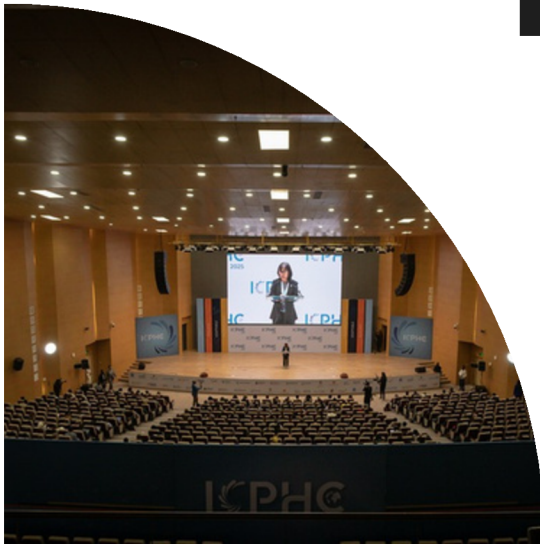




ICPHC 2025 REPORT



OCT 6
TO
OCT 10

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I. Introduction

The International Conference on Primary Health Care (ICPHC) 2025, organized by the International Institute for Primary Health Care - Ethiopia (IPHC-E), the Ethiopian Ministry of Health, and the Johns Hopkins Bloomberg School of Public Health, successfully convened from October 6-10.

Building on ICPHC 2023, it served as a vital platform for global PHC advocates, policymakers and researchers to exchange knowledge, foster evidence-based advocacy, and inform decision-making, amplifying the call for strong, resilient PHC systems worldwide.

The event began with an opening ceremony at the historic Adwa Museum, followed by intensive scientific sessions, plenaries, and workshops at the Skylight Hotel.

This report summarizes the key proceedings, insights, and recommendations that emerged.



A man with glasses and a lanyard is speaking at a conference. He is wearing a dark suit jacket and a light-colored shirt. A microphone is in front of him. He has a lanyard around his neck with a badge that says "ICPHG" and "SPEAKER". The background is a plain wall. There are two vertical orange lines, one above and one below the text.

The conference provided a rich platform for dialogue among policymakers, researchers, community leaders, and development partners, highlighting how health outcomes are intricately linked to actions across multiple sectors.

II. Conference Overview and Program Highlights

ICPHC 2025 was a comprehensive five-day event designed to facilitate deep discussion and collaboration.

It opened with impactful keynote remarks from global health leaders, including H.E. Dr. Mekdes Daba (Ethiopia's Minister of Health), H.E. Dr. Jean Kaseya (Director General of Africa CDC), and Dr. Tom Frieden (President and CEO of Resolve to Save Lives), setting a high-level strategic tone.

01 Global Knowledge Exchange

The conference facilitated extensive knowledge sharing through more than **175 diverse sessions**, including plenaries, workshops, and roundtable discussions on key PHC topics. A poster display featured **26 cutting-edge global research presentations**.



02 Strategic Dialogue and Meaningful Connections

ICPHC 2025 served as a hub for strategic dialogue with over **15 ad hoc bilateral meetings and side events**. Highlights included a convening of **over 45 African PHC directors and CHWs**, and an interactive session on Nigeria's health reforms. Networking was fostered through dedicated sessions, informal breaks, side meetings, and a gallery walk, connecting **384 unique speakers** and hundreds of attendees.





03 Practical Application and Capacity Building

Thematic tracks addressed core PHC challenges through expert discussions on innovation, financing, and service integration. Four **field visits** offered practical insights into health systems in action. **Participatory workshops** focused on essential tools like the WHO HEARTS package and the 7-1-7 framework, strengthening participant capacity.

04 Amplifying Frontline Impact and Recognition:

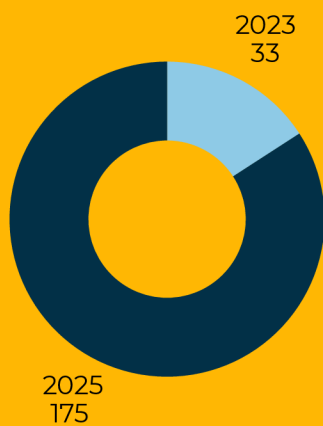
A powerful closing plenary **championed community health workers** from five African nations and recognized **PHC champions**.



