

Event Report

Scaling Integrated Primary Health Care for Universal Health Coverage: Challenges and Opportunities

24th June 2025

Event code: PHCC W1



PHCC
Primary Healthcare Coalition

Hosted by



<https://www.id-alliance.org/phc-coalition>

About this report

This report presents the key findings and discussions from the webinar "Scaling Integrated Healthcare for Universal Healthcare: Challenges and opportunities" organized by the Infectious Disease Alliance (IDA) under the Primary Healthcare Coalition (PHCC) on June 24, 2025. The webinar brought together leading experts in the field of global health, infectious diseases, and public policy to explore innovative to explore strategies for scaling integrated primary health care systems to achieve universal health coverage (UHC).

The event featured presentations by Ann Robins on Strengthening Primary Health Care for increased coverage of high impact interventions to reach every Child, Julius Rosenhan on Addressing disparities in access through a primary health care approach: Action to include persons with disabilities, and Boniface Mbuthia on Challenges and Opportunities in Scaling Integrated Healthcare in Kenya. A moderated Q&A session allowed participants to engage with the speakers, addressing critical challenges and potential solutions.

This report is structured to reflect the key themes discussed in the webinar. It provides an overview of the webinar's objectives, speakers, and structure and summarizes the key discussions and findings from the presentations. Last, it highlights engagement metrics, outlines the main takeaways, and presents actionable recommendations for policymakers, researchers, and stakeholders involved in global health initiatives. This report aims to serve as a resource for stakeholders committed to advancing Primary Health Care to achieve Universal Health Coverage for all.

***This webinar report was compiled by:
Athulya Pallipurath, PHCC Manager***



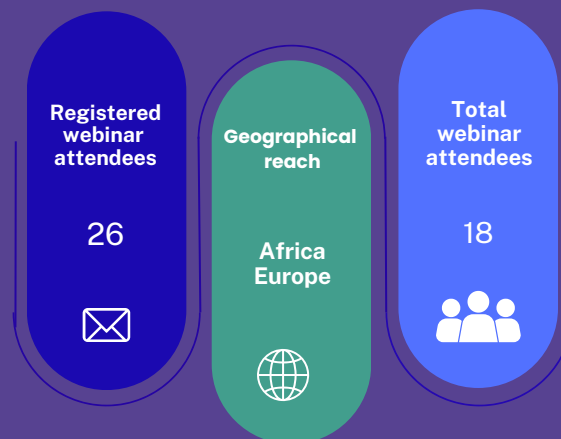
Background on Primary Healthcare

Primary health care (PHC) is a cornerstone of UHC, addressing the majority of a population's health needs through accessible, affordable, and equitable services. However, scaling PHC systems presents numerous challenges, including inadequate financing, workforce shortages, fragmented service delivery, and disparities in access for marginalized populations. According to the World Health Organization (WHO), nearly 50% of the global population lacks access to essential health services, while out-of-pocket health expenditures push approximately 100 million people into extreme poverty annually. These statistics highlight the urgent need for transformative, scalable solutions to bridge gaps in PHC systems and advance progress toward UHC.

This webinar served as a platform to explore the key challenges in strengthening PHC, highlight innovative strategies, and identify actionable solutions that can drive progress.

Introduction

On June 24th, 2025, the Infectious Disease Alliance (IDA) under the Primary Healthcare Coalition hosted a webinar titled "Scaling Integrated Healthcare for Universal Healthcare: Challenges and opportunities". The event featured leading experts who shared their insights on strategies to strengthen primary health care for all.



The objective of this webinar

The webinar aimed to

- Highlight the systemic and operational barriers hindering the scaling of integrated PHC systems.
- Provide a platform for experts, practitioners, and policymakers to share insights and research on innovative approaches, including digital health solutions, task-shifting, and community-led health initiatives, that can drive PHC expansion.
- Facilitate collaboration among organizations, researchers, and advocates to co-create sustainable solutions for advancing PHC within UHC frameworks.
- Promote inclusive policies, financing mechanisms, and programs that scale PHC systems for UHC.

