

IMPLEMENTATION OF PRIMARY HEALTH CARE SYSTEM IN COUNTRIES

Penerapan Sistem Pelayanan Kesehatan Primer di Beberapa Negara

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Abstract

Background: Primary Health Care (PHC) systems are essential for delivering comprehensive and accessible health services globally, focusing on individuals' and communities' fundamental health and well-being.

Aims: To assess PHC systems to ensure universal access, regardless of socio-economic status or location, by providing comprehensive services such as illness prevention, treatment, rehabilitation, support, and health promotion.

Methods: This study utilised the PICO framework, with methods and results of this systematic review based on PRISMA guidelines. Articles were identified through an initial generic search in PubMed, ScienceDirect, and Scopus databases.

Results: After the assessment, a total of 18 articles were selected. The following priorities for PHC policy implementation emerged: enhancing collaboration between public and private sectors, improving information sharing through technology and health literacy, establishing quality evaluation systems, and promoting community-based training programs. Identified challenges include workforce shortages, particularly in rural areas, and inadequate coordination between primary and secondary care. Addressing these challenges and focusing on these priorities can lead to better health outcomes and more effective PHC systems.

Conclusion: The Alma-Ata Declaration of 1978 was a transformative milestone in global health. It advocated for "Health for All" through PHC. Despite initial challenges, the principles of Alma-Ata have significantly influenced PHC systems worldwide.

Keywords: Country-specific health primary care, health care systems, primary health care

Abstrak

Latar Belakang: Sistem Pelayanan Kesehatan Primer (PKP) sangat penting untuk memberikan layanan kesehatan yang komprehensif dan dapat diakses secara global, dengan fokus pada kesehatan dasar dan kesejahteraan bagi individu dan masyarakat.

Tujuan: Mengevaluasi Sistem PKP yang memastikan akses universal tanpa memandang status sosial-ekonomi atau lokasi yang mana menawarkan layanan komprehensif seperti promosi kesehatan, pencegahan penyakit, pengobatan, rehabilitasi, dan dukungan

Metode: Studi ini menggunakan metode PICO. Metode dan hasil dari tinjauan sistematis ini didasarkan pada PRISMA. Artikel yang diidentifikasi melalui pencarian generik awal menggunakan kata-kata di database PubMed, ScienceDirect, dan Scopus

Hasil: Sebanyak 18 artikel dipilih setelah dievaluasi. Berbagai prioritas untuk implementasi kebijakan PKP telah muncul, antara lain: meningkatkan kolaborasi antara sektor publik dan swasta, meningkatkan pertukaran informasi melalui teknologi dan literasi kesehatan, mendirikan sistem evaluasi yang kualitas, dan mempromosikan program pelatihan berbasis masyarakat. Tantangan yang harus dihadapi kekurangan tenaga kerja, terutama di daerah pedesaan, dan koordinasi yang buruk antara perawatan primer dan sekunder. Mengatasi tantangan ini dan berfokus pada prioritas ini dapat menghasilkan hasil kesehatan yang lebih baik dan sistem PKP yang lebih efektif.

Kesimpulan: Deklarasi Alma-Ata tahun 1978 adalah tonggak penting dalam kesehatan global, memperjuangkan "Kesehatan untuk semua" melalui Pelayanan Kesehatan Primer. Meskipun menghadapi tantangan awal, prinsip-prinsip Alma-Ata telah berpengaruh signifikan terhadap sistem PKP di seluruh dunia.

Kata kunci: Pelayanan kesehatan primer, Sistem pelayanan kesehatan, Perawatan kesehatan primer khusus negara



Indonesian Journal of Health Administration (Jurnal Administrasi Kesehatan Indonesia)

p-ISSN 2303-3592, e-ISSN 2540-9301, Volume 12 No.2 2024, DOI: 10.20473/jaki.v12i2.2024.305-314.

Received: 2024-06-07, Revised: 2024-09-30, Accepted: 2024-10-17, Published: 2024-12-04.

Published by Universitas Airlangga in collaboration with Perhimpunan Sarjana dan Profesional Kesehatan Masyarakat Indonesia (Persakmi).

