FOURTH MEETING OF THE TECHNICAL ADVISORY GROUP ON UNIVERSAL HEALTH COVERAGE IN THE WESTERN PACIFIC REGION

19–21 August 2020
Virtual meeting
MEETING REPORT

FOURTH MEETING OF THE TECHNICAL ADVISORY GROUP ON UNIVERSAL HEALTH COVERAGE IN THE WESTERN PACIFIC REGION

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Virtual meeting
19–21 August 2020

Not for sale

Printed and distributed by:

World Health Organization
Regional Office for the Western Pacific
Manila, Philippines

November 2020
The views expressed in this report are those of the participants of the Fourth Meeting of the Technical Advisory Group on Universal Health Coverage in the Western Pacific Region and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the virtual Fourth Meeting of the Technical Advisory Group on Universal Health Coverage in the Western Pacific Region from 19 to 21 August 2020.
CONTENTS

SUMMARY ........................................................................................................................................................... 3

1. INTRODUCTION .............................................................................................................................................. 5
    1.1 Meeting organization .................................................................................................................................... 5
    1.2 Meeting objectives ........................................................................................................................................ 6

2. PROCEEDINGS ................................................................................................................................................. 6
    2.1 Opening session ............................................................................................................................................ 6
    2.2 Ministerial panel discussion: UHC in Western Pacific Region in the time of COVID-19 ......................... 6
    2.3 Session 1: Member States’ perspectives on UHC in light of COVID-19 ..................................................... 7
    2.4 Group discussion: Lessons and experiences of the Member States in their journey towards UHC in the context of COVID-19 ......................................................................................................................... 9
    2.5 Session 2: Advancing UHC in the “new normal”.......................................................................................... 10
    2.6 Transformation forums: Impediments and the way forward................................................................. 10
      Forum A: Public health functions and information monitoring ................................................................. 11
      Forum B: Health financing ........................................................................................................................ 11
      Forum C: Digital health .............................................................................................................................. 12
      Forum D: Health workforce ....................................................................................................................... 12
      Forum E: Community engagement and multisectoral approaches .......................................................... 13
    2.7 TAG coordination meeting ....................................................................................................................... 13
    2.8 Session 3: Recommitting to UHC under a “new normal” ........................................................................... 14
      Panel discussion: Transforming our health system to achieve UHC in a [post] COVID-19 world .......... 14
    2.9 Outlook: Recommendations by the UHC TAG ...................................................................................... 15
    2.10 Closing remarks ....................................................................................................................................... 15

3. CONCLUSIONS AND RECOMMENDATIONS ............................................................................................... 16
    3.1 Conclusions ................................................................................................................................................ 16
    3.2 Recommendations ....................................................................................................................................... 19
      3.2.1 Recommendations for Member States ................................................................................................. 19
      3.2.2 Recommendations for WHO ............................................................................................................... 19
      3.2.3 Recommendations for future TAG engagement .................................................................................. 20

ANNEXES ........................................................................................................................................................... 21

    Annex 1. List of participants, Technical Advisory Group members, temporary advisers, observers/ representatives and Secretariat
    Annex 2. Programme of activities
SUMMARY

The impact of the coronavirus disease 2019 (COVID-19) pandemic has highlighted the urgent need to reflect on and transform our economies, society and health system not only to adapt to a world with COVID-19 in the shorter term but also to meet future challenges in the longer term. These include further pandemics and other profound challenges that are reflected in For the Future: Towards the Healthiest and Safest Region, the vision of WHO’s work with Member States and partners in the Western Pacific, adopted by the WHO Regional Committee in 2019. To achieve this shared vision, Member States committed to “future proof” their health systems to overcome the health challenges posed by a rapidly changing world and achieve the Sustainable Development Goals and universal health coverage (UHC).

The COVID-19 pandemic has revealed stark contrasts between countries in the Western Pacific Region that have made substantial progress towards UHC and those that are lagging. The pandemic has also shown us that the health systems of the future must be responsive and versatile and recognize the various societal levers and influences that can be mobilized to improve and sustain individual health services and population health outcomes.

The WHO Regional Office for the Western Pacific established the Universal Health Coverage Technical Advisory Group (UHC TAG) to provide advice to WHO and Member States to advance UHC in the Region. In this time of crisis, the UHC TAG is examining through the lens of COVID-19 the critical dimensions of realizing UHC in a changing world, seeking an accelerated approach to health system transformation and achieving UHC.

The Fourth Meeting of the Technical Advisory Group on Universal Health Coverage in the Western Pacific Region was held virtually from 19 to 21 August 2020, with the overall objective for Member States to recommit to UHC under the “new normal” of COVID-19 and future threats.

Conclusions

• COVID-19 and other emerging challenges confirm the relevance of UHC and shine a light on aspects that need more attention from a futures perspective.
• Country progress towards UHC will be determined by how health systems can turn the “new normal” into a “new better normal” in which UHC becomes a platform for health and socioeconomic recovery/development.
• COVID-19 is a stress test for the health system through its direct and indirect impacts and lays bare weaknesses and challenges for sustained investments in UHC.
• If directed wisely, strengthening aspects of UHC for COVID-19 can help to “leapfrog” our health systems, based on true whole-of-system approaches and accelerated innovation.
• Considerations for advancing UHC
  − To achieve UHC in the future, we need to transform our health systems to make them people and community centred and owned, as well as worthwhile investments for societal development.
  − UHC is a shared foundation for advancing health, and programmes, systems and data are equally accountable for and contribute to its realization/development.

Recommendations

Member States are encouraged to consider the following:

(1) Explicitly link COVID-19 related investments to broader health systems development for advancing UHC and build understanding and commitment to UHC as an investment in socioeconomic development despite the potentially shrinking fiscal space.
(2) Prior to the 2021 UHC TAG meeting, review COVID-19 responses for response-specific and health system weaknesses and strengths to inform implications for advancing UHC as well as future emergency preparedness, including: (i) availability of public health expertise and appropriate workforce; (ii) inter- and intra-agency leadership, communication and excellence in operational management and monitoring, lines of accountability, and teamwork;
(iii) community engagement and communication; and (iv) clarity of public health messages and their impact on behaviour change.

(3) Build on increased attention to health and broaden participatory UHC governance within and external to the health sector, including by involving other public, private and not-for-profit sectors in multisectoral collaborations such as with finance, community engagement, education and others.

(4) Translate the UHC commitment into a vision for health and transformational plans that can be operationalized, monitored and regularly reviewed and enhanced, including through intra-and multisectoral collaboration and accountability with patient and community control over the way health services are provided.

(5) Accelerate health services and health sector transformation by ensuring transformational plans incorporate: innovations such as digital health and devices that enable self-care; updated health workforce capacity and capability, including for leadership and change management; stronger primary health care; and the collection, reporting and analysis of disaggregated data, including equity-focused disaggregated data to support policy, monitoring and ongoing UHC enhancements including reaching the unreached.

(6) Remove barriers to health workers working to their full scope of practice and consider the potential for utilizing other complementary workers in emergency responses.

(7) Reinvigorate the UHC focus on unreached and vulnerable populations, ensuring their engagement now and in the future as other health challenges emerge.
1. INTRODUCTION

The coronavirus disease 2019 (COVID-19) pandemic has thrust us into the future much faster than anticipated. Restrictions of civic and commercial activity across entire countries have highlighted how our economic, social and political systems operate and interact with our health system. It has put health front and centre in the political and economic discourse in all countries. It has demonstrated how health is impacted by policies and actions in different sectors, and how health in turn impacts multiple sectors. It has also shown us that while a disease may be indiscriminate in who it infects – rich or poor – its impacts are felt disproportionately by the disadvantaged, including vulnerable and unreached populations. It has revealed stark contrasts between countries that have made substantial progress in providing universal health coverage (UHC) and those that are lagging.

The COVID-19 pandemic has also highlighted the urgent need for us to reflect on and transform our health systems not only to face the challenges of today but also to anticipate and address the challenges of tomorrow, in order to have a better future. In 2019, the WHO Regional Committee for the Western Pacific adopted For the Future: Towards the Healthiest and Safest Region, a five-year vision for WHO’s work with Member States and partners in the Region. In adopting For the Future as the vision for health, Member States committed to “future proof” their health systems to overcome the health challenges posed by a rapidly changing world. Taking a systems approach, with UHC as the foundation, is central to this vision.

UHC is defined as all people having access to quality health services without suffering the financial hardship associated with paying for care. It is the overarching global vision for health sector development. It is key to delivering improved health and achieving the Sustainable Development Goals (SDGs) for Member States in the Western Pacific Region. The Universal Health Coverage Technical Advisory Group (UHC TAG) was established by the WHO Regional Office for the Western Pacific to provide advice to WHO and Member States to advance UHC in the Region. The first UHC TAG meeting in 2016 emphasized the need for WHO to support Member States in collecting and using policy-relevant evidence to drive health system performance as well as for Member States to strengthen health system functions such as supervision, coordination and accountability. The second UHC TAG meeting in 2017 emphasized quality and safety, service delivery models for demographic and epidemiological transitions in relation to care provision, health technology assessment, priority setting and resource allocation in relation to health financing and governance. The third UHC TAG meeting in 2018 focused on equity within the UHC dimensions of service delivery, financing and governance. This fourth UHC TAG meeting re-examined – through the lens of COVID-19 – the critical dimensions of realizing UHC in a changing world. While being enormously disruptive and painful, COVID-19 may also serve as a major catalyst for accelerating health system transformation and achieving UHC.

Given this context, this UHC TAG meeting was convened to provide an opportunity for participating Member States to share their UHC journey and how it has been impacted by COVID-19, to recommit to health system transformation for UHC and to subscribe to UHC as a shared responsibility of disciplines in health and beyond.

1.1 Meeting organization

The Fourth Meeting of the Technical Advisory Group on Universal Health Coverage in the Western Pacific Region was held virtually from 19 to 21 August 2020. It brought together high-level policymakers and decision-makers from 19 countries and areas, technical advisers, several partner organizations, WHO Collaborating Centre representatives and members of the WHO Secretariat. The list of participants is available in Annex 1.

The structure of the meeting and format of sessions – smaller working group and forum discussions, interwoven with plenary sessions – enabled countries to draw on the expertise of technical advisers, share experiences, exchange learnings, and analyse and identify opportunities for advancing UHC in the “new normal”. In addition to this, a TAG Coordination Meeting was also organized to explore ways for the different TAGs and WHO technical advisory mechanisms in the Region to work more closely
together in the coming years to drive the *For the Future* vision. The programme of activities is available in Annex 2.

1.2 Meeting objectives

The overall objective was for Member States to recommit to UHC under the “new normal” of COVID-19 and future threats. Specifically, the meeting objectives were:

- to review how COVID-19 is impacting country progress towards UHC and how the disease shapes our perspective of UHC as a foundation for realizing the SDG agenda;
- to investigate the pathways upon which to advance UHC in the “new normal” and other emerging challenges to health; and
- to identify opportunities for initiating health sector transformation for UHC in the “new normal” and the respective contributions of actors across and beyond the health sector.

2. PROCEEDINGS

2.1 Opening session

The opening session laid the background and expectations for this UHC TAG meeting. The session emphasized the importance of political leadership in bringing together multiple sectors and multiple disciplines that are needed for achieving UHC. While this was the fourth UHC TAG meeting, it was the first meeting since the adoption of *For the Future*, which identifies four focus areas: health security, noncommunicable diseases (NCDs) and ageing, the health impact of climate change, and reaching the unreached. It outlines the five-year vision of WHO’s work with Member States and partners in the Western Pacific Region. The future that this vision enumerated unfolded swiftly as manifest in the COVID-19 pandemic. At the outset of the meeting, it was acknowledged that there is a need to look at what the journey with COVID-19 is revealing, the weaknesses it is exposing and the opportunities it is opening. The discussions in the meeting aimed to provide guidance on the areas to improve and to guide the entire work of the Region for achieving UHC.