Key speakers & topics

- **Ann Robins** - Strengthening Primary Health Care for increased coverage of high impact interventions to reach every Child
- **Julius Rosenhan** - Addressing disparities in access through a primary health care approach: Action to include persons with disabilities
- **Boniface Mbutia** - Challenges and Opportunities in Scaling Integrated Primary Healthcare

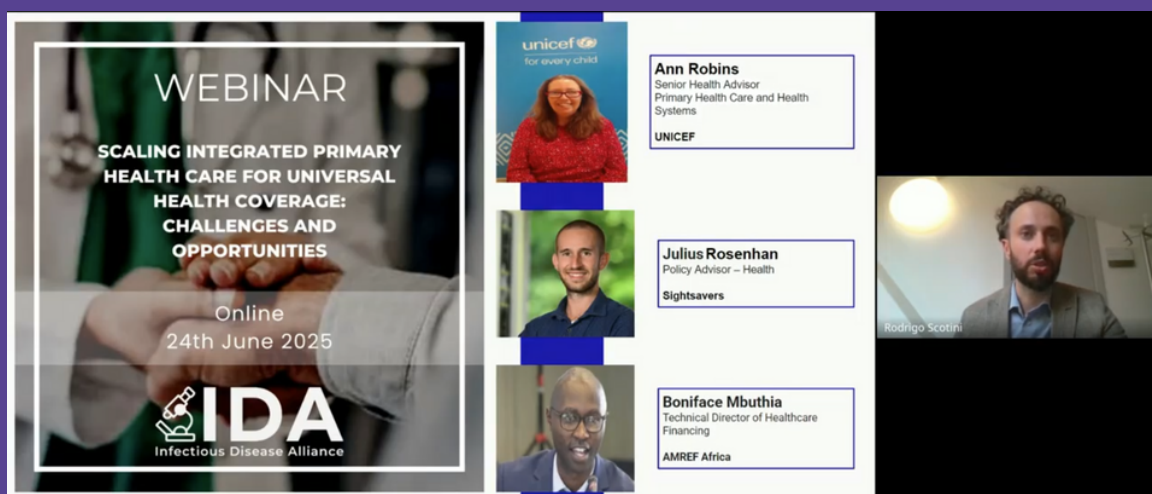


Figure 1: Introduction of the experts

Summary & key takeaways of the webinar

Ann Robins - Senior Health Advisor, Primary Health Care and Health Systems, UNICEF

Topic: Strengthening Primary Health Care for increased coverage of high impact interventions to reach every Child

Ann Robins highlighted the need to shift from disease-specific interventions to integrated health system strengthening. She noted that while vertical programs reduced child mortality and stunting until 2010, progress has since slowed due to population growth, workforce shortages, and systemic challenges like conflict and poor WASH conditions. She outlined UNICEF's approach, which includes embedded advocacy, task shifting, implementation research, and use of emergency funds for long-term impact. She also emphasized efforts to strengthen national supply chains through maturity assessments and to empower community health workers via the Community Health Delivery Partnership.

Key Takeaways

- There is a need to shift from intervention-specific programs to integrated health system strengthening.
- Sustainable improvements must be anchored in government-led institutional systems that can deliver equitable, integrated care.
- Structural barriers such as malnutrition, poor WASH, and fragile settings require more than high-impact interventions — they demand systemic solutions.
- Strengthening national supply chains involves identifying systemic bottlenecks such as customs processes and data integration, and addressing them at scale.
- Empowerment of community health workers should be through entrepreneurship, implementation research, and behavior change.

The screenshot shows a Zoom webinar interface. The main window displays a presentation slide titled "Approach to UHC, health & well-being through PHC, based on strong health systems". The slide content includes:

- Primary health care, as defined for Astana, 2018**: A central graphic showing a triangle with "HEALTH & WELL-BEING" at the center, surrounded by "Multisectoral policy & systems", "Governmental leadership & accountability", and "Primary care & essential public health functions as the core of integrated health services".
- Supporting factors**: Food Systems, Child Protection, WASH, Education Systems, Social Protection, Engagement of communities and other stakeholders, and Social Accountability.
- Integrated primary care and EPHP: I.e. Health, Nutrition, HIV & ECD services, near where people live & work**.
- Supported by HSS at national, sub-national and community levels in the seven key areas below**: Medicines, other health products, and supply chain strengthening; Model of Care and Systems for Improving the Quality of Care; Digital Health; Governance and policy frameworks, M&E, PHC Research; Engagement with private-sector providers; Funding and allocation of resources; and PHC workforce incl. CHWs.