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How to cite:

Lukito, M., and Gani, A. (2024). "Implementation of Primary Health Care System in Countries." *Indonesian Journal of Health Administration*, 12(2), pp.305-314. doi: 10.20473/jaki.v12i2.2024.305-314.

Introduction

Primary Health Care (PHC) systems are crucial for healthcare delivery worldwide, offering comprehensive services accessible to all individuals and communities. The 1978 Alma-Ata Declaration by the World Health Organization (WHO) identified PHC as a fundamental strategy for achieving global health for all. This commitment was reaffirmed in the 2018 Astana Declaration, which emphasised core principles such as community engagement, continuity of care, initial contact with the healthcare system, health promotion, disease prevention, addressing primary health problems, comprehensiveness, and coordination. PHC aims to provide essential health services to everyone, regardless of socio-economic status or location, ensuring universal access to basic healthcare. This study was conducted to evaluate and develop a framework for tracking and improving PHC systems that can be improved globally.

This study focuses on providing patient-centred care, the level of efficiency in carrying out various important functions, PHC, and improving the quality and availability of health services. This system offers several services, including preventing various diseases, providing general health care, and providing rehabilitation, and being supportive. PHC also emphasizes the importance of participation by each community in making various decisions in the world of health, in addition to being able to help local communities achieve their various health goals more effectively (Hone, 2018). This study also reviewed several frameworks, such as the Vital Signs Profile from the Primary Health Care Performance Initiative and the Measurement and Indicator Framework from the World Health Organization, to provide a fresh perspective on global PHC assessment. It focuses on evaluating accessibility and quality, with the ultimate goal of identifying effective strategies to enhance access to PHC services and improve overall health system performance across countries.

Methods

This study utilised the PICO (Population, Intervention, Comparison, and Outcome) framework to develop keywords for the research. Population: Countries with PHC systems. Intervention: Implementation of primary health care, including policies, strategies, service models, and technology. Comparison: Not applicable. Outcome: Success factors, including policy, human resources, funding, infrastructure, health culture, community engagement, and public health outcomes. The methods and results of this systematic review followed the PRISMA guidelines (Figure 1).

Articles were identified through an initial generic search using databases such as *PubMed*, *ScienceDirect*, and *Scopus* with keywords including "primary health care policy," "health system," "primary health care," and "country-specific health primary care." Studies were selected based on several criteria. The criteria for selecting studies focused on countries implementing Primary Health Care (PHC) systems were based on their continental affiliations, including America, Europe, Southeast Asia, the Middle East, and East Asia. This approach enables a comparative analysis of the differences in PHC systems among these continents, although it does not offer a comprehensive overview of all countries worldwide. Studies published in peer-reviewed journals, written in English, and conducted within the last ten years to ensure relevance and currency of information, and studies examining various aspects of PHC implementation, including policies, strategies, workforce, funding, infrastructure, cultural factors, and community engagement.

The exclusion criteria were studies not focused on primary healthcare systems or their implementation; review articles, editorials, commentaries, and opinion pieces; studies not published in English; studies conducted outside the specified timeframe of the last ten years; and studies conducted in countries that have not implemented PHC systems.