The session also emphasized that this UHC TAG meeting was different from the past three meetings in that it recognizes the importance of multiple disciplines in achieving UHC. The Western Pacific Region has multiple technical advisory mechanisms dealing with different diseases or health challenges, but these are also connected to the UHC TAG. Moving forward, it is intended for the UHC TAG to serve as an umbrella group, heralding a new platform for enhanced coordination, engagement and interaction across the different technical advisory mechanisms in the Region to deliberate on how to advance UHC in the “new normal”.

2.2 Ministerial panel discussion: UHC in Western Pacific Region in the time of COVID-19

In this session, four health ministry officials shared the progress their respective countries had made towards UHC prior to COVID-19, the impacts of COVID-19 on UHC, and the strategic way forward for achieving UHC: The Honourable Jelta Wong, Minister for Health and HIV/AIDS, Papua New Guinea; The Honourable Fukushima Yasumasa, Vice Minister of Health, Labour and Welfare, Ministry of Health, Labour and Welfare, Japan; Dr Nemia Bainvalu, Undersecretary for Health Improvements, Solomon Islands; and Dr Lo Veasnakiry, Adviser to the Minister, Ministry of Health, Cambodia.

In Papua New Guinea, substantial progress was made towards UHC prior to the pandemic, particularly in improving access to free health care, upgrading facilities, training health-care workers, reforming provincial health authorities, and scaling up efforts to address malaria, tuberculosis (TB) and HIV/AIDS. Immunization and maternal health care are, however, lagging. COVID-19 has brought several challenges. With little or no new funding to manage the pandemic, funds had to be diverted, affecting other non-COVID essential services. Health financing in the medium term will likely be affected by the further contraction of the economy post-COVID-19. On the positive side, support from multilateral
organizations was critical for the response and provision of other health services. The pandemic also increased access to the highest levels of government, helping to bring health into the national discourse. An inter-agency financing coordination mechanism around COVID-19 has been established. The country has also been able to replace its outdated infectious disease legislation by legislation that is more fit for purpose. Moving forward, Papua New Guinea has identified several strategic actions: mobilizing resources through efficient savings, prioritizing more resources to primary health care (PHC) versus tertiary care, effectively coordinating external bonus resources and promoting basic prevention measures as a new culture. The country also developed a manual and a series of guidelines to help the transition to the “new normal”.

Japan achieved UHC in 1961 and believes UHC played an important role in infection control and behaviour changes. The National Health Insurance system provided access to health-care services without financial difficulties and the country has enough facilities to provide high-quality health care to all. The pandemic highlighted the need to protect people at high risk. Going forward, there is a need to review the role of UHC, as countries that have achieved UHC (like those in Europe) also suffered from the virus. Cross-sectoral collaboration for infection control is important and the country will consider collaboration with the private sector and civil society. Further, it is important to create a health system to tackle infectious diseases with no one left behind, especially for the people who are at high risk.

The Solomon Islands response to the pandemic was informed by its past experience of outbreaks. Early travel restrictions ensured that the country remained free of COVID-19. Prior to the pandemic, the country made good progress on UHC: introducing reforms that set minimum standards for health facilities in terms of infrastructure, equipment and personnel; reducing the number of non-functioning PHC facilities; and paying special attention to covering most of the deprived, isolated and underserved areas. Investments in the health-care system have increased, particularly for infrastructure and consumables, and laboratories have been upgraded. However, most vulnerable groups continue to face difficulties in terms of access. Service quality also needs to be improved. In the time of COVID-19, despite no cases, the country has felt the impacts on its economy, society and health. Maternal mortality and number of births away from facilities increased, while immunization rates and antenatal care visits declined. Looking to the future, it is important to have an informed community engagement process. Access to new diagnostics and treatment is critical to strengthening the resilience of the health systems for COVID-19 and other shocks. UHC requires a whole-of-government approach, working with different organizations, agencies and people at all levels. It is also important for neighbouring countries to work collectively.

Cambodia, driven by sustained economic growth and its commitment to achieving UHC, has made substantial progress. With an increased health budget, access to health care in rural areas has been increased. Free health service coverage continues to be expanded to cover the poorest and those in the informal sectors. The country reaffirmed the value of investments in strengthening the health-care system in coping with COVID-19. The health impact of the pandemic has been limited, but its economic impact has been severe. This limits UHC progress. On the positive side, the pandemic has raised political and public attention surrounding the health system. Looking to the future, the country’s strategic plan for 2021–2030 will highlight the key areas to transform its health system over the next 10 years, expanding financial protection and strengthening PHC.

The presentations highlighted many commonalities between the experiences of the Member States: the importance of political commitment to the highest level and the need for multisectoral engagement and government efforts in order to respond well. There are some common challenges as well: the negative impact on general health services due to resource diversions from non-COVID-19 treatment that had implications for UHC. The pandemic has also opened up many opportunities to further advance UHC for the future.

2.3 Session 1: Member States’ perspectives on UHC in light of COVID-19

Building on the sharing of experience and learnings by the ministers, this plenary session set the scene for the UHC deliberations. Starting with a reminder of the UHC principles and commitment, including
its centrality in the *For the Future* vision, this session affirmed that COVID-19 provides an opportunity and an impetus to further advance UHC. Though the pandemic amplified existing impediments in achieving UHC, Member States now need to refocus on the UHC response not only to resolve the problems for today, but also for the future to make the “new normal” a “new better”.

**UHC in times of COVID-19: now more than ever**

COVID-19 has headlined some of the tragic consequences of people not being able to access or afford health-care services when and where they need them. It has reminded us of the relevance and key dimensions of UHC: access to services, quality of services and financial protection. UHC is now anchored firmly in the global SDG agenda and is at the core of the health agenda of countries in the Western Pacific Region and central to their commitment to future proof their health systems. The first three UHC TAG meetings had common threads in their recommendations: significance of political commitment and governance for UHC, mobilization of the whole health sector and beyond, focus on equity, and importance of data for policy setting and accountability. Recommendations have also evolved from the technical to the political. This fourth UHC TAG meeting will see how these recommendations have served the countries in their COVID-19 response and, together with representatives from all other TAGs, will explore the transitional dimensions of UHC and deliberate on the challenges and opportunities provided by COVID-19 to revisit UHC in order to address the challenges as envisaged in *For the Future*.

**Move more rapidly towards UHC in the context of COVID-19 pandemic**

The Western Pacific Region is one the most advanced in progressing health service coverage. Between 2000 and 2017, the UHC service coverage index and its four broad components showed improvement for countries in the Region as a whole, though three countries showed a lower index between 2015 and 2017. There is also varying progress in different components: significant progress in infectious disease control and progressive improvement of reproductive, maternal and child health, but limited progress in NCDs and mixed progress on service capacity and access. Inequalities in access to health care persist between and within countries in the Region, by education, economic status, age, gender and place of residence. Though data are limited, they indicate that the Region had the highest incidence of catastrophic health spending in the world.

COVID-19 has had a significant impact on service coverage, caused by an economic slowdown and disruption of essential services. The crisis can, however, provide opportunities for the advancement of UHC, as the experience of China shows. This opportunity can be used to put health on top of the national agenda, enhance multisectoral cooperation and increase financial allocations. It can be used to restructure the health system to provide integrated services and to make it people centred. It can be used to support the development of human resources for health, technological developments and government planning for health system strengthening and medical emergency systems.

**UHC and (post) COVID-19 recovery: Ready for the future?**

Although the future cannot be predicted, a “better future” can be imagined. Instead of planning to return to a “new normal”, a “new better” should be envisaged. What is happening in the present is really a result of what was done in the past. In some countries, an excellent response to the pandemic was possible because of what was done in the past. However, the pandemic has also revealed some fault lines: responses that have been hampered by insufficient investments in public health, narrow disease focus, poor community engagement, inability to reach the vulnerable and unreached populations, underdeveloped PHC systems, mistrust in government, low health literacy and a missing focus on mental health. COVID-19 presents an opportunity to address these.

---

1 Reproductive, maternal, newborn and child health (RMNCH); infectious diseases; NCDs; and service capacity and access.
2 Papua New Guinea, Vanuatu and Brunei Darussalam.
In order to reorient the health systems and identify actions to address current issues related to COVID-19 and future challenges, WHO in the Western Pacific Region started working with agile think tanks that envisaged four future scenarios that are all possible and in fact coexist in different countries, including: a “growth scenario” where a vaccine is on the horizon and recovery begins; a “discipline scenario” where the new normal is of state-imposed order; a “collapse scenario” where society falls apart; and a “transform scenario” where post-COVID-19 new ways of doing things emerge.

Some trends are emerging in the Region: greater consciousness about health issues, a new social contract where individual health is seen as a public good, new technological solutions and business models, and decreasing pollution levels. On the negative side, there is: increasing pressure on the health workforce, health being hijacked by extreme politics, less fiscal space and a decline in household capacity to spend. It is, however, possible to prepare for these trends and take actions to promote better health and UHC. This is possible through: engaging with social institutions on health as a public good, harnessing digital health, reemphasizing seamless care delivery, refocusing on PHC and prevention, a building bipartisan approach to intersectoral governance, considering innovative financing and operational efficiency, and decreasing the carbon footprint of facilities and in seeking care. It is important to recommit to UHC in a post-COVID-19 world, taking care to include all people, especially vulnerable and unreached populations; to provide a full continuum of services; to provide incentives for prevention; and to ensure cost-effective care and efficient and accountable systems. UHC and health security are two sides of the same coin; without UHC, health gains will not be sustained.

In summary, this session underlined the fact that UHC was central to the COVID-19 response. At the same time, the pandemic amplified existing impediments in moving more rapidly towards UHC. Acknowledging the large progress gaps that exist, as well as new challenges, and recognizing the new trends that are emerging socially, politically, economically and technologically, there is a need for sustained change and make it not only the “new normal” but also a “new better”. Good leadership, governance and strategic thinking will help lead the way forward for this. At the same time, community engagement also has to be front and centre. Financing mechanisms should also recognize the socioeconomic impact of the way investments are made in health and support the prevention agenda. Primary health care in the post-COVID-19 era may be making much better use of new technologies, telehealth in particular, to deliver more efficient and more equitable care, but the digital divide needs to be kept in mind.

In moving forward, given the heterogenous experiences across the Region and the different contexts, the “new normal” has to be a little different across countries, even though there are similarities in lessons learnt. The new preparedness is not a static concept, but it is about adjusting, adapting and redefining constantly, while keeping in mind issues of stigma and vulnerability.

2.4 Group discussion: Lessons and experiences of the Member States in their journey towards UHC in the context of COVID-19

In this session, Member States were divided into six groups to share the lessons and experiences in their journey towards UHC in the context of COVID-19. Each group had representatives from 2–4 countries and areas who shared their country’s experience, representatives from multilateral organizations and WHO collaborating centres, colleagues from WHO country offices who facilitated the discussions, UHC technical advisers and WHO division directors who provided technical comments and observations. Each group examined the impact of COVID-19 and deliberated on the lessons and the critical actions points to put us back on track for achieving UHC in a world living with the disease.

Although some Member States have been able to manage the COVID-19 pandemic quite successfully, most Member States have felt the negative impacts, including those that have reported no cases. These include staff shortages and reallocation of staff and resources from other health services, resulting in reduced ability to provide non-COVID health services; inequitable impacts on poor, vulnerable, unreached and older populations; reduction in care-seeking; disruption of supply chains for medicines, medical supplies and equipment; disruption in immunizations; and lack of preparedness to deal with the

4 These include the Federated States of Micronesia, Tonga, Solomon Islands and Vanuatu.
increase in mental health problems. The economic fallout of the pandemic will continue to threaten the medium-term fiscal space for health in many Member States. On the positive side, the pandemic has, in the short term, increased financial and technical resources for health systems from government and/or partners, with the potential to leave a legacy for UHC. There is a greater political attention to health that could be a catalyst for health reform. There have also been several innovations, particularly as relates to telehealth services, multisectoral collaboration and community engagement.

In terms of lessons learnt, COVID-19 has reaffirmed the importance of UHC, health emergency preparedness and the International Health Regulations (2005). It has highlighted the importance of preventive health care, PHC, protection of people at high risk and migrant populations, and a simultaneous focus on the management of chronic diseases and mental health. The pandemic has also emphasized the centrality of health in the political and economic discourse, the need for multisectoral collaboration, and the importance of community engagement in prevention, control and management of infections.