The right side of the interface shows a grid of participant video feeds. The top row includes Luke Mottolese, Boniface Mbutia, and Athulya Pallipurath. The bottom row includes Rodrigo Scotini, Julius Rosenhan, Praise Saint-John, Efremlia Georgia Konstant..., 5 others, and Infectious Disease AI... The bottom status bar shows the time as 2:41 PM and the webinar title as "IDA Webinar -Scaling Integrated Pr...".

Figure 2: Ann Robin's Keynote Speaker Presentation

Julius Rosenhan- Policy Advisor – Health, Sightsavers

Topic - Addressing disparities in access through a primary health care approach: Action to include persons with disabilities

Julius Rosenhan emphasized the critical importance of embedding disability inclusion within health system strengthening efforts to achieve Universal Health Coverage (UHC). Drawing from his work with WHO and Sightsavers, he highlighted that nearly 1.3 billion people—1 in 6 globally—live with disabilities, yet they face persistent systemic barriers in accessing health services. These challenges stem not from impairments themselves, but from structural inequities, stigmatization, poor infrastructure, lack of disaggregated data, and the absence of disability considerations in policy and planning. He shared insights from ongoing work in countries like Tanzania, Kenya, Nigeria through the Disability Inclusion Guide for Action, which involves stakeholder consultations, system assessments, and national action plans.

Key Takeaways

- Disability inclusion is essential for achieving UHC and must be integrated across all health system components.
- Structural and social determinants—not impairments—are primary barriers to health for persons with disabilities.
- Systems must collect and use disability-disaggregated data to improve accountability and equity.
- Inclusion efforts require measurable targets and participation from organizations of persons with disabilities.
- A multisectoral, intersectional, and human-centered approach is key to building resilient, inclusive health systems that serve all.

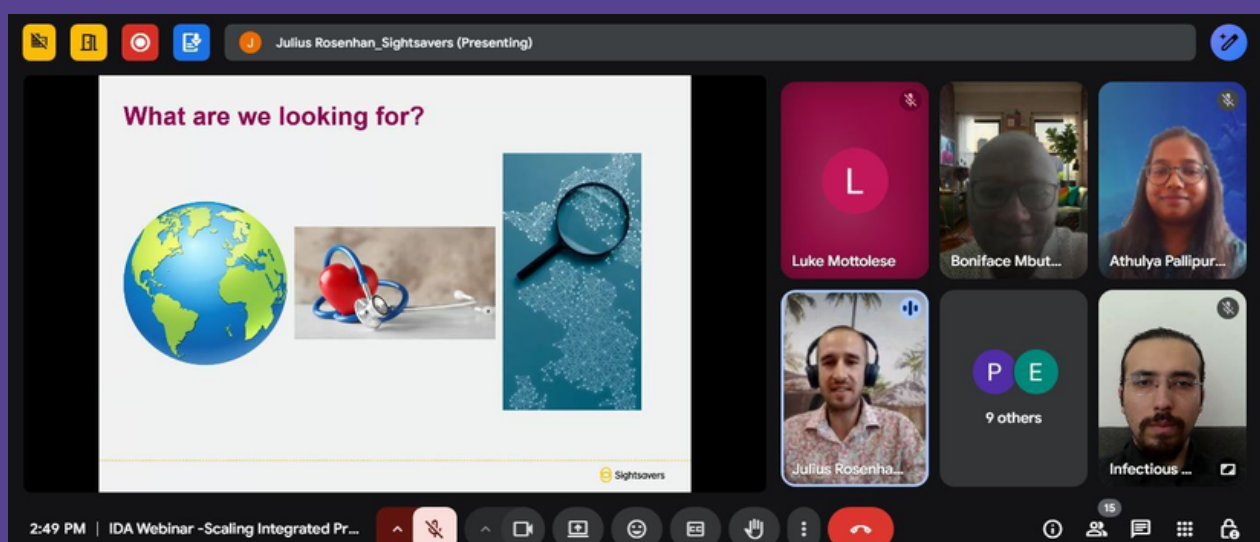


Figure 3: Julius Rosenhan’s Keynote Speaker Presentation

Boniface Mbuthia, Technical Director of Healthcare Financing, AMREF Africa

Topic: Challenges and Opportunities in Scaling Integrated Healthcare

Boniface Mbuthia emphasized the need for a system-focused, integrated approach to Primary Health Care (PHC) in the drive toward Universal Health Coverage (UHC). He highlighted how health systems in low- and middle-income countries, particularly in Africa, continue to face fragmentation, underfunding, and inequality—challenges compounded by low domestic financing and reliance on external aid or out-of-pocket spending. Drawing on the case of Kenya's integration of HIV care into PHC, Boniface illustrated the benefits of decentralization, community engagement, and coordinated service delivery models like the hub-and-spoke approach.

