essential health interventions and have a lifelong impact on the health and well-being of future generations.

WHO [Strategic and Technical Advisory Group of Experts for maternal, newborn, child, and adolescent health and nutrition \(STAGE\)](#).

Corresponding author: Caroline Homer (caroline.homer@burnet.edu.au)

We acknowledge John Grundy for his support in clarifying concepts around Primary Health Care.

FA reports travel and per diem to attend STAGE meetings (from WHO) and unpaid roles as President of the Arab Coalition for Adolescent Health and Medicine, Vice President (MENA Region) of the International Association for Adolescent Health, Board member of the Child Care Society, Saudi Arabia, Editorial Board Member of the Journal of Adolescent Health and Member of Adolescent Health Program Committee for the International Pediatric Association. JB reports grants to his institution from Wellcome, NIHR, and the Bill & Melinda Gates Foundation, is DSMB Chair for the Efficacy and safety of whole-body chlorhexidine cleansing in reducing bacterial skin colonisation of hospitalised neonates - a pilot trial” and the “Vitamin D in the treatment of complicated Severe Acute Malnutrition trial, and is Treasurer of the Commonwealth Association for Paediatric Gastroenterology & Nutrition (CAPGAN). JK reports travel support from the International Pediatric Association and the International Association for Adolescent Health, unpaid Treasurer and Executive Committee member of the International Pediatric Association and is President of the International Association for Adolescent Health. SP reports support from WHO for attending STAGE meetings. JS reports grants to her institution from NIHR and her role as Head Maternity and Midwifery Research for NHS England. SZ reports grants to his institution from Grants from Global Affairs Canada for capacity building projects; payment from the Ministry of the Attorney General for Ontario (Canada) for malnutrition related criminal trials; WHO support for travel and accommodation for STAGE meetings; voluntary membership of Advisory council – Grand Challenges Canada, Board member – Nutrition International) (Canada), Board Member – Save the Children Canada, and Editorial Board – American Journal of Clinical Nutrition.

All the other authors declare no other competing interests.

The members of STAGE are: Caroline Homer (Chair), Amanuel Abajobir, Kokila Agarwal, Rina Agustina, Fadia Albuhairan, Shabina Ariff, Narendra Kumar Arora, Richmond Aryeetey, Per Ashorn, Peter Azzopardi, Oliva Bazirete, Jay Berkley, Gary L Darmstadt, Kathryn Dewey, Trevor Duke, Faysal El Kak, Fyezah Jehan, Caroline Kabiru, Nuray Kanbur, Betty Kirkwood, Jonathan D. Klein, Daniel Martinez Garcia, Sjoerd Postma, Linda Richter, Jane Sandall, Auliya Suwantika, Nizam Uddin Ahmed, Peter Waiswa, Dilys Walker, and Stanley Zlotkin

Burnet Institute, Melbourne, Australia (CH); African Population and Health Research Center (APHRC), Nairobi, Kenya(AA); USAID Maternal Child Survival Program, Jhpiego, Washington DC, United States of America (KA); Department of Nutrition, Faculty of Medicine, Universitas Indonesia - Dr. Cipto Mangunkusumo General Hospital, Jakarta, Indonesia; and Human Nutrition Research Center, Indonesian Medical Education and Research Institute (HNRC-IMERI), Faculty of Medicine, Universitas Indonesia, Jakarta, Indonesia (RA); ; Health Sector Transformation Program; Alfaisal University, Riyadh, Saudi Arabia (FA); Aga Khan University, Karachi, Pakistan (SA); INCLEN Trust International, New Delhi, India (NKA); University of Ghana School of Public Health, Legon, Accra, Ghana (RA); Centre for Adolescent Health, Murdoch Children’s Research institute, Department of Paediatrics, University of Melbourne AND Adolescent Health and Wellbeing, Telethon Kids Institute, Adelaide, Australia.(PAz); Tampere University, Tampere, Finland (PAs); School of Nursing and Midwifery, College of Medicine and Health Sciences at the University of Rwanda/ Kigali, Rwanda (OB); KEMRI/Wellcome Trust Research Programme, Kenya & University of Oxford, UK (JB); Department of Pediatrics, Stanford University School of Medicine, Stanford, California, United States of America (GD); Department of Nutrition and Institute for Global Nutrition, University of California, CA, United States of America (KD); Centre for International Child Health, University of Melbourne, Melbourne, VIC, Australia (TD); Women Integrated Sexual Health (WISH) Program at the Department of Obstetrics Gynecology, American University of Beirut, Beirut, Lebanon (FEK); Department of Paediatrics and Child Health, Aga Khan University, Karachi, Pakistan (FJ); African Population and Health Research Center, Nairobi, Kenya (CK); Children’s Hospital of Eastern Ontario, University of Ottawa, Ottawa, ON, Canada (NK); Faculty of Epidemiology and Population Health, London School of Hygiene and Tropical Medicine, London, United Kingdom (BK); College of Medicine, University of Illinois at Chicago, United States of America (JDK); Neonatal Intensive Care and Migrant Health Units, Geneva University Hospital, Geneva, Switzerland. (DMG); Global Health Consultant, Monrovia, Liberia (SP); Centre of Excellence in Human Development, University of the Witwatersrand, Johannesburg, South Africa (LR); Department of Women and Children’s Health, School of Life Course Science, King’s College, London, United Kingdom (JS); Department of Pharmacology and Clinical Pharmacy, Faculty of Pharmacy, Universitas Padjadjaran, West Java, Indonesia (AS); Shastho Shurokkha Foundation and Gavi CSO Steering Committee, Dhaka, Bangladesh (NUA); Department of Health Policy, Planning and Management, Makerere University School of Public Health, Kampala, Republic of Uganda (PW); Center for Maternal Newborn Child Health, Institute for Global Health Sciences, University of California San Francisco, United States of America (DW); Department of Paediatrics, University of Toronto, Chief Global Child Health, The Hospital for Sick Children, Toronto, Canada (SZ)