Going forward, while each Member State will define its own way depending on its social, political, economic and geographic realities, there are some concerns and actions that seem relevant for most states: providing basic medical services locally in a timely manner, optimizing and/or integrating health services at the individual level, ensuring health impacts are equitable and that no one is left behind, improving efficiency, developing a pool of resources that can be repurposed for infectious disease outbreaks and health emergencies, enhancing multisectoral collaboration, and embracing digital health.

2.5 Session 2: Advancing UHC in the “new normal”

This plenary session was based on the learnings from countries and the discussion on the dimensions of the “new normal” from the previous day. The session opened with a recap of all the sessions followed by a presentation.

UHC and COVID-19: How can we seize the opportunity?

COVID-19 has been a major disruptor but has also created opportunities to improve our understanding of UHC and advance our health system in a way that will eventually accelerate progress towards UHC.

The public health response to COVID-19 has been varied across countries, as well as within countries. Infections led to increased health-care use in some countries (such as Italy) but also to reduced health-care use as people were anxious about going to and seeing their doctors. Countries that had good UHC were better able to facilitate access to testing and care. In some countries, the response was entirely primary care driven, while in others it was an afterthought. The pandemic also led to change in health-care use, particularly in the use of telehealth. This has raised the issue of the digital divide, where the older generation, the poor and the technologically distanced are less able to access the system. The impacts of the pandemic have also been felt differentially. People with lower socioeconomic status, young workers and women are much worse impacted by the pandemic.

The use of lockdowns has generally been successful in controlling the number of infections, but this had an unanticipated secondary impact on population anxiety. This led to an increase in alcohol and drug use and increase in domestic violence, and none of that was in the pandemic plans, particularly in Australia. Community engagement has been critical in building community support for adherence to lockdowns and other preventive measures such as masks.

In moving forward, the most critical issue is how Member States will plan their approach to recovery or return to the “new normal”, who will be involved and what will be discussed in order to transform the health system to be more cost-effective and efficient for advancing UHC, to deliver better access and quality of care, and to decide where to invest the next marginal dollar.

2.6 Transformation forums: Impediments and the way forward

Five transformation forums were organized to explore how transformation of the health-care system can take place around key themes and reflect on opportunities and pathways for achieving UHC under the “new normal”.
Each transformation forum opened with some introductory remarks and presentations that introduced the theme of the forum, followed by presentations by participating Member States. UHC technical advisers and division directors provided technical comments and observations that laid the basis for subsequent group discussions.

Forum A: Public health functions and information monitoring

Representatives from Cambodia, Fiji, Japan and Mongolia joined this forum to deliberate on three key aspects: a) common bottlenecks or challenges in integrating public health functions within the health system and current practices in addressing them; b) ways to improve and integrate disease surveillance and health system monitoring capacity for effective health resource planning and mobilization; and c) options for reorganizing public health institutions to promote and facilitate greater integration and build more resilience.

Some of the bottlenecks and challenges on integrating public health functions within the health system include: the difficulty of multisectoral collaboration, siloes between public health functions and service delivery, lack of flexibility from development partner funding, and governance challenges within the health ministry where services are not integrated but delivered by different thematic sectors. Collecting real-time epidemiological data from routine health information systems also remains challenging. Group members noted that multisectoral collaboration is particularly difficult given the fragmentation across sectors, absence of integrated funding, differences across sectors in the language of discourse in terms of what is meant by public health and public health functions, and absence of clear shared chains of control.

COVID-19 has also stimulated a number of innovative practices. For instance, in Japan, a strong public health sector has been supported with service delivery funded by health insurance. Fiji is strengthening primary care from the ground up and using zonal teams for community outreach. Cambodia and Mongolia are implementing the Go Data system for contact tracing and surveillance. Cambodia has benefited from the existing system of rapid response team workers (around 3000) for public health surveillance. There is also the realization across countries that there is a need: to draw data from different thematic sectors and different datasets; to provide data in a multisectoral way to decision-makers and leaders in a timely and intelligent way; and to harmonize and standardize data collection across sectors for comparability.

On the institutional and policy front, the experience of Member States shows that local leadership is important. Having strong or strengthening PHC is also critical, as is establishing rapid response teams. Many new innovations have been seen in this arena, for instance the formulation of operational and clinical practice guidelines for referral hospitals and health centres for COVID-19 response in Cambodia, and the creation of multisectoral task forces in Japan. For the future, it is important to incorporate preparedness while investing in public health institutions. It is very difficult to build new institutions during an outbreak, so there is need to build flexibility in the system to provide comprehensive services during emergencies and outbreaks.

Forum B: Health financing

Representatives from Malaysia, the Lao People’s Democratic Republic and Papua New Guinea came together in this forum to share the impact of COVID-19 on health financing in their respective country: the major health financing issues and challenges faced to support the COVID-19 response; whether funds were repurposed for the response, or provided on top of regular allocation for health, and the impact on non-COVID-19 services funding; whether the government purchased COVID-19 and non-COVID-19 essential services from the private sector or nongovernmental health-care facilities; and how the health financing system is preparing for the “new normal” drawing from the COVID-19 experience.

The group shared five key messages and good practices on health financing:

1. COVID-19 has resulted in the highest level of support from the government, and there has been interministerial cooperation for health. This is an opportunity to further build on the mechanisms and connections established with different sectors during this time. This is also an opportunity to negotiate and leverage budget allocations for the following years.
2. COVID-19 has reaffirmed the need for flexibility in budgets to reallocate funds in a timely manner, and to have rules in place that allow health systems to respond quickly to needs in times of an emergency or an outbreak.

3. PHC and health prevention systems need to be prioritized in budget allocations. The pandemic has highlighted the need for extra funding to protect PHC and other essential services on top of COVID-19 response.

4. With support coming in from different development partners, the pandemic also highlighted the need for coordination across development partners. Using a donor mapping tool to coordinate resources can help in this.

5. Many countries have engaged successfully with the private sector and nongovernmental organizations to build capacity, supplement service provision, and support technological innovations and solutions. This has helped ease critical shortage of personnel and other resources for both COVID-19 and non-COVID-19 essential services.

**Forum C: Digital health**

Representatives from China, Solomon Islands, Singapore and the Federated States of Micronesia came together in this forum to deliberate on the use of digital health to advance UHC based on the experience during the COVID-19 pandemic.

This forum came up with the following five key messages to accelerate the use of digital health, building on experience during the pandemic:

1. There is rapid acceleration of digital health in certain countries, while others are still in the early stages, resulting in a digital divide between countries. There is a need to explore and understand the ways and means by which countries with rapid development can help countries with fewer and early efforts. There is also a digital divide within countries, in terms of access and ability to use digital health, and this has equity implications.

2. It is also important to understand that there are limitations to the use of digital health that are posed by financial and sustainability considerations. Digital health comes with a cost, and this is important especially for small countries with limited ability to finance and sustain new technology. There must be sharing and caring among countries for economies of scale and also a need to continue to explore apps to benefit smaller countries at a lower cost.

3. COVID-19 has shown the potential of digital health by helping to overcome some of the challenges posed by travel restrictions, lockdowns and the need to limit exposure. This presents an opportunity to accelerate efforts in UHC in digital health.

4. Logistical support to supplement digital interventions is equally important (for example for e-prescriptions, conduct and delivery of lab tests and results, telemedicine). To facilitate the logistics of delivering digital health, especially for remote populations, there is a need to look at other technological opportunities, such as robots, drones and others, that may not be health-related but may have support from the private sector.

5. WHO can play an important role to help countries fast track digital health in a sustainable way. Recognizing digital health as a public good can help to encapsulate best practices and provide starting points for resource-limited countries, providing a “menu” of options to them.

**Forum D: Health workforce**

Representatives from the Philippines, Australia, Guam and the Commonwealth of Northern Mariana Islands deliberated on how to build the health workforce, based on lessons from COVID-19, to support system transformational change towards UHC 2030. They examined approaches taken by countries to mobilize and protect health workers, the common barriers to strengthen health workforce in the Region, and good practices, policy options and next steps for countries and areas to build a fit-for-purpose health workforce to support an adaptive and resilient health system for the future.

The group identified four key issues for the health-care workforce: availability, capacity-building, protection and well-being, based on lessons from COVID-19, and identified ways to best address these.

1. COVID-19 has revealed the need for additional health workers. Member States have adopted a pragmatic approach, working with the workers available in the sector, while leveraging workers
from communities and other sectors, including the police, fire department and the military. The pandemic has also emphasized the importance of updated registries of health-care workers for situations like this.

2. Upskilling of lay and trained workers is important to use the existing workforce better. This can be done using traditional and online platforms for learning.

3. In keeping health workforce healthy, it is important to recognize that dangers and hazards extend beyond the occupational hazards and include issues arising from stigma, mental trauma, stress and burnout, and these need to be incorporated while ensuring the health of the workforce. Once a vaccine becomes available, the health-care workforce should be prioritized. In ensuring the well-being of the workforce and keeping them happy, it is important to address the issues of pay parity, health-care worker migration and further widening of inequities within countries that export health-care workers.

Finally, in augmenting health human resources for the future and ensuring sustainability, it is important to have a national human health resource plan, including in the disaster preparedness plans.

**Forum E: Community engagement and multisectoral approaches**

Representatives from Viet Nam, Brunei Darussalam, Vanuatu and Tonga deliberated on lessons from the COVID-19 response on how to move beyond the health sector and sustain multisectoral collaboration and community engagement efforts for health.

Community engagement and multisectoral action go hand in hand and reinforce each other and a whole-of-society approach. High-level commitment and leadership are crucial for sustaining both and building a whole-of-society approach. There is a need to think about both traditional leadership roles and more modern governance models.

It is important to put in place multisectoral engagement strategies for the future and not just for emergency responses, with meaningful involvement of individuals and communities in the development of health plans.

Individuals and communities can and should hold a variety of different roles in all levels of the response. The roles should be adapted to the issue and context. Approaches taken should be informed by local data, disaggregated by subgroups and drawn from across sectors, including non-health data and socioeconomic information. It is important to think about dialogue and consultations with community as a form of generating qualitative data that should feed into decision-making. Continuous and transparent multidirectional communication and information dissemination are key. Disseminating information regularly and transparently between the public and all sectors is essential to keep everyone involved and aware of developments.

**2.7 TAG coordination meeting**

Transforming the health sector and ensuring UHC in a changing world hinges on equal contributions from the entirety of the health sector and beyond. This TAG coordination meeting brought together for the first time all technical advisory mechanisms in the Western Pacific Region, with the following objectives:

- to understand more clearly all regional technical advisory mechanism agendas, members and mechanisms;
- to share an understanding of the complementarity of various mechanisms in leveraging momentum for UHC as a shared responsibility with actors across and beyond the health sector; and
- to generate ideas and recommendations for future TAG alignment and coordination and identify key themes and deliverables for the year to come.

The established and proposed TAGs and high-level technical/consultative mechanisms in the Region included: TAG on Tuberculosis (TB-TAG), TAG on Immunization and Vaccine-Preventable Diseases (VDI-TAG), Strategic and Technical Advisory Committee (STAC) for Viral Hepatitis, TAG on the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED-TAG), TAG on
Climate Change and Environment (CCE-TAG), the new (Pre) Noncommunicable Diseases TAG (NCD-Pre TAG), and (Consultation on) Reaching the Unreached. Each TAG introduced the status and progress in their area, the relationship of the respective mechanism to UHC, how the mechanisms can drive the UHC agenda and how UHC can underpin collaboration with all TAGs and mechanisms. All mechanisms highlighted the linkages with the UHC TAG and the interlinkages with other programmes and mechanisms, along with the sectors of development to achieve the particular objectives of their respective mechanisms. Across technical advisory mechanisms, community engagement is necessary to promote health literacy and patient self-management and to combat stigma and discrimination, and the work of all mechanisms will benefit from greater service integration and disease surveillance systems. There is hence a need to establish an architecture to facilitate effective collaboration, cooperation and communication to synergize the activities across and between technical advisory mechanisms with UHC as the foundation.