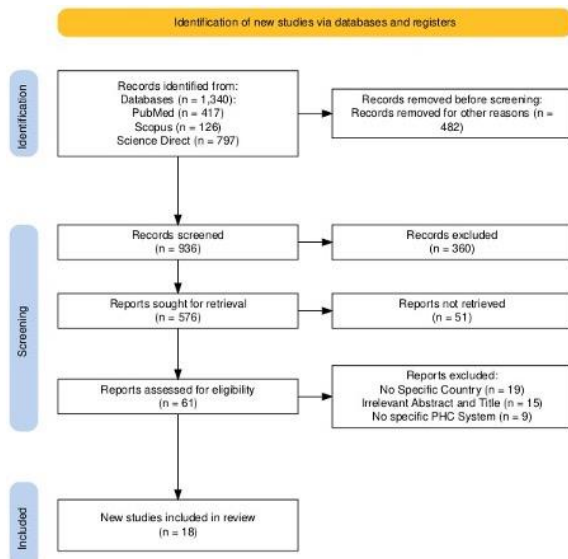


Figure 1. PRISMA Flowchart of the study

Results and Discussion

The Alma-Ata Declaration Focusing on Primary Health Care

The Alma-Ata Declaration, adopted during the 1978 International Conference on Primary Health Care in Kazakhstan, marked a significant milestone in global health by promoting the goal of "Health for All" by the year 2000 through primary health care initiatives (Sheikh and Ghaffar, 2021).

The declaration emphasised the vital role that primary healthcare plays as an all-encompassing strategy to ensure that everyone, regardless of socioeconomic background, has fair access to high quality and reasonably priced healthcare. It highlighted the importance of cross-sector collaboration, empowerment, and anticipation carried out by the community with the aim of improving health outcomes and individual or community development. In addition, this declaration was made by providing proposals for the integration of health services to communities, primary, and districts with the aim of addressing various health problems and providing encouragement for equal access to various health services (Lionis *et al.*, 2019).

Over the years, maternal and neonatal mortality rates have declined significantly, particularly in some low-income countries, thanks to significant progress in providing basic health services.

For instance, Thailand has demonstrated that partnerships and creative approaches can be combined with stronger social and political commitment to health, and development can lead to real improvements in health. However, persistent challenges remain, such as improving health management systems and addressing chronic diseases and mental health disorders that are often overlooked (Haque *et al.*, 2020).

Since 2015, the global health community has recognised that a renewed commitment to the principles of primary health care was needed to achieve universal health coverage. Stakeholders have made efforts to ensure continued progress in global health, so that health outcomes can be improved, and equity can be promoted in a measurable way. Thus, with strong collaboration and increased funding, the main focus of this research is on community-based strategies with the goal of "Health for All" of the Alma Ata Declaration that can be achieved by every individual and community everywhere (Sebai, 2019).

The Healthcare System Focused on Primary Care in China

In the early 1950s, China began pioneering a primary healthcare system to address the health needs of its large population. Over recent decades, this system has undergone significant transformation, making the global primary healthcare movement essential to reducing the burden of infectious diseases or improving maternal and child health services. Primary healthcare facilities in China serve as the first point of entry for medical services, providing consultations, basic care, and referral services (Xu *et al.*, 2022).

As in many countries, China has prioritised the treatment of chronic diseases, including hypertension, diabetes, and cardiovascular diseases, a preventive measure that is used as the main focus of a primary health care system. In addition, this service is also provided by covering various immunisations, prenatal and postnatal care, and support provided to family planning (Xiong *et al.*, 2023)

The design of this system was specifically aimed at promoting national screening programs and health education for the wider community with the aim of answering various health needs with a fairly large population, so with increasing urbanisation, China must currently face a transition period, namely a period of various infectious disease problems towards problems in various non-communicable diseases, so that various primary health care strategies are needed in this country which are formed by social dynamics and various changes in the burden of disease that continue to grow.

The Primary Health Services System in Iran

In the 1980s, Iran's primary healthcare system underwent significant changes focused on equity and participation carried out by the community, as well as various health access provided to the community as a whole. This is in accordance with the Alma Ata Declaration in 1978. This system was implemented with the aim of providing various basic health services to the community as a whole without any difference in economic background or location where they live. The system's key components include preventive care, maternal and child health, immunisation programs, and various common diseases that must be treated. Iran's approach is unique, because the approach taken emphasises the role of the community in planning health, so that it can reduce the various health service gaps that exist between urban and rural areas. In addition, various universal access and involvement between communities are also one of the priorities in various other countries, Iran emphasises fostering a sense of ownership and responsibility presented through various projects that have been driven by a community (Tabrizi, *et al.*, 2019).

In addition, various initiatives to promote and educate health are also covered by this system. This is done with the aim of increasing the awareness of the community so that a healthy lifestyle can be implemented to prevent various diseases. Through more than 24,000 healthcare

facilities, including both public and private service providers, Iran can ensure a wide range of access and coverage of health services provided (Zhang, *et al.*, 2020).