Panel 1: Minimum Policy and Strategy Requirements for a PHC Approach for Women's, Childrens, Adolescents Health and Well Being

1. Commit to PHC-UHC through Laws, Rights Declarations, and Policies for comprehensive, equitable, quality, and rights based PHC Reforms
2. Develop policies for a life course approach with Intervention packages from pre-pregnancy, pregnancy, birth, postnatal, neonatal, child and adolescence including for nutrition and gender responsive reproductive health services.
3. Increase frequency and quality of ante and post-natal care, improved intrapartum care (including emergency care) delivered through models of midwifery continuity of care, and a set of interventions for essential newborn care and for small and sick newborn care, child and adolescent health, inclusive of immunization, nutrition, environmental health, and illness management.
4. Invest in nurturing care for children's development and in well child checks and adolescent health services, and ensure a continuum of care through multiple delivery platforms including in schools, community networks, and youth organizations according to local context.
5. Develop policies and guidance that integrates Essential Public Health Functions [prevention, promotion, protection, surveillance, emergency preparedness] into routine services.
6. Adopt family and community-centred approaches and model community-based care inclusive of multi-disciplinary health teams, networked across health service, community, and sector platforms.
7. Empower community and individual health decision making through promotion of self-care, peer support, and health literacy in primary care.
8. Mandate multisector collaborations for implementation of healthy public policy and community roles in health governance & services
9. Develop human resource capacities for essential public health functions and skills for life stage coordinated care and prevention.
10. Include life course services in health benefits packages, ensure accessible facility budgets, and expand models of financial and social protection

References need to be listed not as footnotes

- 1 Global Sustainable Development Report 2023 The Sustainable Development Goals Report Special edition <https://unstats.un.org/sdgs/report/2023/The-Sustainable-Development-Goals-Report-2023.pdf> [Accessed August 12th 2023]
- 2 Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO.
- 3 2023 UN High-level meeting (UN HLM) on Universal Health Coverage <https://www.uhc2030.org/un-hlm-2023/> [Accessed August 12th 2023]
- 4 Director-General's opening remarks at Strategic Roundtable: Radical reorientation of health systems towards primary health care as the foundation of universal health coverage – 25 May 2022 75th World Health Assembly <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-strategic-roundtable-at-the-75th-world-health-assembly---25-may-2022> [Accessed August 12th 2023]
- 5 Operational framework for primary health care: transforming vision into action. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2020. Licence: CC BY-NC-SA 3.0 IGO.
- 6 World Health Organisation Primary Health Care https://www.who.int/health-topics/primary-health-care#tab=tab_1. [Accessed August 12th 2023]
- 7 The Global Strategy For Women's, Children's And Adolescents' Health (2016-2030) https://platform.who.int/docs/default-source/mca-documents/rmncah/global-strategy/ewec-globalstrategyreport-200915.pdf?Status=Master&sfvrsn=b42b6d22_4 [Accessed August 12th 2023]
- 8 Investing in our future: a comprehensive agenda for the health and well-being of children and adolescents. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2021. Licence: CC BY-NC-SA 3.0 IGO. [Accessed August 12th 2023] <https://apps.who.int/iris/bitstream/handle/10665/350239/9789240037793-eng.pdf?sequence=1>
- 9 Operational framework for primary health care: transforming vision into action. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2020. Licence: CC BY-NC-SA 3.0 IGO.
- 10 Pham MD, Sawyer SM, Agius PA, Kennedy EC, Ansariadi A, Kaligis F, Wiguna T, Wulan NR, Devaera Y, Medise BE, Riyanti A, Wiweko B, Cini KI, Tran T, Fisher J, Luchters S, Azzopardi PS. Foregone health care in adolescents from school and community settings in Indonesia: a cross-sectional study. *Lancet Reg Health Southeast Asia*. 2023 Apr 6;13:100187. doi: 10.1016/j.lansea.2023.100187. PMID: 37383556; PMCID: PMC10305962.

11 Pham MD, Sawyer SM, Agius PA, Kennedy EC, Ansariadi A, Kaligis F, Wiguna T, Wulan NR, Devaera Y, Medise BE, Riyanti A, Wiweko B, Cini KI, Tran T, Fisher J, Luchters S, Azzopardi PS. Foregone health care in adolescents from school and community settings in Indonesia: a cross-sectional study. *Lancet Reg Health Southeast Asia*. 2023 Apr 6;13:100187. doi: 10.1016/j.lansea.2023.100187. PMID: 37383556; PMCID: PMC10305962.

12 World Health Organisation Self-care interventions for health https://www.who.int/health-topics/self-care#tab=tab_1 [Accessed August 12th 2023]

13 Operational framework for primary health care: transforming vision into action. Geneva: World Health Organization and the United Nations Children's Fund (UNICEF), 2020. Licence: CC BY-NC-SA 3.0 IGO.