The discussions emphasized that a large part of health outcomes is determined by factors outside the health sector and that there is a need to start thinking strategically about how multisectoral linkages can be built and a whole-of-society approach incorporated. There is thus also an imperative to address the social, economic and political structures that determine health to ensure equitable access and to secure that there are mechanisms for social protection. Within the health sector, there is a need for integrated delivery of services across different diseases and health conditions. Community engagement needs to be central to the transformation and decentralization of health. While COVID-19 has disrupted services with likely delays in achieving the SDGs by 2030, it has also created opportunities to collaborate, cooperate, communicate and synergize actions and intelligence, both within the health system and beyond, to achieve this transformation of the health systems. This TAG coordination meeting deliberated on the ways and means in which the different TAGs can come together.

At the country level, everyone shares one health system, and progress across all disease areas hinges on this one system. UHC means reaching everyone, everywhere with the services they need. It needs to be at the top of each technical advisory mechanism’s agenda. Just as each mechanism depends on UHC, each mechanism can make a contribution to advancing UHC. In pursuing specific disease agendas, there are shared problems, that can be resolved more effectively when working together. Working together more closely to advance UHC will amplify the individual agendas and progress.

The group shared its recommendations for future TAG engagement (see Section 3 below) that underscored the need to integrate UHC as a consistent theme across all technical advisory mechanisms.

2.8 Session 3: Recommitting to UHC under a “new normal”

Panel discussion: Transforming our health system to achieve UHC in a [post] COVID-19 world

This session provided a platform for different voices from Member States to recommit to actionable items to achieve UHC by 2030. Five panellists provided insights from their perspectives.

Strengthening a multisectoral approach and protecting the unreached and vulnerable people are crucial to advance UHC in the “new normal”. This would include collaborative action across sectors to promote infection control in different settings and sectors (business, education, travel and other sectors), encourage Health in All Policies in other sectors, and accelerate collaboration between health and financial ministries. Some of the actions to protect unreached and vulnerable populations include enhancing infection control to protect older people and people with underlying diseases, strengthening comprehensive public health services and utilizing innovations like digital health.

All WHO technical advisory mechanisms in the Western Pacific Region confirmed their commitment and obligation to work together. Given the decreased fiscal space post-COVID-19, there is a need to gain efficiency, effectiveness, affordability and coverage by optimizing integration of systems such as logistics, human workforce and information systems for the different programmes. Further, all programmes face issues of stigma and discrimination of the many people whom they serve. Programmes can benefit from the TAGs sharing best practices on how they address these issues and how they reach the unreached. Member States also need more coordinated and integrated policy advice on how the different programmes can be integrated into UHC, rather than having separate targets. It is also more...

14
feasible to attain and sustain political and multisectoral commitment to health through UHC, rather than for individual programmes. There is a need for more regular collaborative engagement between technical advisory mechanisms with sharing of best practices and joint problem-solving. Mapping of technical advisory mechanism areas, regions and populations can help identify opportunities to leverage, collaborate and identify gaps that need supporting.

When recommitting to UHC under a “new normal”, it is important to promote patient-centred care and include the community’s voice or feedback to test ideas and programmes. For this, it might be necessary to build capabilities of people’s organizations so that they are knowledgeable and can be involved in discussing programme and policy issues. There is a need to bring services closer to the community by using virtual tools and to learn from patient input and feedback to enhance the patient experience. Self-care support should be embedded in all health-care services to help people and communities be healthier.

Scientific evidence has shown that PHC-based systems are efficient, effective and equitable. It addresses the social, economic and environmental determinants of health and is a holistic, integrated and comprehensive approach to health and well-being. Essential public health functions such as health protection, disease prevention, surveillance, diagnosis, data analysis and community outreach are integral to PHC. It also acknowledges the broader role of individuals and communities in health care.

In moving forward, equity-based and people-centred approaches must be our guiding principles. PHC is the foundation for UHC and must be an important part of health-care systems to meet the challenges of the future. Investment in PHC is a key factor for transformative action.

Finally, UHC is really about a journey with many smaller steps along that journey. We are more prepared than yesterday, and tomorrow we will be more prepared than today.

Some of the key issues raised in the discussions after the panel presentations related to the practical aspects of how to actually move PHC into the centre of the response, how to harness digital health without exacerbating inequalities, and how to integrate Health in All Policies in all sectors. It was felt that in taking action, it is not just about reaching communities, but about listening and empowering communities. To navigate UHC and multisectoral governance within very complex social, cultural and political contexts, there is a need to synergize all the stakeholders and recognize the leadership that exists across any system. The experience in countries such as China has made a case for multisectoral collaboration and shown that it is possible. There is a need to understand why this was possible in the pandemic outbreak response and how it can be incorporated into our normal work of health system engineering. Another point raised was why UHC has worked well in some countries, particularly in the Western Pacific Region, while other regions, particularly Europe, was not coping well. There is a need to analyse why this happened and understand what we are doing right so that we can continue to do the right things for perhaps the coming waves of the pandemic.

2.9 Outlook: Recommendations by the UHC TAG

The UHC TAG shared its conclusions and recommendations for Member States and WHO (see Section 3 below) and thanked the participants for their deliberations and ideas that led to these conclusions and recommendations. One point that was highlighted in the recommendations to Member States was that of accelerating health services and health sector transformation. COVID-19 has provided us with an opportunity for transformation and acceleration, and there is a need to ensure that transformation plans incorporate the innovations and changes that the pandemic has helped evolve, to develop a stronger PHC system with a focus on equity. In the recommendations to WHO, it was mentioned that WHO has provided immense support to Member States for the pandemic response, and the Organization should step back and assess whether the existing frameworks and initiatives are sufficient to achieve the Western Pacific’s goal of being the healthiest and safest region.

2.10 Closing remarks

In the closing remarks, it was emphasized that past efforts in UHC have served us well in responding to the COVID-19 emergency, even though its scale has exceeded all capacities. COVID-19 has profoundly changed our world and created a new normal, which poses both an obligation and an
opportunity to transform our systems. Attempting many of these transformative changes may not be as relevant for COVID-19, but having a futures perspective that anticipates emerging issues is essential. WHO in the Western Pacific Region adopted the For the Future vision less than a year ago, to better respond to health threats by transforming and future proofing our health system. This vision was based on insights that Member States had well before COVID-19 propelled the vision into a future scenario. Discussions in this TAG meeting have underlined how COVID-19 has made UHC more urgent than ever and how it is the basis for bringing back health and economic recovery in countries, but also to make our Region the healthiest and safest in the world.

Some of the areas that emerged as being critical for the response as well as for shaping the transformation of the health system and UHC include: empowering communities; reaching the vulnerable and unreached; ensuring a sufficient health workforce that is well capacitated, safe and happy; fostering political leadership and leadership within WHO that can engineer and maintain multisectoral collaboration and harness the synergy between the various technical advisory mechanisms to advance UHC.

Consultations at this meeting show that attention and expectations around health and the provision of health care may lead to new forms of social contract that expand the range of actors and sectors involved in health, accelerate digital health innovations, and promote increased public and private sector cooperation for health.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

- COVID-19 has propelled the Region into what can be described as a “future scenario” of a global pandemic. Yet, we are conscious that other profound challenges, such as those enumerated in For the Future, will confront our societies with similar inevitability.
- The COVID-19 pandemic reinforces how central it is to prepare our health systems and societies for future challenges, including adapting to a world with COVID-19 in the short term and other changes we anticipate playing out over the longer term.
- The pandemic has exposed points where health systems fail to connect with all sectors of society, and the fear and distrust in the provision of health care highlights the need to do much better in engaging with communities and health system users.
- Learning from COVID-19, it is critical in future health emergency plans to reinforce the importance of the workforce, to ensure that they are well trained and well supported, protected with the necessary equipment and supplies, and enabled to work to their full potential.

a. COVID-19 and other emerging challenges confirm the relevance of UHC and shine a light on aspects that need more attention from a futures perspective.

- UHC is seen as even more relevant as the foundation for the Western Pacific Region becoming the “safest and healthiest region”. As stated in For the Future, UHC is foundational across health. COVID-19 confirmed that this also applies to routine health service provision and emergency health, which are inextricably linked.
- A number of previous TAG recommendations require re-emphasizing in light of the COVID-19 experience. These include: strengthening data; supporting service delivery transformation and strengthening NCDs and infectious diseases; addressing equity gaps in services; harnessing e-health for quality and equitable health care; increasingly emphasizing patient-centred and PHC; and incorporating diverse voices in health governance (private sector, marginalized groups) and taking a whole-of-system approach.
- COVID-19 has brought to the fore certain aspects of UHC that have received inadequate attention despite previous TAG recommendations and led to a situation where some countries, notably in Europe, while ranking high on UHC were suboptimally prepared for the pandemic challenge.
There is a need to refresh and, in some instances, deepen our understanding of UHC as per *Universal Health Coverage: Moving Towards Better Health*, the action framework for the Western Pacific Region endorsed by the Regional Committee in 2015, and ensure coordinated and coherent implementation within countries.

b. **Further country progress towards UHC will be determined by how health systems can turn the “new normal” into a “new better normal” in which UHC becomes a platform for health and socioeconomic recovery/development.**

- Prior to COVID-19, we have seen steady but mixed progress in health service coverage for populations in the Western Pacific Region but regress in financial protection.
- In addition to the direct morbidity and mortality from COVID-19, the pandemic has resulted in significant indirect service underutilization and economic hardship, which has had immediate and substantial health and social impact and threatens to undo years of progress towards reaching the SDGs related to health and well-being.
- COVID-19 has created a “new normal” under which we must operate in the future. It is characterized by new societal, political, economic and health realities that present both challenges and opportunities.
- The COVID-19 pandemic has highlighted the vulnerability of health systems as well as social systems, thus resetting the policy agenda to prioritize UHC and health systems transformation.
- UHC is a key platform for the socioeconomic recovery of countries.

c. **COVID-19 is a stress test for the health system through its direct and indirect impacts and lays bare weaknesses and challenges for sustained investments in UHC.**

- While there has been an immediate influx of funds for the COVID-19 health response, overall fiscal space in the medium term is likely to shrink in countries, threatening investments in UHC.
- Five million people are anticipated to fall into extreme poverty and millions more into poverty or near-poverty, reducing their ability to pay for health care, out-of-pocket expenditures, health insurance contributions, as well as for good nutrition, water, sanitation and a healthy lifestyle.
- Workforce exhaustion/decimation and stigma and discrimination towards health workers have resulted in reduced attractiveness and recruitment to the health workforce.
- Diversion of resources to emergency operations is interrupting the delivery of essential services.
- Core health services, such as NCD prevention and treatment services and immunizations, are being disrupted.

d. **If directed wisely, strengthening aspects of UHC for COVID-19 can help to “leapfrog” our health systems, based on true whole-of-system approaches and accelerated innovation.**

- Renewed attention has been given to health, and an expanding set of actors and sectors are involved in health. This could stimulate a new social contract in which people and societies value health more and take health more into consideration when making life decisions and when engaging with their governments and states on their expectations around health and health-care provision.
- Acceleration of technologies and innovations in health-care provision and digital health could have a fundamental impact on health-care delivery enabling a significant leap forward in delivering high-quality care closer to patients and communities compared to previous fixed facility-based delivery.
- There is increased understanding of the importance of whole-of-system approaches in which emergency preparedness/response and health service capacities are inextricably linked and hinge on shared critical elements, including community engagement and behaviours, public and private sector collaboration for workforce education and training, transparent monitoring and surveillance systems, and investments in research and development.
e. Consideration for advancing UHC

1) To achieve UHC in the future, we need to transform our health systems to make them people and community centred and owned, as well as worthwhile investments for societal development.

- Given the COVID-19 experience, and our knowledge of other profound inevitable ongoing and future threats to our societies and health, our health systems must transform to be able to respond to the challenges of a changing world. In particular, we recognize the shift towards NCDs and chronic conditions, multiple morbidities, the blurring frontier between health, well-being and illness, and the augmenting influence of social, physical and economic environments on the health and well-being of our populations.