The primary healthcare system in Iran is also influenced by various geographical and epidemiological conditions. Additionally, the country must face various challenges to provide access so that it can be provided evenly in various primary health care services in remote rural areas, as well as dealing with various infectious and non-infectious diseases in some areas.

The Primary Health Care in Canada

The World Health Organization has identified Canada's primary healthcare system as a model, emphasising chronic disease prevention, effective management techniques, and health promotion. Like other industrialised nations, Canada embraces the fundamentals of primary health care by placing a high priority on managing complex health needs and preventing chronic disease. By maximising the potential of all healthcare resources and providers, the system seeks to improve population health, address more comprehensive determinants of health, coordinate services, and integrate systems. However, in contrast to more integrated systems, such as Iran, Canada's primary health care system is often perceived as fragmented, characterised by a lack of coordination among healthcare providers and an overreliance on private general practitioners. Despite significant investment by provincial and territorial ministries to improve patient satisfaction, continuity, quality, cost-effectiveness, and health outcomes, the system remains fragmented. Those requiring complex care may be more vulnerable to impairment and increased stress as a result of this fragmentation (Montesanti *et al.*, 2018).

Improving primary healthcare requires the adoption of interdisciplinary team-based care, optimisation of care pathways, utilisation of health information technology, exploration of innovative funding approaches, active patient engagement, and improvements in chronic disease management and sector

collaboration. Despite these initiatives, issues of fragmentation and coordination persist, underscoring the need for comprehensive primary healthcare research that aligns with policy objectives (Dahal *et al.*, 2024).

Financial and resource limitations are critical factors influencing Canada's primary healthcare system. High healthcare costs and the country's reliance on general practitioners limit the country's ability to provide more comprehensive and well-coordinated primary healthcare services.

The Primary Health Care in Turkey

The Turkish primary healthcare system has undergone significant changes since the implementation of the family medicine program between 2005 to 2010. Like other developing nations, Turkey has actively pursued primary healthcare reforms focused on family medicine and enhancing accessibility of services. These initiatives aim to register family medicine patients and specialities, thereby improving the quality and accessibility of healthcare services.

Turkey's primary healthcare system is structured around a network of centres where family physicians serve as the initial point of medical contact. These providers focus on preventive care, health promotion, diagnosis, treatment, and facilitating referrals. However, the system faces difficulties in fully integrating and coordinating these services. Despite progress, persistent problems include inadequate planning, lack of commitment to integration, and the unintended consequences of a market-based model that prioritises performance metrics and facility ownership. These challenges have resulted in inefficiencies, higher workloads for physicians, and compromised quality of care. Addressing these challenges is critical to ensuring the effectiveness and sustainability of Turkey's primary healthcare reforms (Espinosa-González and Normand, 2019).

The primary healthcare system in Turkey is also influenced by its financial structure and the predominance of facility ownership within a market-based model. This emphasis on performance measures

has led to inefficiencies and heavier workloads for healthcare providers, potentially impacting the quality of care delivered.

The Primary Health Care in Australia

In Australia, Primary Health Networks have an intermediary role, receiving government funding to support their operations. Their key responsibilities include assessing local health needs, engaging with stakeholders and community members, and developing plans to address pressing primary healthcare issues. Instead of directly providing services, PHNs coordinate the delivery of services and population health programs through other organisations. (Windle *et al.*, 2023).

The Australian primary healthcare system closely resembles the Canadian model, as it predominantly relies on private general practitioners as the main point of contact for patients, and also placing a strong emphasis on preventive healthcare measures. However, unlike some countries, Australia has not fully implemented comprehensive PHC teams, except in Aboriginal health contexts. The long-established general practice system predominantly supports Australia's PHC framework, where most Australians access care through private GPs. Despite significant investments over the past thirty years in improving the quality of general practice and primary healthcare through professional training, research, and development initiatives, the lack of a comprehensive PHC team framework has led to a complex, fragmented, and often poorly coordinated healthcare delivery system. Key determinants influencing this fragmentation include system policies and funding. While substantial investments have been made in enhancing the quality of general practice, the persistent fragmentation of the system remains a major barrier to delivering well-coordinated PHC services (Health and Ageing Department, 2009).