He noted that integration improves resource efficiency and equity but requires sustainable funding, adequate human resources, strong supply chains, and interoperable data systems. He underscored that real-time, disaggregated data is essential for performance monitoring and informed decision-making. Finally, Boniface called for strategic health financing reforms, learning across countries, and leveraging political momentum—such as the Lusaka Agenda and global UHC commitments—to accelerate integration.

Key Takeaways

- Sustainable, domestically financed health systems are vital for effective PHC and UHC.
- Real-time, patient-centered data systems are critical for improving health outcomes and accountability.
- Health workforce gaps must be addressed to ensure equitable access.
- Cross-country learning and leveraging global/regional political momentum can support system-wide reform and integration.

The screenshot shows a Zoom webinar interface. The main window displays a presentation slide titled "Background:" with the AMREF logo. The slide content includes a Venn diagram with three overlapping circles labeled "UNIVERSAL HEALTH COVERAGE", "HEALTHY EMERGENCIES", and "HEALTH AND WELL-BEING". The text in the circles is: "One billion more people benefiting from", "One billion more people under protection from", and "One billion more people enjoying better". To the right of the diagram, a bulleted list states: "Global health systems sets an ambitious target for member countries towards UHC", "Mixed results increased life's expectancy, reduction child mortality and more people on HIV treatment", "50% global population face challenged access to health services, increased high impact health emergencies", "Increased fragility increasing determinants of health & inequalities", and "LMICs situation exacerbated by the health systems fragmentation, under-funding, inequalities and a changing health financing landscape". The bottom of the slide shows the URL "www.amref.org".

On the right side of the screen, a grid of participants is visible. The top row includes Athulya Pallipurath, Boniface Mbuthia, and Julius Rosenhau. Below them are Sylvester Newton, Luke Mottlesse, and Praise Saint-john. Further down are Efremlia Georgia Konstant..., a group of 8 others, and the Infectious Disease Alliance (IDA). The bottom status bar shows the time as 3:14 PM and the webinar title "IDA Webinar - Scaling Integrated Pr...".

Figure 4: Boniface Mbuthia's Keynote Speaker Presentation

Questions and Answers Session

Following the speaker presentation, the floor was opened for questions from the webinar attendees and participants. Key takeaways from the Q and A session include:

- **Data Quality, Visibility, and Use in Integrated PHC:**
 - It is important that the data being available in the right format, transitioning from aggregated data to patient-centered data, especially for understanding epidemiological trends and informing service delivery.
 - Data collection must include disability status, using trained personnel and standardized methods.
 - Country investment in subnational data systems is needed, and waiting for “perfect” global datasets is impractical.
 - Use of existing country-level data, such as staffing standards and vacancy rates is important. and building on it rather than overlooking it.
- **Strengthening Country-Led Systems Amid Political Challenges:**
 - A real shift to country leadership is essential, not just in name but in decision-making and ownership.
 - There is a call for financing mechanisms that empower and enable country-led approaches.
 - Another important layer is mutual accountability, where increased country leadership is met with expectations of domestic investment.
- **Role and Sustainability of Community Health Workers (CHWs):**
 - There is a need to professionalize CHWs — proper training, fair compensation, and career pathways.
 - Many CHWs are women, often unpaid, which reflects systemic inequities that must be addressed.
 - CHWs should be well integrated into the broader health system, including information exchange with health facilities.

Plan for continued engagement

- **Follow-up communication:** Share a post-event package with participants, including the event report, recording, and next steps.
- **Stakeholder network development:** Establish a platform for continued dialogue and collaboration among participants.
- **Periodic webinars and workshops:** Organize follow-up events to monitor progress and explore new innovations in achieving UHC
- **Annual convening:** Build momentum for an annual event to evaluate progress and share best practices in strengthening PHC.

