PATH brings together end-to-end system innovation, transformative partnerships, and evidence-based decision-making to help countries and multisectoral partners reimagine primary health care (PHC)—through a people-centered approach that gives everyone a fair chance at health and protects against health threats.

**How we accelerate people-centered PHC**

**Advancing tailored PHC services that meet community needs**

PATH partners with individuals, communities, civil society, governments, and the private sector to co-create tools and service delivery models that meet people where they are—in their homes or communities, and across public and private sector sites. Whether we are creating new tools or strengthening existing services, PATH excels at tailoring models of care and equipping individuals to take charge of their own health. Taking a multidisciplinary, team-based, and integrated care approach enables us to break down silos and serve the whole person across their life cycle.

**Catalyzing optimally resourced PHC systems**

Leveraging decades of experience in health financing, we work with governments, donors, and the private sector to mobilize and optimize traditional and innovative investment in PHC and the community health workforce. We also leverage PATH’s Market Dynamics team to enhance localized, responsive supply chains and enable more targeted resource allocation, planning, and decision-making at the PHC level.

**Strengthening capacity to respond to health threats**

PHC is the first line of defense against health threats, whether old or new diseases, climate change, or antimicrobial resistance (AMR). PATH partners with countries to build robust and community-based epidemic response and preparedness, monitoring and surveillance, and rapid response capacity. Aligning with the One Health approach that recognizes the link between human, animal, and environmental health, we strengthen systems to address emerging zoonotic diseases and AMR and adapt to and mitigate climate change impacts on PHC. We also advocate for integrated investments and deployment of pandemic preparedness and response and PHC, since they are one and the same.

There is an urgent need to reimagine PHC to ensure it is designed to respond to the health care needs of the future. PATH’s Primary Health Care Strategy does exactly that through leveraging our core approaches of fit-for-purpose innovation in PHC services, systems, and products; transformative partnerships to build sustainable PHC ecosystems; and evidence-based decision-making through enhanced subnational data collection and use.
A world where everyone has equitable access to high-performing primary health care

Accelerate people-centered PHC through innovation and partnerships

Objectives:

- **O1** Advance tailored PHC services that meet individual and community needs
- **O2** Catalyze optimally resourced PHC systems
- **O3** Strengthen PHC capacity to resiliently respond to health threats

Core approaches:

- **C1** Drive fit-for-purpose innovation
- **C2** Broker transformative partnerships
- **C3** Champion evidence-based decision-making

Accelerators:

- **A1** Country expertise
- **A2** Advocacy & influence
- **A3** Digital and data
- **A4** Healthy market lens
- **A5** Human-centered design
- **A6** Gender integration & DEI

Abbreviations:

- DEI: diversity, equity, and inclusion
- PHC: primary health care
Enabling stronger PHC response to health threats

USAID’s MOMENTUM Routine Immunization Transformation and Equity (M–RITE) investment enabled last-mile access to COVID-19 vaccinations in Vietnam. Through training and supportive supervision of mobile PHC vaccination teams in remote and hard-to-reach mountainous areas, more than 738,000 COVID-19 vaccine doses were delivered and 7,700 community health workers were trained.

In addition, through the USAID/US President’s Emergency Plan for AIDS Relief (PEPFAR) Healthy Markets project, more than 400,000 people were vaccinated for COVID-19 by frontline key population community workers. In Brazil, investments from Unitaid helped to activate PHC testing and contact tracing in high-prevalence communities through introduction of COVID-19 self-testing and home-based care.

Driving impactful PHC policies and financing

Through analysis of PHC policies in 25+ countries, PATH’s PHC Policy Tracker dashboard helps decision-makers understand policy strengths and gaps and supports advocates, civil society, and implementers to use evidence to identify opportunities for further advocacy and to develop PHC policy recommendations. At the country level, PATH partners with governments to develop PHC guidelines that emphasize integrated care, moving from the current curative focus to a preventive, people-centered approach.

