ICPHC2025

SUMMARY OF KEY RECOMMENDATIONS AND OUTPUTS

Introduction

This document distills the key recommendations, commitments, and consensus statements that emerged from the International Conference on Primary Health Care (ICPHC 2025). It aims to guide policymakers, IPHC-E leadership, and partners in translating the conference discussions into actionable strategies that advance PHC transformation.

01 Governance and Political Economy

KEY RECOMMENDATION

Design and implement **PHC reforms** with explicit **political-economy lenses**, and institutionalize them in laws, governance structures, and accountability mechanisms so they **outlast political cycles**.

- **Map, engage, and align political, institutional, and community actors early; treat political dynamics as enablers to sequence and pace reform.**
- **Anchor reforms in legislation and formal oversight; encourage decentralized/local ownership for continuity.**
- **Anticipate resistance; build alliances with professional bodies and communities; maintain open, evidence based dialogue.**

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We are aligning primary health care with our national economic reform; investment in health is a pillar of macroeconomic and social reforms.

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We made primary health care a political agenda, not just a health reform. When leadership owns it, the community follows.
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Primary health care has never been purely technical — it is shaped by power, politics, and legitimacy. The reforms that embrace this reality are the ones that endure.
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02 Sustainable and Coordinated Financing

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KEY RECOMMENDATION

Secure sustainable, **country-led PHC financing,** mixing domestic resources and blended financing instruments, that is protected from short-term political cycles.

- **Use pooled/blended financing models and set bold, transparent investment targets tied to measurable results.**
- **Align partner support with national priorities and avoid parallel systems.**
- **Institutionalize PHC costing within government budget cycles.**
- **Test and expand equitable financing models such as sliding-scale premiums and health promoting taxes.**
- **Improve transparency and tracking of PHC expenditures through integrated financial management systems.**
- **Use cost evidence for program prioritization and efficiency, not just for donor advocacy.**

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Government must lead, and partners should support — de-risk, catalyze, and strengthen national systems rather than create parallel ones.

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03 Community Ownership and Social Legitimacy

KEY RECOMMENDATION

Build community legitimacy by **engaging communities as co-creators** from design through delivery, ensuring they experience tangible benefits from PHC reforms.

- **Institutionalize community participation and social accountability; communicate progress with data that communities recognize.**
- **Use coalitions (local organizations, civil society) to sustain ownership and reduce top-down approaches.**
- **Apply human-centered design (HCD) methods to co-create PHC service improvements with communities.**
- **Expand participation of frontline workers, youth, traditional leaders, and community groups in planning and monitoring outcomes.**
- **Establish community oversight committees and feedback loops to ensure local accountability.**

Communities are not beneficiaries—they are co-creators. Real change begins when we listen, design, and deliver together

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04 Multisectoral Action and Shared Accountability

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KEY RECOMMENDATION

Embed **multisectoral collaboration** (finance, education, WASH, agriculture, social protection) as a core PHC operating model with shared goals and indicators.

- **Establish/ strengthen national and subnational coordination platforms that enable multisectoral collaboration, drawing on successful models such as the Learning Woreda Initiative and the Seqota Declaration, and set joint targets with cross-sector indicators.**
- **Improve information sharing and joint monitoring; link each sector's contribution to collective PHC outcomes.**
- **Engage political leadership and embed collaboration in national development agendas to secure long-term commitment.**
- **Formalize public–private collaboration (PPC) frameworks that integrate quality standards, financing, and co-governance mechanisms.**

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At IPHC-E, we value multisectoral approach, and we see it not just as an add-on to our day-to-day engagements, but more or less our lens and focus of capacity building and programming.

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05 People-Centred Innovation and Digital Integration

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KEY RECOMMENDATION

Pursue **government-led, people-centered** technological, financial, and organizational innovations that strengthen relationships and integrate seamlessly into national systems.

- Embed digital tools within government Health Information Systems and avoid standalone apps; pair technology with operational redesign.
- Invest in enabling policies and institutions that support local innovators and cross-disciplinary co-design to improve the well-being of health workers and communities.
- Align innovation, policy, and people through strong domestic leadership and partnerships that directly improve the care experience.
- Scale digital dashboards, e-surveillance, default tracking systems, and interoperable digital health records.

From zero percent compliance to eighty percent—innovation must become system-wide.

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06 Evidence, Adaptation and Continuous Learning

KEY RECOMMENDATION

Adapt, don't merely adopt: use embedded implementation research, local leadership, and policy flexibility to translate global guidance into practical, context-fit PHC systems.

- **Simplify global guidelines into cost-effective steps; use decentralization and feedback loops for continuous refinement.**
- **Embed evidence networks and knowledge translation platforms, building on proven models such as the Health Evidence Network–Ethiopia (HEN-E), to institutionalize evidence-informed decision-making in PHC reforms.**
- **Use frameworks such as the 4P model (People, Place, Provision, Purpose) to structure data use for PHC decision-making.**
- **Integrate facility, community, and digital data into unified systems to drive real-time course correction.**

Primary health care was born in low- and middle-income countries. The question isn't whether we can adapt it —it's how we reclaim it.