2023 VS 2025

The 2025 conference represented a strategic scale-up from 2023, translating broader participation into tangible progress.

It expanded from three days in 2023 to five days, enabling a deeper and more ambitious program and directly driving significant increases in speakers, sessions, and data.



175

Sessions

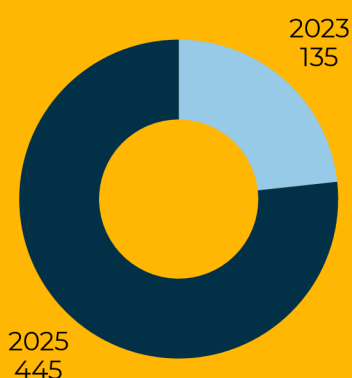
Building on earlier groundwork, the conference marked a major expansion in scope, offering 175 sessions that enabled a comprehensive exploration of primary health care.



384

Speakers


This expansion was driven by 384 global speakers, who enriched the dialogue with diverse expertise.



445

Abstracts

The surge to 445 abstracts provided a richer base of evidence and case studies, transforming the conference into an engine for actionable insights that advance the global mission for equitable and resilient primary health care.

A woman with dark hair and glasses is speaking at a podium. She is wearing a dark blazer and a blue lanyard with a badge. The podium has a microphone and some papers. The background is a light blue wall. The text is overlaid on the image in white, with some words in bold.

This trajectory from a virtual pre-conference to a major hybrid event with **a dominant in-person** component illustrates the **growing momentum** behind the **conference's mission to strengthen the PHC movement globally.**

III. Attendance & Demographics

ICPHC 2025 successfully convened **965 dedicated and diverse global participants**. Its demographic profile strongly affirmed the conference's core mission: to serve as **a unified platform "by LMICs, for LMICs," fostering multisectoral collaboration** to advance comprehensive primary health care.