- For this, our health systems need to become more responsive, versatile and recognize the various societal levers and influences that can be mobilized to improve population health outcomes. These may include shifts in service delivery (including towards patient-centred primary care services that accompany people, integrated patient pathways, and more emphasis on public health functions), shifts in health financing (including both increasing efficiencies and investments in health), and shifts in health governance (including clearer stewardship for UHC, community engagement and increased recognition of social determinants and environments).

- As our experience with how countries confronted the phenomenon of ageing underlined, the earlier this transformation is initiated the better.

- COVID-19 has revealed the importance of better, more resilient and more agile linkages between public health functions, disease surveillance and health-care delivery, and the need for rapid evidence-informed decision-making and multisectoral leadership to engage all of society and parts of government in health protection during outbreaks. During the COVID-19 pandemic, collaborative work across the global research community produced data and solutions at unprecedented speed, showing how well-coordinated research can support public health and health system change.

- Without transformative change, there is a risk that health budgets will grow to an extent that they threaten government balance sheets because of a rapid increase of NCDs requiring long-term treatment and management, as well as current and future epidemics and pandemics. We need to develop healthy ways of living now to protect against future government indebtedness.

- Multisectoral collaboration and robust political leadership and governance is essential to support the delivery of UHC by all across the entirety of society.

2) UHC is a shared foundation for advancing health, and programmes, systems and data are equally accountable for and contribute to its realization/development.

- While actors across the health sector (including those with a focus on disease programme implementation) have long recognized UHC as a result of engagement, health system experts have largely headed the conceptualization and steering of efforts for UHC.

- In order to maximize synergies and the use of resources, UHC needs to become a truly joint responsibility in which data, systems, disease and population health experts work hand in hand and on equal footing with stakeholders from other sectors.

- Correspondingly, this Fourth UHC TAG Meeting included a special session with other WHO technical advisory mechanisms in the Western Pacific Region to explore potential mechanisms to enable respective mechanisms to contribute to the shared vision of UHC as a foundation for health, heralding a new generation of technical advisory mechanisms.

- At the inaugural TAG coordination meeting on 20 August 2020, the chairs or representatives of each technical advisory mechanism in the Western Pacific Region presented on their technical areas to reach a consensus on harmonizing WHO technical advisory mechanisms in the Region with UHC TAG as an umbrella:
  - Technical Advisory Group on Tuberculosis in the Western Pacific Region (TB-TAG);
  - Technical Advisory Group on Immunization and Vaccine-Preventable Diseases (VDI-TAG);
  - Strategic and Technical Advisory Committee (STAC) for Viral Hepatitis;
  - Technical Advisory Group on the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III);
  - Technical Advisory Group on Climate Change and Environment;
(Pre) Noncommunicable Diseases – Technical Advisory Group (New) (NCD-Pre-TAG); and
(Consultation on) Reaching the Unreached

3.2 Recommendations

3.2.1 Recommendations for Member States

Member States are encouraged to consider the following:

1. Explicitly link COVID-19-related investments to broader health systems development for advancing UHC and build understanding and commitment to UHC as an investment in socioeconomic development despite the potentially shrinking fiscal space.

2. Prior to the 2021 UHC TAG meeting, review COVID-19 responses for response-specific and health system weaknesses and strengths to inform implications for advancing UHC as well as future emergency preparedness, including: (i) availability of public health expertise and appropriate workforce; (ii) inter- and intra-agency leadership, communication and excellence in operational management and monitoring, lines of accountability, and teamwork; (iii) community engagement and communication; and (iv) clarity of public health messages and their impact on behaviour change.

3. Build on increased attention to health and broaden participatory UHC governance within and external to the health sector, including by involving other public, private and not-for-profit sectors in multisectoral collaborations such as with finance, community engagement, education and others.

4. Translate UHC commitment into a vision for health and transformational plans that can be operationalized, monitored and regularly reviewed and enhanced, including through intra- and multisectoral collaboration and accountability with patient and community control over the way health services are provided.

5. Accelerate health services and health sector transformation by ensuring transformational plans incorporate: innovations such as digital health and devices that enable self-care; updated health workforce capacity and capability, including for leadership and change management; stronger PHC; and the collection, reporting and analysis of disaggregated data, including equity-focused disaggregated data to support policy, monitoring and ongoing UHC enhancements including reaching the unreached.

6. Remove barriers to health workers working to their full scope of practice, and consider the potential for utilizing other complementary workers in emergency responses.

7. Reinvigorate the UHC focus on unreached and vulnerable populations, ensuring their engagement now and in the future as other health challenges emerge.

3.2.2 Recommendations for WHO

Using For the Future as the framework for thinking, WHO is requested to consider the following:

1. Continue to contextualize WHO support to countries for strengthening UHC using a whole-of-system approach, as a key foundation for advancing health, well-being and socioeconomic vibrancy.

2. Continue to support countries in developing a vision for health, medium- and long-term scenarios, and a transformative agenda under the “new normal” of COVID-19 and other significant health challenges, to underpin policies and investments.

3. Continue to support countries in revisiting and redesigning PHC, where needed taking a whole-of-system approach based on people-centredness, patient pathways and evolving community health needs.

4. Identify and promote models of service delivery that blend the capacity for rapid intensification with routine care provision so as to avert the negative impact emergency responses have on routine care.
(5) Accelerate support to countries to collect, report and analyse data, including equity-focused disaggregated data to support policy, monitoring and ongoing UHC enhancements, including reaching the unreached.

(6) Assess whether existing frameworks and initiatives are sufficient to achieve the Region’s goal of being the healthiest and safest region.

(7) Assess the role of UHC in the COVID-19 response to analyse and advise on how UHC should be strengthened to augment emergency preparedness and response.

3.2.3 Recommendations for future TAG engagement

The TAG was requested to consider the following:

(1) Integrate UHC as a consistent theme across all technical advisory mechanisms, including the identification of UHC challenges and opportunities that could be supported by the UHC regional action framework as the basis for inter-TAG discussions and actions.

(2) Convene an annual TAG coordination meeting to: (i) share progress and issues and report back on UHC to each TAG constituency; (ii) identify cross-cutting UHC issues and possible levers to advance UHC; and (iii) develop possible strategies to recommend to WHO.

(3) Hold a semi-formal TAG coordination meeting before the end of the year to progress arrangements, including on regular interactions and ways of collaboration, incorporating informal, virtual and digital tools and mechanisms. Key objectives of TAG coordination activities prioritize coordination among the different advisory mechanisms.

(4) Monitor progress towards UHC at the 2021 UHC TAG meeting, including issues, lessons learnt and innovative strategies and approaches in the context of what was and what is – the “new better normal” based on reports from Member States on UHC issues, innovations and progress.
ANNEXES

Annex 1. List of participants, Technical Advisory Group members, temporary advisers, observers/representatives and Secretariat

PARTICIPANTS

Dr Anne-marie BOXALL, Chief Allied Health Officer, Department of Health, Canberra ACT. Email: anne-marie.boxall@health.gov.au

Ms Megan NIHIL, Director, International Engagement on Health Systems Policy, Department of Health, Canberra ACT, Australia. Email: megan.nihill@health.gov.au

Mr James GOSPER, Assistant Director, International Engagement on Health Systems Policy, Department of Health, Canberra ACT, Australia. Email: James.Gosper@health.gov.au

Ms Emil FIRTH, Assistant Director, Multilateral Health Strategy and Partnerships, Department of Foreign Affairs and Trade, Canberra ACT, Australia. Email: emily.firth@dfat.gov.au, emily.firth@gmail.com

Dr Hajah Rafidah bte Haji GHARIF, Acting Director, Department of Health Services, Ministry of Health, Commonwealth Drive, Bandar Seri Begawan BB 3910, Brunei Darussalam. Email: rafidah.gharif@moh.gov.bn

Dr Md Bahrin bin Pg ALIUDDIN, Deputy Medical Superintendent II, Hospital RIPAS, Ministry of Health, Commonwealth Drive, Bandar Seri Begawan BB 3910, Brunei Darussalam. Email: bahrin.aliuddin@moh.gov.bn

Dr Chong Chean LEUNG, Medical Superintendent, Hospital SSB, Ministry of Health, Commonwealth Drive, Bandar Seri Begawan BB 3910, Brunei Darussalam. Email: cheanleung.chong@moh.gov.bn

Dr Riamiza Natalie bte Haji Abd MOMIN, Medical Superintendent, Hospital PMMPMHAMB, Ministry of Health, Commonwealth Drive, Bandar Seri Begawan BB 3910, Brunei Darussalam. Email: natalie.momin@moh.gov.bn

Dr Fakhruddin Haji Awang SALIM, Medical Superintendent, Hospital PIHM, Ministry of Health, Commonwealth Drive, Bandar Seri Begawan BB 3910, Brunei Darussalam. Email: fakhruddin.salim@moh.gov.bn

Dr Pg Hajah Nasibah bte Pg Haji ISMAIL, Senior Medical Officer In-charge, Berakas Health Centre, Ministry of Health, Commonwealth Drive, Bandar Seri Begawan BB 3910, Brunei Darussalam. Email: nasibah.ismail@moh.gov.bn

Dr Dk Siti Norul Ehsan bte Pg Haji DAMIT, Senior Medical Officer In-Charge, PAPHRSB Health Centre, Ministry of Health, Commonwealth Drive, Bandar Seri Begawan BB 3910, Brunei Darussalam. Email: norul.damit@moh.gov.bn

Dr Maimunah bte Haji MOKIM, Senior Medical Officer, Ministry of Health, Commonwealth Drive, Bandar Seri Begawan BB 3910, Brunei Darussalam. Email: maimunah.mokim@moh.gov.bn

Dr Hajah Salizawati bte Haji ZAINAL, Senior Medical Officer, Ministry of Health, Commonwealth Drive, Bandar Seri Begawan BB 3910, Brunei Darussalam. Email: salizawati.zainal@moh.gov.bn
Dr Hajah Shodeena bte Haji MOHAMMAD, Senior Medical Officer, Health Division, Tutong District, Ministry of Health, Commonwealth Drive, Bandar Seri Begawan BB 3910, Brunei Darussalam. Email: shodeena.mohammad@moh.gov.bn

Dr Haji Mohd Elham bin Haji Mohd ISMAIL, Senior Medical Officer In-charge, Belait District Health Centre, Ministry of Health, Commonwealth Drive, Bandar Seri Begawan BB 3910, Brunei Darussalam. Email: elham.ismail@moh.gov.bn

Dr Lo VEASNAKIRY, Adviser to the Minister, Ministry of Health, #80 Samdech Penh Nouth Blvd. (289), Sangkat Boeungkak 2, Tuol Kork District, Phnom Penh, Cambodia. Tel No. 023-885-970, Email: veasnakiry@gmail.com

Dr KIM Savuon, Deputy Director, Department of Hospital Services, Ministry of Health, #80 Samdech Penh Nouth Blvd. (289) Sangkat Boeungkak 2, Tuol Kork District, Phnom Penh, Cambodia. Tel No.: (855) 1241 3249, Email: kimsavuon.bmh@gmail.com

Dr THAI Savuth, Chief, Prevention and Control Bureau, Department of Communicable Disease Control, Ministry of Health, #80 Samdech Penh Nouth Blvd. (289) Sangkat Boeungkak 2, Tuol Kork District, Phnom Penh, Cambodia. Tel No.: (855) 016 677 752, Email: savuth.th@gmail.com

Dr BUN Samnang, Vice Chief, Health Economics and Financing Office, Department of Planning and Health Information, Ministry of Health, #80 Samdech Penh Nouth Blvd. (289) Sangkat Boeungkak 2, Tuol Kork District, Phnom Penh, Cambodia. Tel. No.: 855 2321 5412, Email: bunsamnang@yahoo.com

Mr XIAO Dahua, Deputy Division Chief, Department of Planning, Development and Information, National Health Commission, Beijing, China. Email: 1447434341@qq.com

Ms ZHANG Zhihong, Deputy Division Chief, Department of Healthcare Reform, National Health Commission, Beijing, China. Email: 15957023@qq.com

Mr WANG Weifu, Vice Director, Bureau of Disease Prevention and Control, National Health Commission, Beijing, China. Email: wangwf@nhc.gov.cn