This approach has resulted in a greater return on investment in countries like Kenya. PATH also engages policymakers, influencers, and citizens to help ensure PHC is prioritized and sufficiently resourced. This work has included partnering with county and provincial governments in DRC and Kenya to promote increased autonomy and budget authority to support priority health areas, and successfully advocating for increased PHC financing in Uganda.

Integrating across health care needs and populations

PATH fosters learning on how best to integrate and bundle services by population and context. For instance, we have deployed mobile and telemedicine PHC among people internally displaced by war in Ukraine; identified optimal tools to foster integrated management of childhood illness in India, Kenya, Myanmar, Senegal, and Tanzania; and supported local health leaders to align multiple financing streams to offer comprehensive services and better respond to what people need and want where donor funding may be limited to one or few health areas.

In the Democratic Republic of the Congo (DRC), Ghana, Kenya, Mozambique, Ukraine, and Vietnam, PATH and its partners integrate several health areas—mental health care; management of childhood illness; triple elimination of HIV, syphilis, and hepatitis B; and noncommunicable disease and viral hepatitis services—into antenatal care, HIV, tuberculosis, and malaria services, resulting in increased health care access, uptake, and retention.

Building resilient PHC of the future

In India, PHC innovation incubators provide learning in what works for better diagnostic platforms, use of artificial intelligence for faster and more effective disease screening, and digital provider-client engagement to promote health service uptake and continuation in both urban and rural settings.

In Senegal, a new United States Agency for International Development (USAID) Urban Health effort brings together collective human-centered design and co-creation of solutions to increase PHC access and uptake among priority populations. It also functions as a learning lab for what works and can be extended to other locations.

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Harnessing the power of digital and data, fueled by partnerships

**Catalyzing improvements in health system performance through data use**

From personal electronic health records to [immunization registries](#), digital and data tools are vital to improving the quality and continuity of PHC systems in communities around the world. PATH's [Data Use Partnership](#) supported the government of Tanzania in outlining 17 high-priority investment areas to be able to effectively use data to strengthen health systems, including PHC performance. This resulted in Tanzania's [Digital Health Investment Road Map](#), with recommendations for catalyzing change in enhanced health service delivery, strengthening health system performance, and optimizing resource management, among others. Based on these recommendations, PATH is supporting the implementation of a digital system for PHC in low-resource facilities to manage service delivery and iteratively improve the quality of care.

**Partnering with the private sector to improve service choice and access**

Recognizing that PHC is inclusive of the private sector, PATH partners with manufacturers and private-sector providers to best align with community product and service preferences. This includes extensive partnership with [pharmacies](#) to increase access to the latest medications, diagnostics, and devices, such as those for [HIV and COVID-19](#) self-testing, [DMPA-SC](#), and hypertension, diabetes, and [tuberculosis](#) screening and referrals. We also engage social enterprises to develop new channels for affordable service delivery, such as in Vietnam and Myanmar; leverage [telemedicine technologies](#), such as in India, Vietnam, and Kenya; and foster equity and access for essential PHC health products through a [total market approach](#), such as in Madagascar, Uganda, India, Indonesia, Myanmar, Vietnam, and other geographies, where we partner with the private sector to generate greater options, stable supply chains, and price competition.

**Advancing PHC**

PATH participates in over 25 PHC-related coalitions, networks, and technical working groups

We provide in-depth technical expertise, thought leadership, and learning from our PHC portfolio of projects. Examples of how we engage include:

**Allies Improving Primary Health Care**

Aligning on key initiatives, messaging, and events that continue to build global momentum around PHC for universal health coverage.

**Primary Health Care Performance Initiative Joint Learning Network**

Engaging with countries for peer learning on Primary Health Care Network implementation experiences, challenges, and lessons learned.

**Global Nurturing Care Framework Implementation Working Group**

Sharing implementation experiences around thematic areas such as maternal mental health and contributing to the development and review of key global technical documents.

**Self-Care Trailblazer Group**

Advocating for national self-care policies, guidelines, and product scale-up in several ways, including convening the Self-Care Pioneers Group in Senegal.

**World Health Organization AMR National Action Plans and Monitoring Unit**

Supporting country programs to develop and implement national action plans for controlling AMR that incorporate PHC.