The Primary Care System in Hungary

According to a 2014 report by Hungary's Institute for Quality and Development in Healthcare, primary

healthcare (PHC) serves as the initial point of contact within the healthcare system, enabling individuals to voice their health concerns and receive assistance for most preventive and therapeutic needs. Similar to many countries, Hungary's PHC system emphasises prevention and comprehensive care. However, it distinguishes itself with the implementation of a general practitioner-based model since 1992, allowing patients to select their long-term provider. Despite government efforts to incentivise the profession and enhance wages, the system faces ongoing challenges in promoting quality competition among providers and developing preventive and caregiving skills. In 2015, the State Secretariat of Health prioritized strengthening PHC, underscoring the crucial gatekeeper role of general practitioners in patient management, particularly in managing specialist referrals and optimising resource allocation (Bálint, 2020). The continuous efforts to reform the healthcare system have emphasised the persistent challenges in improving the quality of primary healthcare despite governmental initiatives.

The Primary Care System in Malaysia

Malaysia has effectively integrated public and private healthcare financing to address the diverse needs of its population since the 1950s. Similar to many countries, Malaysia emphasises disease prevention and health promotion through integrated public private financing. The focus in Malaysia has shifted from infectious diseases to non-communicable diseases, leading to a more integrated care model for chronic disease management. The Ministry of Health has prioritised improving primary care infrastructure and training family practitioners to face this transition. There are ongoing efforts to integrate chronic disease management and health promotion initiatives into primary care, including programs in HIV clinics. However, rising healthcare costs have significantly transferred the care burden from the private to the heavily subsidised public sector, straining limited resources. Consequently, there is an urgent need for a consolidated public private healthcare framework and

increased primary care funding (Kassai *et al.*, 2020).

The Primary Care System in Thailand

Recently, Thailand's healthcare system has made significant improvements in reforming Universal Health Coverage (UHC), supported by a strong foundation in Primary Health Care (PHC), which has successfully reduced access obstacles related to geography, similar to Iran, maintaining a targeted strategy to control infectious diseases and promote prevention with a significant focus on community involvement in Primary Health Care.

However, despite these advances, the effective implementation of primary health care continues to face persistent challenges. Although the country has prioritised achieving universal health coverage, making PHC the foundation for ensuring equitable access to health services across geographical areas, significant human resource shortages remain a major concern. Persistent staff shortages, particularly in rural areas, coupled with increasing demand for services, severely hamper health promotion and disease prevention programs. Recent emphasis on family physician training has shifted toward increasing collaboration within multidisciplinary teams with the aim of transforming the PHC framework.

Furthermore, policy initiatives supporting primary health care primarily target the public sector, aiming to expand the public primary care resources. Community engagement, facilitated through district health boards, remains critical to promoting multisectoral collaboration and strengthening primary health care across Thailand (Kassai *et al.*, 2020).

The Primary Health Care System in Vietnam

Over the past decade, the Ministry of Health in Vietnam has been dedicated to improving the accessibility of healthcare services through the implementation of the Primary Healthcare (PHC) initiative. This approach has played a significant role in

advancing Universal Health Coverage (UHC) with further improvements possible through advancements in information and communication technology systems, implementation of Family Medicine education programs, and establishment of supportive policies for the primary healthcare sector.

In the upcoming decade, key areas of focus for PHC services will include reducing healthcare costs and alleviating the burden on secondary and tertiary care facilities. PHC teams are expected to provide holistic, patient centred, and integrated care at commune health centres with a strong emphasis on fostering the doctor patient relationship. However, urgent steps must be taken to address the current lack of a national certification structure and licensing criteria. Vietnam, like Thailand and China, is actively seeking to improve access to primary health care through significant health service reforms that prioritise integrated PHC. However, Vietnam differentiates itself by emphasizing the importance of information technology and family medicine education in improving the quality of primary health care services. Key drivers influencing these efforts include issues related to human resources and technology, as the country grapples with difficulties caused by the lack of a national accrediting framework and licensing criteria for primary healthcare professionals (Kassai *et al.*, 2020).