Ms WANG Manli, Vice Consultant, Bureau of Medical Administration, National Health Commission, Beijing, China. Email: 18594976@163.com

Dr Jemesa TUDRAVU, Chief Medical Advisor, Ministry of Health and Medical Services, Dinem House, Government Building, Suva, Fiji. Email: jemesa.tudravu@health.gov.fj

Dr Luke NASEDRA, Acting Medical Superintendent, Colonial War Memorial Hospital, Suva, Fiji. Email: lukenasedra@gmail.com

Dr Ana MAISEMA, General Manager, Ministry of Health and Medical Services, Dinem House, Government Building, Suva, Fiji. Email: abmaisema@gmail.com

Dr Annette DAVID, Chair, Guam State Epidemiological Workgroup Outcome, Guam Behavioral Health and Wellness Center, Tamuning, Guam 96931. Tel. No.: +1 (671) 646 5227, Email: amdavid@guam.net

Dr Yuta YOKOBORI, Deputy Director for Global Health, International Affairs Division, Ministry of Health, Labour and Welfare, 1-2-2 Kasumigaseki, Chiyod-ku, Tokyo, 100-8916 Japan. Email: yokobori-yuuta.mi5@mhlw.go.jp

Dr Bouakhan PHAKHOUNTHONG, Deputy Director General, Department of Health Care and Rehabilitation, Ministry of Health, Simuang Village, Sisattanak District, Vientiane, Lao PDR. Tel. No.: 850-20-22204685, Email: bouakanhanp@yahoo.com

Mr Phanthong BOUSAVANH, Head, Health Insurance Management Division, National Health Insurance Bureau, Ministry of Health, Semeuang Road, Sisattanak District, Vientiane, Lao PDR. Tel. No.: 020 55698577, Email: phanthong_b@yahoo.com

Dr Rattanaxay PHETSOUVANH, Director General, Department of Communicable Disease Control, Ministry of Health, Semeuang Road, Sisattanak District, Vientiane, Lao PDR. Tel. No.: 856 20 2221 4957, Email: rattanaxay@gmail.com

Dr Mahani AHMAD HAMIDY, Deputy Director, Planning Division, Ministry of Health, Precint 1, Parcel E, Block E6, Aras 6, Pusat Pentadbiran Karajaan, Persekutuan 62590 Wilayah Persekutuan, Putrajaya, Malaysia. Tel. No. +603 8883 2124; +6017 6800171, Email: mahan99@moh.gov.my

Dr Siti Khadjah Ahmad TAJUDIN, Family Health Development Division, Ministry of Health, Level 4, Block E6, Parcel E 62590, Putrajaya, Malaysia. Tel. No.: 603 8883 2226; 6012 8081303, Email: sitikhadjadijah@moh.gov.my, sitiahmad818@gmail.com

Mr Marcus SAMO, Assistant Secretary for Health, Department of Health and Social Affairs, FSM National Government, P.O. Box PS 70, Palikir, Federated States of Micronesia. Tel. No.: (691) 320 2619, Email: msamo@fsmhealth.fm

Dr Enkhzaya TAZNAA, Director, Department of Public Health, Ministry of Health, Government Bldg. VIII, Olympic Street-2, Sukhbaaar District 14210, Ulaanbaatar, Mongolia. Tel No.: (976-51) 263925, Email: enkhzayatazna@yahoo.com

Dr Purev OYUNTSETSEG, Senior Policy Officer, Policy Planning Department, Ministry of Health, Government Bldg. VIII, Olympic Street-2, Sukhbaaar District 14210, Ulaanbaatar, Mongolia. Tel No.: (976) 999-964-34, Email: tseagromch@yahoo.com

Dr Oyunchimeg MAAMKHUU, Officer-In-Charge, Medical Services Department, Ministry of Health, Government Bldg. VIII, Olympic Street-2, Sukhbaaar District 14210, Ulaanbaatar, Mongolia. Tel No.: (976) 991-6777, Email: em_tugsoyun@yahoo.com

Ms Kaitlyn NEISES-MOCANU, Special Assistant for Policy, Sustainability and Development, Commonwealth Healthcare Corporation, 5344 Capitol Hill Rural Branch, Saipan, Commonwealth of the Northern Mariana Islands, MP 96950 USA. Tel No.: 1 (670) 783-8427, Email: Kaitlyn.neises@dph.gov.mp

Honourable Jelta WONG, Minister for Health and HIV/AIDS, Ministry of Health and HIV/AIDS, P.O Box 807, Waigani, Port Moresby, National Capital District, Papua New Guinea. Email: ybuseng@gmail.com

Dr Elva LIONEL, Deputy Secretary, National Health Policy and Corporate Services, Department of Health, APOI Building, Tower 1, Waigani, National Capital District, Port Moresby, Papua New Guinea. Tel. No.: (675) 3013624, E-mail: elionel087@gmail.com
Ms Martina SUVE, Technical Advisor, Health Sector Planning, Strategy Policy Division, Department of Health, APOI Building, Tower 1, Waigani, National Capital District, Port Moresby, Papua New Guinea. Email: mpumbo@gmail.com, martina_suve@health.gov.pg

Dr Mario VILLAVERDE, Undersecretary of Health, Health Policy and Systems Development, Department of Health, San Lazaro Compound, Sta. Cruz, Manila, Philippines. Email: officeofusecmcv@gmail.com

Dr Myrna CABOTAJE, Undersecretary of Health, Public Health Service, Department of Health, San Lazaro Compound, Sta. Cruz, Manila, Philippines. Email: oicusecphst@gmail.com

Dr Maria Rosario VETGIERE, Officer-In-Charge, Undersecretary of Health, Health Regulation, Department of Health, San Lazaro Compound, Sta. Cruz, Manila, Philippines. Email: rosettevergeire@gmail.com

Mr Eun Jung LIM, Director, Division of International Cooperation, Ministry of Health and Welfare, 13, Doum 4-ro, Sejong (30113), Republic of Korea. Tel. No.: 82-44-202-2360, Email: gaeool@korea.kr

Mr Jeongmyung PARK, Deputy Director, Division of International Cooperation, Ministry of Health and Welfare, 13, Doum 4-ro, Sejong (30113), Republic of Korea. Tel. No.: 82-44-202-2354, Email: JMP4607@korea.kr

Prof Kelvin Bryan TAN, Director, Office for Policy Research and Economics, Ministry of Health, College of Medicine Building, 16 College Road, Singapore 169854. Email: kelvin_bryan_tan@moh.gov.sg

Mr Junxiong TEO, Senior Assistant Director, International Cooperation, Ministry of Health, College of Medicine Building, 16 College Road, Singapore 169854. Email: Teo_junxiong@moh.gov.sg

Dr Nemia BAINVALU, Undersecretary for Health Improvements, Ministry of Health and Medical Services, P.O. Box 349, Honiara, Solomon Islands. Email: NBainivalu@moh.gov.sb

Mr Ivan GHEMU, Director, Policy and Planning, Ministry of Health and Medical Services, P.O. Box 349, Honiara, Solomon Islands. Email: IGhemu@moh.gov.sb

Mr John JOVI, Project and Aid Coordination Officer, Ministry of Health, Port Vila, Vanuatu. Email: jjovi@vanuatu.gov.au

Mr THAM Chi Dung, Vice Chief, Statistics, Department of Planning and Finance, Ministry of Health, 138A Giang Vo Street, Ba Dinh District, Hanoi, Viet Nam. Email: thamchidung@gmail.com

Dr VU Ngoc Long, Deputy Chief, Communicable Disease Control Unit, General Department of Preventive Medicine, Ministry of Health, 138A Giang Vo Street, Ba Dinh District, Hanoi, Viet Nam. Email: mlongvutb@gmail.com

Ms VU Nu Anh, Expert, Health Insurance Department, Ministry of Health, 138A Giang Vo Street, Ba Dinh District, Hanoi, Viet Nam. Email: nuanh.vu@gmail.com
UHC TECHNICAL ADVISERS

Ms Gillian BISCOE, Independent Consultant, 622 Sandy Bay Road, Sandy Bay, TAS 8005, Australia. Tel. No.: +61 3 6225 4710, Email: gmbiscoe@bigpond.com

Professor MENG Qingyue, Executive Director, China Center for Health Development Studies, Peking University Chin, XueYuan Road 38 Mailbox 505, Haidian District Beijing 100191, China. Tel No.: +86 10 82801620, Email: qmeng@bjmu.edu.cn

Dr Josephine Aumea HERMAN, Secretary of Health, Ministry of Health, Rarotonga, Cook Islands. Tel. No.: +682 29664, E-mail: josephine.herman@cookislands.gov.ck

Professor Yoon KIM, Department of Health Policy and Management, College of Medicine, Seoul National University, Seoul, Republic of Korea. Tel. No.: 82 2 2072 124, Email: yoonkim@snu.ac.kr

Professor Gabriel LEUNG, Dean, Li Ka Shing Faculty of Medicine, Chair, Public Health Medicine, School of Public Health, The University of Hong Kong, Hong Kong. Tel. No.: +852 3917 9280; 30917 9282, Email: gmleung@hku.hk

Dr Siale ‘AKAU’OLA, Chief Executive Officer for Health, Ministry of Health, Tonga. Email: sialeakauola@yahoo.com.au

Professor Vivian LIN, Executive Associate Dean, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong. Tel. No.: +61 3 953 7626, Email: vklin@hku.hk

Dr Yasuyuki SAHARA, Senior Assistant Minister for Health Security, Science and Technology, Minister's Secretariat, Ministry of Health, Labour and Welfare, Tokyo, Japan. Email: sahara-yasuyuki@mhlw.go.jp

Dr TRAN Thi Mai Oanh, Director, Health Strategy and Policy Institute, Ministry of Health, Hanoi, Viet Nam. Tel. No.: 84 4 37365811, Email: tranmaioanh@hspi.org.vn

Professor TAN Chorh Chuan, Executive Director, Office for Healthcare Transformation, Ministry of Health, Singapore. Email: chorchchuan.tan@moht.com.sg

Professor Soonman KWON, School of Public Health, Seoul National University, Seoul 110-787, Republic of Korea. Email: kwons@snu.ac.kr

Dr Stephen DUCKETT, Program Director of Health, Grattan Institute, 8 Malvina Place Carlton, Victoria 3053, Australia. Email: stephen.duckett@grattaninstitute.edu.au

TEMPORARY ADVISERS

Dr Christopher MORGAN, Senior Technical Advisor (Immunization), Jhpiego, 1615 Thames Street, Baltimore, Maryland 21231, USA. Email: Christopher.Morgan@jhpiego.org

Professor Maxine Anne WHITTAKER, Dean, College of Public Health, Medical and Veterinary Sciences, James Cook University, Canberra, Australia. Email: maxine.whittaker@jcu.edu.au

Professor CHAN Henry Lik Yuen, Department of Medicine and Therapeutics, Director, Centre for Liver Health, The Chinese University of Hong Kong, Prince of Wales Hospital, Shatin, N.T., Hong Kong. Email: hlychan@cuhk.edu.hk
Professor Mario RAVIGLIONE, Global Health, Centre for Multidisciplinary Research in Health Sciences, University of Milan, Via Festa del Perdono, 20122 Milano, Italy. Email: raviglionemc@gmail.com

Dr Jeffrey CUTTER, Senior Consultant, Public Health Group, Ministry of Health, Singapore. Email: Jeffery_CUTTER@moh.gov.sg

Professor Yun-Chul HONG, Director, Institute of Environmental Medicine, College of Medicine, Seoul National University, Republic of Korea, Email: ychong1@snu.ac.kr

OBSERVERS/ REPRESENTATIVES

Dr Eduardo BANZON, Principal Health Specialist, Sector Advisory Service Cluster –Health Sector Group, Sustainable Development and Climate Change Department, Asian Development Bank, 6 ADB Avenue, Mandaluyong City, Philippines. Tel. No.: +632 632 4444, Email: ebanzon@adb.org, mtorres.contractor@adb.org