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07 Workforce and CHW Empowerment

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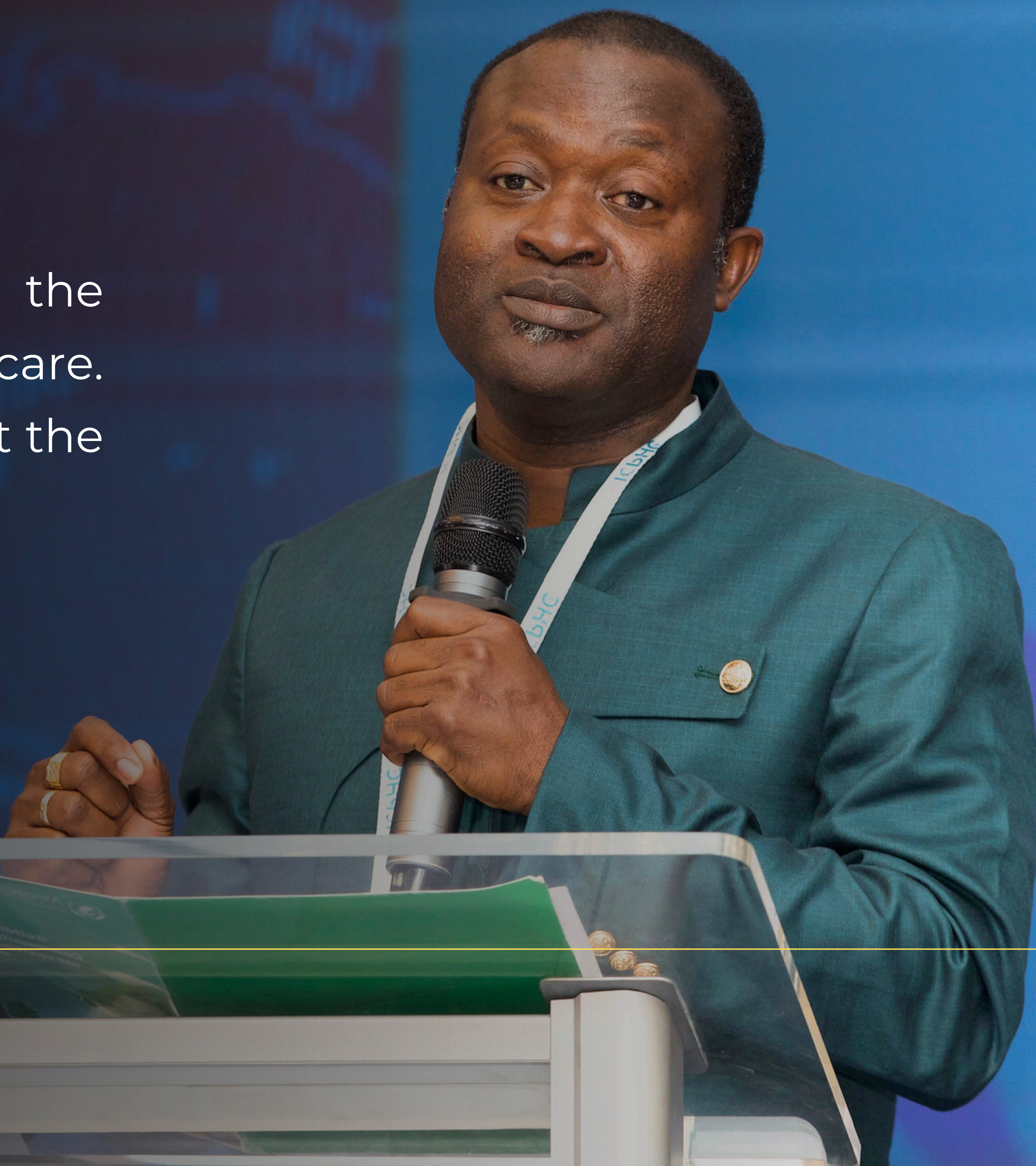
KEY RECOMMENDATION

Institutionalize and empower CHWs and the broader PHC workforce through fair pay, protection, recognition, supervision, and digital enablement.

- **Standardize recruitment, clarify accountability, integrate CHWs into payrolls, and strengthen career pathways and supportive supervision.**
- **Provide training and practical digital tools for reporting, referrals, and real-time support.**
- **Expand mentorship models, national CHW associations, and cross-country learning networks.**

> Frontline health workers are the backbone of primary health care. Without them, we cannot connect the community to our facilities.



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08 Resilience by Design

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KEY RECOMMENDATION

Build resilient, people-centered PHC by **combining local ownership with multisectoral collaboration, protected financing, and data-driven management** to ensure systems adapt and sustain services during shocks.

- **Empower local governments/communities to lead planning and integrate resilience into routine PHC.**
- **Secure coordinated, sustainable financing (such as crisis modifier funds) into PHC budgets and use digital data systems for responsive management and transparency.**
- **Combine traditional knowledge systems with formal health governance for localised preparedness.**
- **Institutionalize innovative approaches such as the Epidemic-Ready PHC model, and strengthen mentorship and simulation-based learning.**

Resilient primary health care must be built by design, not by chance.
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09 Youth Leadership and Participation in PHC

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KEY RECOMMENDATION

Strengthen youth participation in PHC by **integrating young people into awareness creation**, community engagement, and health promotion efforts.

- **Create structured youth roles in PHC governance, financing decisions, and implementation platforms.**
- **Provide mentorship, skills-building, and leadership support through regional and national programs.**
- **Engage youth as innovators in digital health, climate resilience, and emergency response.**

Conclusion

The recommendations and outputs from ICPHC 2025 provide a clear, actionable roadmap for transforming primary health care systems worldwide. By integrating governance, financing, community ownership, multisectoral collaboration, innovation, evidence-based learning, workforce empowerment, resilience, and youth leadership, we can build equitable, sustainable, and people-centred PHC systems that withstand political shifts, respond to community needs, and adapt to future challenges.

Let us move forward with commitment, collaboration, and courage, ensuring that primary health care remains a political priority and a shared responsibility for all.