1. Geographic Distribution: A Strong LMIC-Led Assembly

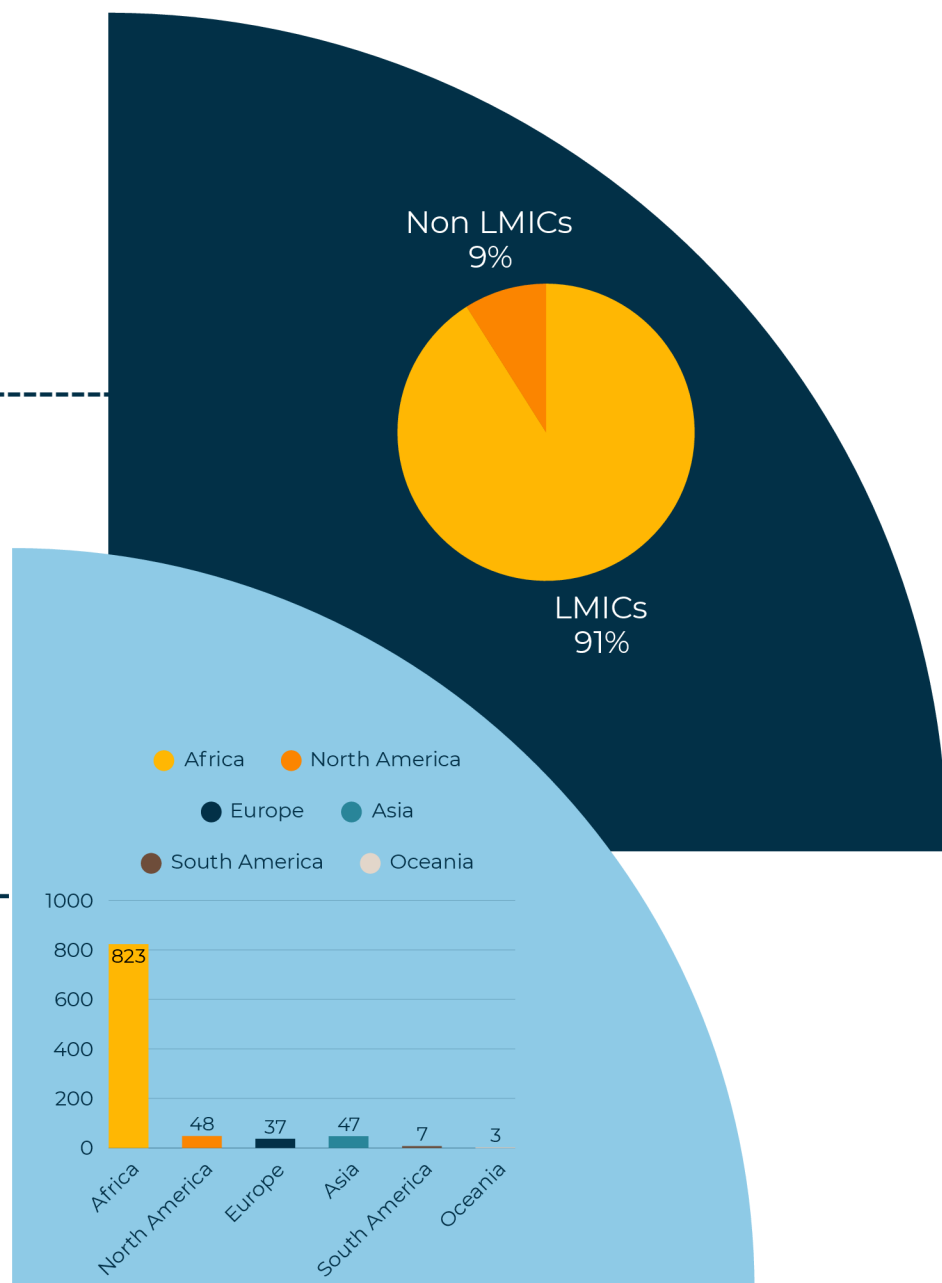
The ICPHC 2025 participant data unequivocally underscores the conference's success in centering the voices and experiences of LMICs, reinforcing its role as a vital experience-sharing platform.

OVERWHELMING LMIC REPRESENTATION

Participants from Africa, Asia, and South America—regions **predominantly composed of LMICs**—together accounted for the vast majority of attendees.

AFRICAN LEADERSHIP

Africa was the dominant region of representation, with **823 participants (84.4%)**. This aligns perfectly with the conference's strategic focus on addressing the unique challenges and delivering effective PHC services in these settings.



2. Sector and Affiliation: A Multisectoral Forum for Collaboration

The diversity of participant affiliations created the ideal "melting pot of ideas" necessary for cross-sectoral learning, directly supporting the conference's objective to "strengthen inter-sectoral collaborations"



36%

Public Sector as the Core

Combined, participants from Government (157), Ministry Offices (112), and Multilateral Agencies (75) formed a substantial bloc of 344 individuals (36%). This level of engagement was crucial for advancing policy advocacy and driving investments in PHC.

32%

Development/ Humanitarian Sector Engagement

The NGO (142) and INGO (169) sectors collectively contributed 311 participants (32%), bringing essential grassroots perspectives and community-level implementation insights into the dialogue.

**9.1%
&
5.8%**

Academic and Private Sector Voices

Academic Organizations (88 participants, 9.1%) provided the evidence base for discussions, while the Private Sector (56 participants, 5.8%) represented a key partner in innovation and resource mobilization.