Call to action

Dear Global Health leaders, policymakers, and advocates,

We stand at a critical juncture in the effort to transform health systems to be more resilient, integrated and equitable. Despite the progress made in expanding health service coverage pertaining to communicable disease, some countries face a disproportionate burden and many of the gains made over the past decade have stalled or reversed in the wake of the COVID-19 pandemic. Diseases such as HIV/AIDS, tuberculosis, malaria, hepatitis, and neglected tropical diseases continue to disproportionately affect marginalized communities, deepening existing inequities.

The Crisis at Hand

Nearly half the global population still lacks access to essential health services. Each year, around 100 million people are pushed into extreme poverty due to out-of-pocket healthcare costs. Despite global consensus on the importance of Primary Health Care (PHC) as the foundation for Universal Health Coverage (UHC), systemic barriers such as underfinancing, workforce shortages, fragmented delivery, political shift in global health funding and inequity continue to stifle PHC expansion.

With climate change, pandemics, and rising burdens of infectious diseases, scaling equitable, resilient, and integrated PHC is not just a health priority—it's a moral and economic imperative.

The Consequences of Inaction

Failure to act swiftly and decisively will have severe repercussions:

- Health inequalities will widen, disproportionately affecting marginalized populations.
- Weak PHC systems will remain ill-equipped for disease prevention, pandemic preparedness, and chronic care.
- Countries will face unsustainable healthcare costs, stagnating progress toward SDG 3.8 and 3.3.
- Public trust in health systems will erode further, weakening response to emerging health threats.

Why this matters for Global Health security

Integrated PHC is the keystone of a resilient, people-centered, and inclusive health system. Investing in PHC improves health security, and ensures intersectoral engagement.

Yet, critical policy gaps, R&D underfunding, regulatory fragmentation, and siloed health approaches undermine this potential. A global movement for multisectoral collaboration is essential.

IDA's Call to Action

We urge governments, policy makers, scientists, public health professionals to take immediate action:

- **Governments & Policymakers:**
 - Embed PHC in UHC commitments with equity-focused targets.
 - Scale financing mechanisms for integrated, community-led PHC delivery.
 - Develop cross-sectoral governance frameworks aligned with One Health and pandemic preparedness.
 - Ensure regulatory coherence and accountability mechanisms for PHC implementation and health workforce sustainability.
- **Global Health Donors and Funders**
 - Prioritize R&D funding for scalable, digital, and context-specific PHC innovations.
 - Support data systems, surveillance, and interoperability to strengthen early detection and response.
 - Expand investment in gender-responsive and climate-adaptive PHC models, particularly in LMICs.
- **Health Professionals and PHC Providers:**
 - Lead task-sharing initiatives to bridge human resource gaps.
 - Champion culturally sensitive care models that address stigma, discrimination, and accessibility.
 - Engage in digital health adoption to expand reach in underserved communities.
- **Researchers & Scientists:**
 - Generate disaggregated, equity-focused PHC evidence, especially on marginalized groups.
 - Evaluate implementation models and identify best practices for PHC integration.
 - Contribute to policy briefs and multisectoral forums to inform real-world decisions.
- **Consumers & Civil Society:**
 - Co-create PHC delivery models with community leadership.
 - Hold policymakers accountable for inclusive PHC planning and delivery.
 - Raise awareness and foster demand for equitable and quality primary care services.

Time is Running Out. Act Now!

This is a critical moment to reshape our approach to health systems—moving from reactive to resilient, fragmented to integrated, and exclusionary to equitable. Every delay in scaling primary health care leaves millions without access, undermines health security, and threatens global development. Urgent action is needed to invest in inclusive PHC systems, strengthen health infrastructure, and ensure no one is left behind.

Join the Movement:

- ✓ Sign the call to action—advocate for integrated, equitable PHC systems.
- ✓ Fund and support PHC innovation—drive digital and community-led solutions.

Join the Primary Healthcare Coalition:

The Primary Healthcare Coalition (PHCC) is a global, inclusive advocacy platform dedicated to advancing primary healthcare (PHC) as a foundation of universal health coverage and resilient health systems. Hosted by the Infectious Disease Alliance (IDA), the coalition convenes civil society, governments, multilateral institutions, donors, the private sector, and communities to champion policy, financing, and implementation strategies that make integrated care a reality for all.

To know more about the coalition, visit the website by clicking [here](#) or write to us at the following email address: info@id-alliance.org

 **Change starts now. Register. Endorse. Act.**

Help us scale a future where no one is left behind in the path to health.

[Click here to Sign the Call to Action](#)

[Click here to download and watch the recording of the webinar](#)