

Supplementary File 4: Overview of PHC systems' characteristics

	South Asia		East Asia									Pacific		
	Bangladesh	Bhutan	Cambodia	China	Indonesia	Lao	Malaysia	Mongolia	Myanmar	Philippines	Thailand	Fiji	Solomon	Tonga
GDP per capita	1,516.50	3,110.20	1,384.40	8,827.00	3,846.90	2,457.40	9,944.90	3,735.20	1,298.90	2,989.00	6,593.80	5,589.40	2,132.10	3,944.20
Health expenditure per capita (US\$) 2015	31.84	91.11	69.59	425.63	111.76	52.99	385.62	152.46	59.12	126.89	217.14	174.93	152.13	221.37
Use of community/lay health workers	Yes - 12248 community clinics and community health workers at 0.5 per 1000 people	Yes - Village health workers (VHWs), in 2016 total of 1149 with 480 females. 0.1 per 1000	Yes - Volunteer community health workers (CHWs), a key to local health promotion and a link between district health centres and community. 0.1	Yes - Village doctor/barefoot doctors (1.02 million by 2012) 1.1 per 1000	Yes - Village health posts delivered by local health volunteers with regular visits by community health centre (puskesmas) staff.	Yes - Village health volunteers (VHW)	Yes - community health volunteers 0.4 per 1000 people	Yes - community health workers 0.161 per 1000 (2010)	Yes - CHWs and Auxiliary midwife AMWs trained as voluntary health workers (VHW). 0.195 per 1000 (2012)	Yes - Barangay health workers (less than 1% of population, operating in urban, peri-urban and rural areas)	Yes - village health volunteers and communicators. 0.5 per 1000	Yes - village or community health workers (more than 820 VHs, mostly women)	Yes - Provincial services include a network of village health workers (provided by the Ministry of Health and Medical Services MHMS)	Yes - Village health workers
Lowest level of the system where medical doctors are deployed	Union health centres	Basic health units grade 1 - Located at a district headquarters or a township or an area having about 3000-5000 people. Inpatient services in addition to other primary health care services, normally 10 beds.	Rural locations. Doctors comprise about 14% of health workforce. At least one physician required at a health centre/mainly concentrated at central and provincial health facilities, national hospitals and charitable hospitals.	Doctors posted at rural health centres	Second level community health centres	District hospitals	Health clinics (1:20000)	Primary level - Soum health centres. Cover 2000-15000 population.	Township health department (Rural health centres, sub-RHC and urban health centres)	Provincial hospitals	District - community hospitals with GP	Rural health centre or subdivisional hospital	Provincial hospitals	Reproductive and child health clinics

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Use of non-state providers (for profit or non-for-profit) at primary level?	Yes	No	Yes *	No - Private sector exists in specialty areas (e.g. dental care) and within structural arrangements in which government is an active partner.	Yes *	Yes *	Yes *	No - Private sector exists in specialty areas (e.g. dental care) and within structural arrangements in which government is an active partner.	Yes *	Yes *	Yes *	No - Private sector is small, providing less than half of health services. NGOs and FBOs provide a significant proportion of private sector health care.	No - Private sector is small, providing less than half of health services. NGOs and FBOs provide a significant proportion of private sector health care.	No - Private sector is small, providing less than half of health services. NGOs and FBOs provide a significant proportion of private sector health care.
Have gatekeeping mechanism in place (even if not always enforced)	Yes	No	Yes	No	No	No	Yes	No	Yes	Yes	Yes	No	Yes	Yes
Charges fee for service for some /all services at PHC level	Yes	No - free services	Yes (free for poor/low income)	Yes	Yes (free for poor/low income)	Yes	Yes	No - free for Thai citizens holding a Universal Coverage Health card.	No	No	No			

*Yes - Private sector provides more than half of all health services. Important for primary care services. Provides some to majority of secondary and tertiary care. For-profit private sector much larger than NGOs.