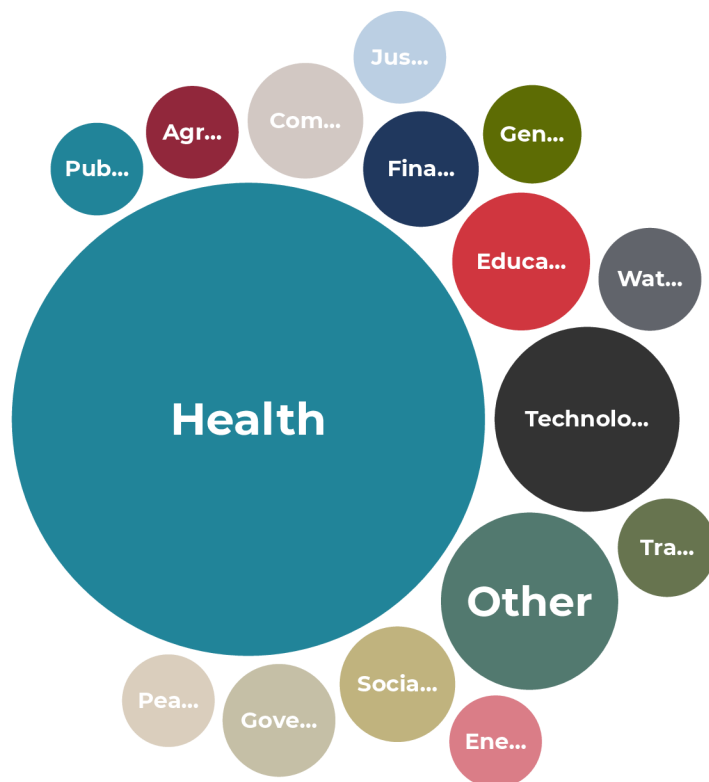


3. Thematic Focus: Centering Health with Room for Cross-Cutting Enablers

The primary professional focus of participants highlights the conference's core mission while pointing to the essential integration of broader social determinants.

Dominant Focus on Health: With 676 participants (76%), the Health category emerged as the leading issue area, affirming that the conference successfully reached its core audience of PHC professionals, policymakers, and researchers.

Emerging Intersectoral Links: The presence of participants focused on Technology and Digital Access (28), Education (15), and Finance (7) is encouraging. These areas represent the critical enablers and social determinants of health that the conference seeks to integrate into the PHC conversation.





4. Comparative Growth: Building a Sustained Global Movement

The ICPHC series has demonstrated consistent growth and increasing global reach, cementing its role as a key platform for the PHC community.

2022

VIRTUAL PRE-CONFERENCE

The series began with a strong virtual foundation, engaging **600 attendees** from over **70 countries**.

2023

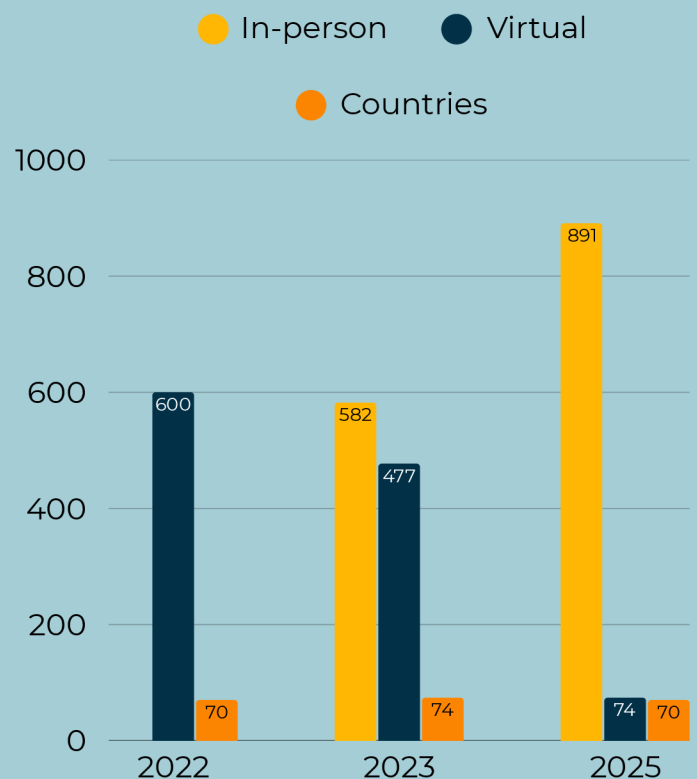
1ST HYBRID


The conference expanded significantly to **1,072 total attendees** from **74 countries**, with a robust in-person contingent of **582 participants**, signaling a strong desire for face-to-face collaboration.

2025

2ND HYBRID

ICPHC 2025 marks a new milestone with **965 total participants**. Crucially, the **in-person attendance** has surged to **891 participants from 70 countries**, underscoring the conference's escalating importance as a must-attend, physical convening for the global PHC community.





