

ADAPTING HEALTH SYSTEMS

Demographic Change & Primary Health Care: A Pivotal Role for the Public Health Workforce

Navigating aging populations, urbanization, and evolving health needs
through adaptive, context-driven service delivery

Global Demographic Transitions

Four forces reshaping health system demands

Aging Populations

Growing elderly cohorts require continuous, integrated care for chronic conditions, multi-morbidity, and long-term support needs.

Rapid Urbanization

Urban concentration strains infrastructure while rural areas face provider shortages and access gaps.

Declining Fertility

Shrinking workforces affect healthcare labor supply while increasing dependency ratios challenge financing models.

Migration & Mobility

Diverse populations demand culturally and linguistically responsive services across new geographic patterns.

Two Key Drivers of System Change

DRIVER ONE

Aging Populations

Traditional acute care models fail older adults who need:

- Continuous NCD management
- Multi-morbidity coordination
- Mental health integration
- Home and community-based services
- Caregiver support systems

DRIVER TWO

Urbanization

Geographic shifts demand rebalanced service delivery:

- Urban infrastructure capacity
- Rural access and retention
- Digital bridging of disparities
- Culturally diverse urban services
- Youth-responsive urban programs

Context Shapes Response

Local assets and social structures determine success

Social Insurance Systems

Coverage levels, benefit packages, and financing mechanisms shape what services can be sustainably delivered and accessed.

Family & Community Caregivers

Informal care networks are essential but vary greatly—systems must support, not supplant, these resources.

Health Workforce Capacity

Availability of trained professionals, task-shifting potential, and digital competencies define adaptation pathways.

Infrastructure & Digital Readiness

Connectivity, facility distribution, and data systems enable or constrain innovation and outreach.

Cultural & Social Norms

Expectations around aging, care-seeking behaviors, and community trust influence uptake of new models.

Governance Structures

Decentralization, cross-sector coordination, and policy-making agility affect speed and scope of response.

The Adaptation Challenge

Traditional health systems—designed for acute, facility-based, episodic care—struggle to meet evolving population needs:

- **NCDs and mental health** require continuous, coordinated management
- **Multi-morbidity** demands integrated, person-centered approaches
- **Youth populations** need specialized reproductive and mental health services
- **Vulnerable groups** remain underserved by current models

Persistent inequities underscore the urgent need for innovative, inclusive, and adaptive delivery models.

KEY INSIGHT

One-size-fits-all solutions fail. Successful adaptation requires understanding both population needs and local assets.

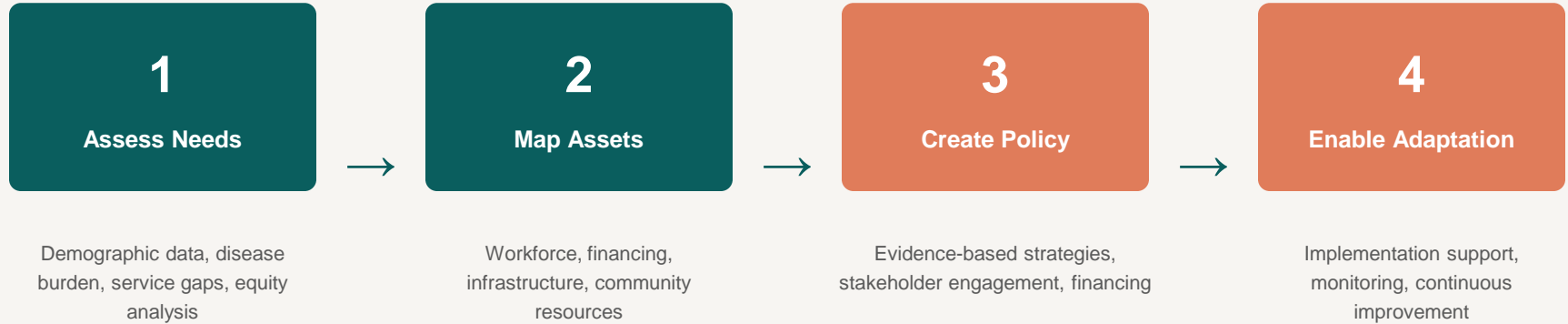
This is where public health practice becomes essential.

THE ESSENTIAL FUNCTION

Primary Health Care Includes Public Health Practice

The systematic process of assessing population needs, identifying local assets, and creating policies that enable health systems to adapt.