The Primary Health care system in Saudi Arabia

Saudi Arabia's healthcare system has historically focused on hospital care, neglecting preventive primary care. However, the government's vision 2030 initiative is pushing for a shift towards a more community-based model of primary healthcare. This transformation aims to enhance integration and ensure consistent delivery of essential services, addressing the challenge of underutilisation of primary care centres, which has been attributed to the presence of international healthcare providers. The reform efforts Vision 2030 seek to transition the Saudi healthcare system from a hospital centric to a more community oriented primary care system.

However, a prominent issue in Saudi Arabia is the underutilisation of PHC services, primarily due to the dominance of international physicians, which hampers the effective integration of PHC into local communities. Determinants influencing these challenges include socio-cultural factors and health policy; significant reforms are necessary to reduce reliance on foreign healthcare workers and to enhance public trust in local PHC services (Senitan and Gillespie, 2020; Alharbi and Aljuaid, 2024).

Limitations of study

This study is limited to English-language publications, potentially excluding relevant research in other languages and biases in the selected studies or the impact of excluding non-English research. The focus on literature from the past decade and the current situation may have overlooked earlier studies. Not all countries with PHC systems were included, as the writer focused only on representative countries based on their continental affiliations, such as America, Europe, Southeast Asia, the Middle East, and East Asia. This may affect the representation and does not provide an overview of all countries worldwide. Additionally, grey literature was reviewed manually, potentially missing relevant insights that were not captured by automated database searches.

Conclusion

Primary healthcare globally is crucial. To face ongoing challenges like fragmented systems and workforce shortages, countries must prioritise policies strengthening community engagement and cross-sector collaboration. Investing in health infrastructure is key to ensuring primary care systems can effectively deliver preventive services and manage chronic diseases. Policymakers should focus on integrating primary care with other health services to create a more cohesive continuum of care. On the other hand, promoting health literacy in society can empower individuals to be actively involved in their health decision making. By following

the Alma-Ata Declaration principles and implementing these recommendations, nations can work towards equitable access to quality healthcare and improved health outcomes for their populations and also Each country has unique approaches to implementing primary care systems, influenced by factors like sociocultural context, disease burden, and healthcare resources. Despite a concerted-on disease prevention as well as improving access to service challenges such as fragmentation, workforce shortages and resource constraints remain significant global barriers to the goal of comprehensive primary care. Understanding these similarities and differences across countries and continents is critical to advancing the implementation of effective primary care.

Abbreviations

PRISMA: Preferred Reporting Items for Systematic Reviews and Meta Analyses; PKP: Pelayanan Kesehatan Primer; NCD: Non communicable disease; WHO: World Health Organization; MDGs: Millennium Development Goals; TCM: Traditional Chinese Medicine; CPCSSN: Canadian Primary Care Sentinel Surveillance Network; FMP: Family Medicine Programmed; PHNs: Primary Health Networks; GPs: General practitioners; HIV: Human Immunodeficiency Virus; UHC: Universal Health Coverage; ICT: Information and Communication Technology; KSA: Kerajaan Saudi Arabia; MOH: Ministry of Health; PHCS: Primary Health Care Services

Declarations

Ethics Approval and Consent Participant

Not Applicable

Conflict of Interest

The authors declare that they have no significant financial, professional, or conflict interests that could have affected their research.

Availability of Data and Materials

The data and materials utilized in this research can be accessed upon request to the authors.

Authors' Contribution

ML and AG designed the study; The methodology was developed and the manuscript, including the original draft was written and edited by ML. The paper was subsequently reviewed by AG.

Funding Source

Not Applicable

Acknowledgment

The authors are grateful to the Faculty of Public Health at Universitas Indonesia for providing support for this research study.

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