Health **cannot stand alone**,
and health outcomes are
determined by different
factors that need
multisectoral interventions.
This strengthened my belief
on the need of multisectoral
collaboration within and out
of one's organization.

IV. **Key** Achievements and Outcomes

The ICPHC 2025 was not merely a discussion forum but a catalytic event that generated tangible outcomes and a clear path forward for the global Primary Health Care (PHC) movement.

1- Achievement of **Objectives**

90%

Strengthened Understanding

Over 90% of respondents reported a significant (rated 4 or 5 on a 5-point scale) strengthening of their understanding of PHC's role in achieving UHC and the health-related SDGs.

90%

Knowledge Application & Dessimination

An estimated 90% or more of respondents are "very likely" (rating of 4 or 5 on the 5-point scale) to apply the learnings in their work and share them within their organizations, ensuring a powerful multiplier effect.

95%

Galvanizing the Movement

95% of respondents believe the conference will contribute to strengthening the global PHC movement, citing the renewed energy, shared commitment, and powerful networking as key drivers.

2- Major themes discussed and **Key takeaways**

A clear consensus emerged around several foundational pillars for resilient PHC systems:

Multisectoral Collaboration:

Resilient PHC requires mandatory, structured cooperation with non-health sectors like education, agriculture, WASH, and finance, as health outcomes are multi-determined.



Community Empowerment:

PHC must be people-centered, empowering communities as active partners and professionally integrating, compensating, and equipping CHWs



Multisectoral Collaboration
Community Empowerment
Digitalization
Domestic Financing



Sustainable Domestic Financing:

Urgent need for sustainable domestic financing and local resource mobilization, including meeting the Abuja Declaration's 15% health budget target, to reduce external dependency and ensure health sovereignty



Innovation and Digitalization:

Digital tools are essential for improving equity and efficiency in low- and middle-income countries (LMICs).

3- New Partnerships/Alliances Forged

The conference served as a fertile ground for collaboration. Survey respondents reported:

✓ **FORMALIZING LOCAL COLLABORATION**

Many are planning to establish "**intersectoral task forces**" at the community level, bringing together local health offices, schools, and agricultural bureaus.

✓ **CROSS-BORDER KNOWLEDGE EXCHANGE**

Connections were made between Ethiopian health officials and other African nations to share models like the Health Extension Program.



✓ **IMPLEMENTER-DONOR LINKAGES**

NGOs and implementers connected with potential donor organizations to pitch innovative solutions discussed in sessions.

✓ **CHW NETWORK FORMATION**

Inspired by the conference, a Community Health Worker from The Gambia is now planning to form a national CHW association to advocate for their rights and development.





4- Policy Recommendations Developed



1

Integrate Mental Health into PHC

A clear call was made to make mental health and psychosocial support a routine part of primary care services.

2

Formalize and Finance the CHW Workforce:

There is a strong recommendation for governments to formally employ, train, and provide career paths for CHWs, integrating them into the public health workforce.

3

Adopt the "Lusaka Agenda":

The agenda, which emphasizes country-led, equitable, and sustainable health initiatives, was repeatedly endorsed as a guiding framework for future PHC investments and programs.

4

Invest in Digital Public Health Infrastructure:

Policymakers were urged to invest in centralized, interoperable digital health systems for data collection, patient tracking, and decision support.

5-Significant Announcements or Launches

01

Showcasing the Ethiopian PHC Reform Model: The conference served as a global launchpad for detailed case studies and lessons from Ethiopia's PHC reform, positioning it as a learning model for other LMICs.

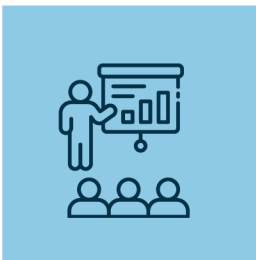
02

Amplification of the "Lusaka Agenda": The event significantly raised the profile and understanding of this agenda among a wide range of implementers and policymakers.