Dr Patrick OSEWE, Chief of Health Sector Group, Sector Advisory Service Cluster –Health Sector Group, Sustainable Development and Climate Change Department, Asian Development Bank, 6 ADB Avenue, Mandaluyong City, Philippines. Email: posewe@adb.org, mtorres.contractor@adb.org

Dr ZHAI Tiemin, Associate Professor, China National Health Development Research Center, Beijing, China. Email: ztm@nhei.cn

Ms Karen Ida ALPARCE-VILLANUEVA, International Alliance of Patient’s Organization (IAPO) Representative from the Philippines, Manila. Email: karenidavillanueva@gmail.com

Dr David LEGGE, Public Health Association of Australia, Curtin ACT 2605, Australia. Email: D.Legge@latrobe.edu.au

Dr Kunihiko HIRABAYASHI, Regional Health Adviser, UNICEF East Asia and Pacific Regional Office, Bangkok 10200, Thailand. Email: khirabayashi@unicef.org

Dr Khin Devi AUNG, Regional Health Specialist, Immunization and Health Systems, UNICEF East Asia and Pacific Regional Office, Bangkok 10200, Thailand. Email: kdaung@unicef.org

Ms Marija VASILEVA-BLAZEV, Special Adviser, United Nation's Office of the Secretary-General's Envoy on Youth, 1 United Nations Plaza, New York, USA. Email: marija.vasileva-blazev@un.org, long.zong@un.org

Professor Siaw-Teng LIAW, School of Public Health and Community Medicine, University of New South Wales, Sydney, Australia. Tel. No.: +612 9385 2734, Email: siaw@unsw.edu.au

Professor John HALL, School of Public Health and Community Medicine, University of New South Wales, Sydney, Australia. Email: john.hall@unsw.edu.au

Dr Sameera ANSARI, Research Assistant, School of Public Health and Community Medicine, University of New South Wales, Sydney, Australia. Email: sameera.ansari@unsw.edu.au

Dr Myron GODINHO, School of Public Health and Community Medicine, University of New South Wales, Sydney, Australia. Email: m.godinho@unsw.edu.au
Dr Shin-ichi NODA, Director, Division of Global Health Programs, Department of Health Planning and Management, National Center for Global Health and Medicine, 1-21-1, Toyama Shinjuku-ku, Tokyo 162-8655, Japan. Email: noda@it.ncgm.go.jp

Dr Hitoshi MURAKAMI, Director, Division of Public Relations and Communication, Department of Human Resources Development, National Center for Global Health and Medicine, 1-21-1, Toyama Shinjuku-ku, Tokyo 162-8655, Japan. Email: murakami@it.ncgm.go.jp

Mr Eiichi SHIMIZU, Senior Technical Officer, Division of Partnership Development, Department of Global Network and Partnership, National Center for Global Health and Medicine, 1-21-1, Toyama Shinjuku-ku, Tokyo 162-8655, Japan. Email: eshimizu@it.ncgm.go.jp

SECRETARIAT

Dr Gundo WEILER, Director, Data, Strategy and Innovation, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Tel. No.: +632 8528 8001, Email: wielerg@who.int

Dr LIU Yue, Coordinator, Universal Health Coverage, Data, Strategy and Innovation, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Tel. No.: +632 8528 89047, Email: liuyue@who.int

Mr Martin TAYLOR, Director, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: taylorm@who.int

Dr Huong TRAN, Director, Division of Programmes for Disease Control, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Tel. No.: (632) 8528 9701, Email: tranh@who.int

Dr Hai-Rim SHIN, Director, Division of Healthy Environments and Populations, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Tel. No.: (+632) 8528 9930, Email: shinh@who.int

Dr Corrine CAPUANO, Director, Division of Pacific Technical Support, WHO Office in the South Pacific, Level 4 Provident Plaza One, Downtown Boulevard, 33 Ellery Street, Suva. Email: CapuanoC@who.int

Dr GAO Jun, Coordinator, Health Information and Intelligence, Data, Strategy and Innovation, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines, Tel. No.: (+632) 8528 9835, Email: gaoj@who.int

Dr Hiromasa Okayasu, Coordinator, Healthy Ageing, Data, Strategy and Innovation, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: okayasuhi@who.int

Ms Amy CAWTHORNE, Technical Officer, Strategic Dialogue, Data, Strategy and Innovation, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: cawthornea@who.int

Mr Sangyoun OH, Technical Officer, Universal Health Coverage Data, Data, Strategy and Innovation, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: soh@who.int
Dr DUAN Mengjuan, Technical Officer, Health Information and Intelligence, Data, Strategy and Innovation, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: duanm@who.int

Dr Brian RILEY, UHC Consultant, Universal Health Coverage, Data, Strategy and Innovation, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: rileyb@who.int

Dr LI Boyang, UHC Consultant, Universal Health Coverage, Data, Strategy and Innovation, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: libo@who.int

Ms April Siwon LEE, AGE Consultant, Healthy Ageing, Data, Strategy and Innovation, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: oalee@who.int

Dr Vladimir CHOI, INR Consultant, Innovation and Research, Data, Strategy and Innovation, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: choiv@who.int

Ms Mallika AUPLISH, DIA Consultant, Strategic Dialogue, Data, Strategy and Innovation, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: auplishm@who.int

Mr Robert Ryan ARCIAGA, HII Consultant, Health Information and Intelligence, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: arciagar@who.int

Mr Tae Hwan KIM, AGE Consultant, Healthy Ageing, Data, Strategy and Innovation, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: kimtae@who.int

Ms Fiona KEE, HII Consultant, Health Information and Intelligence, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: keef@who.int

Dr Peter COWLEY, Coordinator, Health Policy and Service Design, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: cowleypet@who.int

Dr Ogochukwu CHUKWEJEKWU, Technical Officer, Health Policy and Service Design, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: chukwujekwu@who.int

Ms WANG Ding, Technical Officer, Health Policy and Service Design, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: wangdi@who.int

Ms Laura DAVISON, Technical Officer, External Relations and Partnership, Office of the Regional Director, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: davisonl@who.int

Mr Shinjiro NOZAKI, Compliance and Risk Management Officer, Office of the Regional Director, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: nozakis@who.int
Ms Anna WADHWANI, External Relations and Partnership, Office of the Regional Director, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: awadhwani@who.int

Dr Graham Perry HARRISON, Executive Officer, Country Support Unit, Division of Programme Management, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: harrisong@who.int

Ms Ogusa SHIBATA, Technical Officer, Country Support Unit, Division of Programme Management, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: shibatao@who.int

Ms Jimyung SHIN, Technical Officer, Country Support Unit, Division of Programme Management, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: jshin@who.int

Dr Tauhidul ISLAM, Coordinator, End TB and Leprosy, Division of Programme for Disease Control, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Tel. No.: (+632) 8528 9706, Email: islamt@who.int

Dr Naoko ISHIKAWA, Coordinator, Hepatitis and STI, Division of Programme for Disease Control, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Tel. No.: (+632) 8628 9719, Email: ishikawan@who.int

Dr Yoshihiro TAKASHIMA, Coordinator, Vaccine-preventable Diseases and Immunization, Division of Programme for Disease Control, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: takashimay@who.int

Dr Luciano TUSEO, Coordinator, Malaria and Neglected Tropical Diseases, Division of Programme for Disease Control, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: tuseol@who.int

Mr Martin VANDENDYCK, Technical Lead, Mental Health and Substance Use, Division of Programme for Disease Control, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Tel. No.: (63 2) 8528 9858, Email: mvandendyck@who.int

Dr Warrick Junsuk KIM, Medical Officer, Management of Noncommunicable Diseases, Division of Programme for Disease Control, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Tel. No.: (+632) 8528 9888, Email: kimw@who.int

Dr Don Ananda Chandralal AMARASINGHE, Technical Officer, Vaccine-preventable Diseases and Immunization, Division of Programme for Disease Control, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: amarasinghea@who.int

Dr Tigran AVAGYAN, Technical Officer, Vaccine-preventable Diseases and Immunization, Division of Programme for Disease Control, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: avagyant@who.int

Dr Nyambat BATMUNKH, Technical Officer, Vaccine-preventable Diseases and Immunization, Division of Programme for Disease Control, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: batmunkhn@who.int

Dr Analisa BAUTISTA, Technical Officer, Vaccine-preventable Diseases and Immunization, Division of Programme for Disease Control, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: bautistaa@who.int
Mr Jan-Erik LARSEN, Technical Officer, Emergency Operations, Division of Health Security and Emergency, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: larsenj@who.int

Mr Phuong Nam NGUYEN, Technical Officer, Pandemic Influenza Preparedness, Division of Health Security and Emergency, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: nguyenp@who.int

Dr Kira FORTUNE, Coordinator, Social Determinants of Health, Division of Healthy Environments and Populations, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: fortunek@who.int

Dr Juliawati UNTORO, Technical Lead, Nutrition, Division of Healthy Environments and Populations, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: untoroj@who.int

Ms Isabel Constance ESPINOSA, Technical Officer, Social Determinants of Health, Division of Healthy Environments and Populations, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: espinosai@who.int

Ms Myounsil HAN, Technical Officer, Health and the Environment, Division of Healthy Environments and Populations, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: hanmy@who.int

Ms Mina KASHIWABARA, Technical Officer, Tobacco Free Initiative, Division of Healthy Environments and Populations, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: kashiwabaram@who.int

Dr Caroline LUKASZYK, Technical Officer, Social Determinants of Health, Division of Healthy Environments and Populations, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: lukaszykc@who.int

Dr Josaia TIKO, Medical Officer, Prevention of Noncommunicable Diseases, Division of Healthy Environments and Populations, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: tikoj@who.int

Mr Darryl BARRET, Coordinator, Health Law and Ethics, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: dbarrett@who.int

Dr Socorro ESCALANTE, Coordinator, Essential Medicines and Health Technologies, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: escalantes@who.int

Dr Howard SOBEL, Coordinator, Maternal Child Health and Quality Safety, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: sobelh@who.int

Mr Emmanuel ERALY, Technical Officer, Essential Medicines and Health Technologies, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: eralye@who.int

Ms Sukyoung KIM, Technical Officer, Essential Medicines and Health Technologies, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: sukkim@who.int
Ms Priya MANNAVA, Technical Officer, Maternal Child Health and Quality Safety, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: mannavap@who.int

Dr Takeshi NISHIJIMA, Technical Officer, Essential Medicines and Health Technologies, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: nishijimat@who.int

Ms Nittita PRASOPA-PLAIZIER, Technical Officer, Maternal Child Health and Quality Safety, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: prasopaplaiziern@who.int

Mr Tomas ROUBAL, Health Economist, Health Policy and Service Design, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: roubalt@who.int

Dr Jinho SHIN, Medical Officer, Essential Medicines and Health Technologies, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: shinj@who.int

Dr Mai INADA, Junior Programme Officer, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: inadam@who.int

Ms Sohyun KIM, Go WHO Korea Fellow, Health Policy and Service Design, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: sokim@who.int

Ms Cheryl Valerie LEGASPI, Consultant, Essential Medicines and Health Technologies, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: legaspic@who.int

Mr Ben LILLEY, Consultant, Health Law and Ethics, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: lilleyb@who.int

Mr Ronald TAMANGAN, Consultant, Health Policy and Service Design, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: tamanganr@who.int

Ms Cheryl Ann XAVIER, Consultant, Health Policy and Service Design, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: xavierc@who.int

Dr Amy Elisabeth BESTMAN, Consultant, Social Determinants of Health, Division of Healthy Environments and Populations, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: bestmana@who.int

Dr Heeyoun CHO, Consultant, Prevention of Noncommunicable Diseases, Division of Healthy Environments and Populations, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: hcho@who.int
Ms Joy DAWKINS, Consultant, Social Determinants of Health, Division of Healthy Environments and Populations, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: dawkinsjoy@paho.org

Mr Ramon Theodore DE GUZMAN, Consultant, Tobacco Free Initiative, Division of Healthy Environments and Populations, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: der@who.int

Ms Nina Ashley DELA CRUZ, Consultant, Division of Healthy Environments and Populations, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: delan@who.int

Ms Apple ESPINO, Consultant, Nutrition, Division of Healthy Environments and Populations, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: espinoa@who.int