The Public Health Practice Process



Public health practice bridges the gap between demographic realities and effective health system response.

A Capable Public Health Workforce

Four essential capabilities for system adaptation

1

Right Skills

Epidemiology, health economics, policy analysis, program evaluation, digital health competencies, and geriatric care expertise.

2

Data Access

Real-time surveillance, demographic projections, service utilization data, and equity metrics to guide evidence-based decisions.

3

Advocacy Linkages

Connections to policymakers, cross-sector collaborators, and champions who can translate evidence into action and financing.

4

Community Partnerships

Trust-based relationships with communities to co-design relevant services and ensure cultural responsiveness.

Enabling Service Delivery Innovation

Integrated, Person-Centered Care

Coordinated services for chronic and complex conditions

Workforce Transformation

New roles, geriatric training, task-shifting, digital competencies

Community & Home-Based Services

Accessible care for elderly and mobility-challenged populations

Financing Reform

Prioritizing prevention, long-term care, and equity-focused allocation

Primary Care as Coordination Hub

Continuous, coordinated entry point strengthened by digital tools

Digital Health & Telemedicine

Bridging urban-rural gaps and enabling smarter planning

Tailored Services

Youth-friendly, gender-responsive, culturally adapted approaches

Community Co-Design

Building trust and relevance through participatory approaches

The Key to This Session

To translate insights from today's presentations into real-world impact, health systems need a capable public health workforce that can:

- Interpret demographic data and project future needs
- Assess local assets and constraints
- Translate evidence into context-appropriate policies
- Mobilize stakeholders and secure resources
- Monitor implementation and drive continuous improvement

CORE MESSAGE

Investing in public health workforce capacity is how we harvest the ideas in this session.

Without this workforce, even the best innovations remain theoretical.

LEARNING FROM PRACTICE

Case Studies

Settings from around the world demonstrating how Primary Health Care can adapt

Upcoming Presentations

CASE STUDY

European Union

Demographic Context

Rapidly aging population with women providing most of the care for the elderly.

Adaptation Focus

Task-shifting strategies, digital health and payment reform

CASE STUDY

Singapore

Demographic Context

Highly urbanized, rapidly aging society with advanced infrastructure and strong financing capacity.

Adaptation Focus

A community-based aging-in-place programs.
Social prescribing adapted to context

CASE STUDY

Japan

Demographic Context

World's oldest population, pioneering long-term care insurance and comprehensive geriatric systems.

Adaptation Focus

Home care nursing/ Short stay services
Team approaches

Upcoming Presentations

CASE STUDY

Kenya and Ethiopia

Demographic Context

Expects doubling of population over 60 by 2050

Adaptation Focus

Community Health Workers link seniors to clinics and adapting strategies to rural areas.

CASE STUDY

Sri Lanka

Demographic Context

Aging population with multi-ethnicity. Prominent role for medical officers of health to oversee Integrated Care of Older Persons DAY Centers.

Adaptation Focus

Participatory approach to community health strengthening. Community Development Councils.

CASE STUDY

Malaysia

Policy Context

Integrates Ministries of Finance, Health, Human Resources, Women, Family, and Community

Adaptation Focus

Technology, Hybrid care, Skills for caregivers

Cross-Cutting Themes to Watch

What to look for across today's case studies

1

Digital Health Integration

How countries leverage technology to extend reach, improve coordination, and enable smarter resource allocation.

2

Workforce Strategies

Task-shifting, new roles, training programs, and retention approaches that expand capacity.

3

Financing Reforms

How payment models and resource allocation shift toward prevention and long-term care.

4

Equity & Inclusion

Approaches to reaching vulnerable populations and reducing geographic and social disparities.

5

Governance & Accountability

Cross-sector collaboration and policy mechanisms that enable responsive adaptation.

6

Community Engagement

Co-design processes and trust-building that ensure services meet actual population needs.

SESSION OUTCOMES

What We Will Achieve Together

Shared Understanding

How demographic trends are reshaping health needs and service delivery priorities across diverse contexts.

Innovative Approaches

Practical strategies to make health systems more adaptive, inclusive, and resilient through workforce development.

Actionable Recommendations

Policy and practice guidance for aging, youth, and mobile populations grounded in real-world evidence.

Let's learn from each other — and build the primary health care and public health capacity to act on insights