03

Spotlight on AI and Digital Innovations: Several new digital health platforms and AI tools for PHC, such as specific mHealth applications for CHWs and AI-powered diagnostic devices, were showcased, generating interest and potential for scaling.

6-Knowledge Products Generated



Presentation Abstracts & Proceedings

A compilation of all scientific abstracts from concurrent sessions, roundtables, and poster presentations.



Session Recordings & Slide Decks

Recordings of key sessions were made available to participants, with many requests for these to be shared more widely post-conference.



The "ICPHC 2025 Call to Action"

A Call to Action was developed to capture key conference recommendations and areas of consensus, providing a unified roadmap for strengthening PHC.

A woman with short dark hair, wearing a patterned blue and yellow shirt and a lanyard with an ICPHC badge, is speaking at a conference. She is looking towards the camera. The background is blurred, showing other people in a meeting setting. Two vertical orange lines are positioned above and below the text block.

As someone working on strengthening epidemic-ready primary health care, the discussions on community engagement and multi-sector coordination **were particularly relevant**. They **reinforced the importance** of integrating data systems and communication channels across sectors to improve preparedness and response capacity.

V. Lessons Learned and Recommendations

1- What **Worked Well**



THEMATIC FOCUS

The four pillars—Multisectoral Collaboration, Innovation, Resilience, and Adaptability—were praised as highly relevant and comprehensive.

NETWORKING OPPORTUNITIES

The scale and diversity of attendees were consistently highlighted as a major strength. The mix of high-level policymakers, implementers, academics, and Community Health Workers was particularly valued.



1- What **Worked Well**



ORGANIZATION AND VENUE

The logistical management of the conference, from catering to venue arrangements, received consistently positive feedback.

AMPLIFICATION OF COMMUNITY VOICES

Featuring CHWs prominently in plenary sessions was repeatedly cited as the most inspiring and valuable aspect of the entire conference.



V. Lessons Learned and Recommendations

2- Challenges Encountered



TIME MANAGEMENT

This was the most significant operational challenge. Sessions frequently started late and ran over time, creating a cascade of delays throughout the day and causing participants to miss content.

PARALLEL SESSION OVERLOAD

The large volume of concurrent sessions created challenges for participants, resulting in difficult choices and fragmented attendance, with some sessions drawing smaller audiences. As one attendee remarked, “I couldn’t attend any of the AI sessions because it was difficult to choose among the many sessions happening in parallel.”



2- Challenges Encountered



LOGISTICAL COMMUNICATION

Last-minute changes to session venues and schedules caused confusion, despite daily notices.

INCLUSIVITY AND ACCESS

Financial, visa, and payment barriers prevented full participation from a more diverse, grassroots audience.





Recommendations

01

Improve Logistics and Timekeeping

Improve efficiency by implementing strict schedules, designating timekeepers, providing clear signage, and minimizing last-minute changes.

02

Optimize the Conference Program

Improve the conference program by limiting parallel sessions to enable more in-depth engagement, structuring sessions within coherent thematic tracks, and avoiding scheduling overlaps between high-interest events.

03

Inclusivity and Accessibility

Enhance participation through a robust scholarship program, offering diverse payment options (including local currency), and providing early, clear visa support.

04

Increase Interactivity and Practical Focus


Increase engagement by incorporating more interactive workshops, hands-on demonstrations, solution-oriented roundtables, and extending time for Q&A.

05

Strengthen Post-Conference Engagement

Strengthen long-term impact by creating formal follow-up mechanisms like working groups, online platforms, or mentorship programs to sustain momentum.





As a Communications and Knowledge Management Advisor, IPHC-E helped me recognize how intentional knowledge sharing and storytelling across sectors can strengthen collaboration and amplify impact. For instance, I plan to apply more integrated communication approaches—linking health outcomes with gender, education, and social determinants of health—to demonstrate how multi-sector partnerships contribute to better results.



VI. CONCLUSION

ICPHC 2025 strengthened the global primary health care movement through inclusive participation, actionable outcomes, and sustainable growth. The conference advanced key themes such as community-led care and digital innovation, while generating partnerships and policy momentum.

Despite some logistical challenges, the event reinforced its role as a vital platform for driving equitable and resilient health systems forward.