Ms Joung-eun LEE, Consultant, Tobacco Free Initiative, Division of Healthy Environments and Populations, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines. Email: joulee@who.int

Dr LI Ailan, WHO Representative, WHO Office in Cambodia, 1st Floor No. 61-64, Preah Norodom Blvd., (corner St. 306) Sangkat Boeung Keng Kang I, Khan Daun Penh, Phnom Penh. Email: lia@who.int

Dr Kumanan RASANATHAN, Coordinator, Health Systems, WHO Office in Cambodia, 1st Floor No. 61-64, Preah Norodom Blvd. (corner St. 306) Sangkat Boeung Keng Kang I, Khan Daun Penh, Phnom Penh. Email: rasanathank@who.int

Dr Gauden GALEA, WHO Representative, WHO Office in China, 401, Dongwai Diplomatic Office Building, 23, Dongzhimenwai Dajie, Chaoyang District 100027 Beijing. Email: galeag@who.int

Ms QIAO Jianrong, Coordinator, Health Sector Development, WHO Office in China, 401, Dongwai Diplomatic Office Building, 23, Dongzhimenwai Dajie, Chaoyang District, 100027 Beijing. Tel. No.: +8610 6532 7189 to 92, Email: qiaoj@who.int

Dr CHEN Zhongdan, Technical Officer, Combating Communicable Diseases, WHO Office in China, 401, Dongwai Diplomatic Office Building, 23, Dongzhimenwai Dajie, Chaoyang District, 100027 Beijing. Email: chenzho@who.int

Dr JIANG Xiaopeng, National Programme Officer, WHO Office in China, 401, Dongwai Diplomatic Office Building, 23, Dongzhimenwai Dajie, Chaoyang District, 100027 Beijing. Email: jiangx@who.int

Dr ZHANG Tuohong, National Programme Officer, WHO Office in China, 401, Dongwai Diplomatic Office Building, 23, Dongzhimenwai Dajie, Chaoyang District, 100027 Beijing. Email: zhangt@who.int

Mr CHEN Gao, WHO Office in China, 401, Dongwai Diplomatic Office Building, 23, Dongzhimenwai Dajie, Chaoyang District, 100027 Beijing. Email: cgao@who.int

Dr Mark Andrew JACOBS, WHO Representative, WHO Office in the Lao People’s Democratic Republic, 125 Saphanthong Road, Unit 5, Ban Saphangthongtai, Sisattanak District, Vientiane, Lao PDR. Email: jacobsma@who.int
Dr Yu Lee PARK, Technical Officer, WHO Office in the Lao People’s Democratic Republic, 125 Saphanthong Road, Unit 5, Ban Saphangthongtai, Sisattanak District, Vientiane, Lao PDR. Email: parkyl@who.int

Mr Mathew SHORTUS, Medical Officer, WHO Office in the Lao People’s Democratic Republic, 125 Saphanthong Road, Unit 5, Ban Saphangthongtai, Sisattanak District, Vientiane, Lao PDR. Email: shortusm@who.int

Dr Ying-Ru Jacqueline LO, WHO Representative, WHO Office in Malaysia, Brunei Darussalam and Singapore, 4th Flr Prima 8 Block 3508, Jalan Teknokrat 6, 6300 Cyberjaya, Selangor, Malaysia. Email: loy@who.int

Dr Taketo TANAKA, Junior Programme Officer, WHO Representative, WHO Office in Malaysia, Brunei Darussalam and Singapore, 4th Flr Prima 8 Block 3508, Jalan Teknokrat 6, 6300 Cyberjaya, Selangor, Malaysia. Email: tanakat@who.int

Dr Sergey DIORDITSA, WHO Representative, WHO Office in Mongolia, Government Building No. 8, Olympic Street-2, Ulaanbaatar, Mongolia. Email: diorditsas@who.int

Ms Monica FONG, Coordinator, Health Systems, WHO Office in Mongolia, Government Building No. 8, Olympic Street-2, Ulaanbaatar, Mongolia. Email: fongm@who.int

Dr Bolormaa SUKHBAATAR, Technical Officer, Health Systems, WHO Office in Mongolia, Government Building No. 8, Olympic Street-2, Ulaanbaatar, Mongolia. Email: sukhbaatarb@who.int

Dr Dapeng LUO, WHO Representative, WHO Office in Papua New Guinea, 4th Floor AOPI Centre Waigani Drive, Port Moresby, Papua New Guinea. Email: luod@who.int

Ms Anna Alexandra MAALSEN, Coordinator, Universal Health Coverage, Life Course and Healthier Populations, WHO Office in Papua New Guinea, 4th Floor AOPI Centre Waigani Drive, Port Moresby, Papua New Guinea. Email: maalsena@who.int

Dr Anup GURUNG, Team Leader, Combating Communicable Diseases, WHO Office in Papua New Guinea, 4th Floor AOPI Centre Waigani Drive, Port Moresby, Papua New Guinea. Email: gurunga@who.int

Dr Rabindra ABEYASINGHE, Acting WHO Representative, WHO Office in the Philippines, Ground Floor, Building 3, Department of Health, San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila, Philippines. Email: abeyasingher@who.int

Dr Francesca CELLETTI, Coordinator, Health Systems, WHO Office in the Philippines, Ground Floor, Building 3, Department of Health, San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila, Philippines. Email: celletti@who.int

Dr Rajendra YADAV, Medical Officer, WHO Office in the Philippines, Ground Floor, Building 3, Department of Health, San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila, Philippines. Email: yadavr@who.int

Dr Rasul BAGHIROV, WHO Representative, WHO Office in Samoa, Ioane Viliamu Building, Beach Road, Apia, Samoa. Email: baghirovr@who.int

Dr Dyxon HANSELL, Technical Officer, Health Systems Strengthening, WHO Office in Samoa, Ioane Viliamu Building, Beach Road, Apia, Samoa. Email: hanselld@who.int
## Annex 2. Programme of activities

<table>
<thead>
<tr>
<th>Time (PHL Time)</th>
<th>Activities</th>
<th>Speaker/Moderator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day 1 (Wednesday, 19 August 2020)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00 – 10:10</td>
<td>Opening session:</td>
<td>Moderator: Dr Yue Liu, Coordinator, UHC</td>
</tr>
<tr>
<td></td>
<td>- Welcome remarks</td>
<td>Dr Takeshi Kasai</td>
</tr>
<tr>
<td></td>
<td></td>
<td>WHO Regional Director for the Western Pacific</td>
</tr>
<tr>
<td>10:10 – 10:50</td>
<td>Ministerial Panel Discussion: UHC in Western Pacific Region in times of COVID-19</td>
<td>Moderator: Ms Gillian Biscoe</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UHC TAG Chairperson</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Panellists: Health Ministers from Member States</td>
</tr>
<tr>
<td>10:50 – 10:55</td>
<td>Group photograph and Mobility Break</td>
<td>UHC Team, WPRO</td>
</tr>
<tr>
<td>10:55 – 11:00</td>
<td>Set the scene of the meeting</td>
<td>Dr Yue Liu, Coordinator, UHC</td>
</tr>
<tr>
<td>11:00 – 11:30</td>
<td>Session 1: Member States’ perspectives on UHC in light of COVID-19</td>
<td>Moderator: Prof Soonman Kwon</td>
</tr>
<tr>
<td></td>
<td>Plenary</td>
<td>UHC Technical Advisor</td>
</tr>
<tr>
<td></td>
<td>- Presentation: UHC in times of COVID-19: now more than ever</td>
<td>Presenters: Dr Gundo Weiler</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Director, DSI</td>
</tr>
<tr>
<td></td>
<td>- Presentation: Move more rapidly towards UHC in the context of COVID-19 pandemic</td>
<td>Prof Meng Qingyue</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UHC Technical Advisor</td>
</tr>
<tr>
<td></td>
<td>- Presentation: UHC and (post)COVID-19 Recovery: Ready for the Future?</td>
<td>Prof Vivian Lin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UHC Technical Advisor</td>
</tr>
<tr>
<td></td>
<td>- Introduction of group discussions</td>
<td>UHC Team, WPRO</td>
</tr>
<tr>
<td>11:30 – 12:30</td>
<td>Group discussion</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Afternoon of Day 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Day 2 (Thursday, 20 August 2020)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00 – 10:30</td>
<td>Session 2: Advancing UHC in the ‘new normal’</td>
<td>Moderator: Dr Siale ‘Akau’ola</td>
</tr>
<tr>
<td></td>
<td>Plenary</td>
<td>UHC Technical Advisor</td>
</tr>
<tr>
<td></td>
<td>- Recap of opening session and Ministerial Panel</td>
<td>Presenters: Prof Tan Chorh Chuan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UHC Technical Advisor</td>
</tr>
<tr>
<td></td>
<td>- Recap of session 1</td>
<td>Prof Vivian Lin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UHC Technical Advisor</td>
</tr>
<tr>
<td></td>
<td>- Presentation: UHC and COVID: How can we seize the opportunity?</td>
<td>Dr Stephen Duckett</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UHC Technical Advisor</td>
</tr>
<tr>
<td></td>
<td>- Introduction of the Transformation Forums</td>
<td>Division of Health Systems and Services, WPRO</td>
</tr>
<tr>
<td>10:30 – 11:30</td>
<td>Transformation Forums</td>
<td></td>
</tr>
<tr>
<td>11:30 – 11:40</td>
<td>Mobility break</td>
<td>UHC Team, WPRO</td>
</tr>
<tr>
<td>Time</td>
<td>Event</td>
<td>Moderator</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------------------------------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>11:40 – 12:10</td>
<td>Feedback from the Transformation Forums</td>
<td>Moderator: Mr Martin Taylor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Director, DHS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Presenters:</td>
</tr>
<tr>
<td>14:00 – 15:30</td>
<td>TAG Coordination Meeting</td>
<td>Participants: Representatives</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Directors and Responsible Officers</td>
</tr>
<tr>
<td>16:00 – 18:00</td>
<td>Secretariat and UHC Technical Advisors Meeting: Developing UHC TAG</td>
<td>Participants: UHC Technical</td>
</tr>
<tr>
<td></td>
<td>recommendations</td>
<td>Advisors, DSI Director, UHC</td>
</tr>
<tr>
<td><strong>Day 3 (Friday, 21 August 2020)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00 – 10:20</td>
<td>Session 3: Recommitting to UHC under a ‘new normal’</td>
<td>Moderator: Prof Vivian Lin</td>
</tr>
<tr>
<td></td>
<td>Plenary</td>
<td>Presenter: Dr Josephine Aumea</td>
</tr>
<tr>
<td></td>
<td>- Recap of the outcomes of the TAG coordination meeting</td>
<td>UHC Technical Advisor</td>
</tr>
<tr>
<td>10:20 – 11:10</td>
<td>Panel discussion: Transforming our health systems to achieve UHC</td>
<td>Moderator: Prof Gabriel</td>
</tr>
<tr>
<td></td>
<td>in a [post] COVID-19 world</td>
<td>Leung</td>
</tr>
<tr>
<td></td>
<td>Panellists: Dr Yasuyuki Sahara, Prof Maxine Whittaker, Dr Suraya Dalil</td>
<td>UHC Technical Advisor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Representative from Reaching</td>
</tr>
<tr>
<td></td>
<td></td>
<td>the unreached consultation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr Suraya Dalil, Director, PHC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mr Marcus Samo, Assistant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Secretary for Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Federated States of</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Micronesia</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ms Karen Alparce-Villanueva,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr Stephen Duckett</td>
</tr>
<tr>
<td>11:10 – 11:30</td>
<td>Outlook: Recommendations by the UHC TAG</td>
<td>UHC Technical Advisor</td>
</tr>
<tr>
<td>11:30 – 12:00</td>
<td>Closing ceremony</td>
<td>Moderator: Dr Yue Liu</td>
</tr>
<tr>
<td></td>
<td>- Closing remarks</td>
<td>Coordinator, UHC</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Speakers:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr Gundo Weiler, Director, DSI</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ms Gillian Biscoe, UHC TAG</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chairperson</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr Takeshi Kasai, WHO</td>
</tr>
</tbody>
</table>