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

16 to 18 November 2021
Virtual meeting
MEETING REPORT

FIFTH 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
16–18 November 2021

Not for sale

Printed and distributed by:

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

May 2022
NOTE

The views expressed in this report are those of the participants of the Fifth 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 Fifth Meeting of the Technical Advisory Group on Universal Health Coverage in the Western Pacific Region from 16 to 18 November 2021.
CONTENTS

SUMMARY .................................................................................................................................................. 1

1. INTRODUCTION .................................................................................................................................. 2
  1.1 Meeting organization ......................................................................................................................... 2
  1.2. Meeting objectives ......................................................................................................................... 2

2. PROCEEDINGS ........................................................................................................................................ 2
  2.1 Opening session ............................................................................................................................... 2
  2.2 Block A: Data – Where are we on the journey to achieving UHC and how can we build off the COVID-19 response to improve health information systems? ......................................................... 3
  2.3 Block A: Poster session – World café ............................................................................................... 4
  2.4 Block B: Programmes – Moving towards a healthy life in the “new future” by uniting disease control programmes and delivering services that reach the unreached on the journey to UHC ................................................. 6
  2.5. Block B: Group discussion .............................................................................................................. 6
  2.6. Block C: Health system – What do the health systems of the new future need to look like and how to transform towards achieving them? ........................................................................... 8
  2.7. Block C: Transformation forum ...................................................................................................... 9
  2.8. Second TAG Alliance Meeting ....................................................................................................... 11
  2.9. Block D: Policies – What are the policy priorities for building towards UHC by 2030? .................... 12
  2.10. Closing session ............................................................................................................................. 14

3. STRATEGIC DIRECTION AND SHIFTS ..................................................................................... 14

  3.1 What are we learning from COVID-19 pandemic for our future UHC agenda? .................................. 14
    3.1.1. Issues and identified lessons that COVID-19 have highlighted for UHC agenda ....................... 14
    3.1.2. Opportunities stimulated by COVID-19 that can support health systems transformation with UHC .. 15
  3.2 Moving towards the healthier “new future” with transformed health systems ...................................... 16
    3.2.1 Strengthened public health capacities: prepared for sustained management of COVID-19 and future health security threats .................................................................................................. 16
    3.2.2. Primary health care: people-centred, lifelong engagement and participatory ................................. 17
    3.2.3 Advancing UHC through integrated planning and delivery: data, disease control programmes and health systems ............................................................................................................................... 17
  3.3 Strategic shifts in translating political and technical commitment to improve health outcomes in the “new future” .................................................................................................................................. 17
    3.3.1 Transforming health systems including redesigning service delivery ......................................... 18
    3.3.2 Ensuring sustainable financing and collectively investing on health outcomes .............................. 18
    3.3.3 Strengthening intersectoral governance, emphasizing on the local level and community leadership ...... 18
    3.3.4 Enabling new ways of working to accelerate health systems transformation .................................. 19

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

Annex 1. List of participants, Technical Advisory Group members, temporary advisers, observers/representatives and Secretariat
Annex 2. Meeting programme

Delivery of Health Care/ Health Services Accessibility/ Universal Health Insurance
SUMMARY

Universal health coverage (UHC) is a shared long-term agenda that leverages joint political and technical commitment to improving health outcomes. It is key to achieving the Sustainable Development Goals (SDGs) and provides a foundation to the broader progress of economies and societies towards countries’ prosperity, social cohesion and stability. The journey towards UHC is not straightforward and needs continuous political decisions, but accelerating its progress is central to achieving the vision of making the WHO Western Pacific Region the world’s healthiest and safest.

The UHC service coverage index in the Region has improved steadily in most countries since 2015, scoring a higher average of 77 (out of a maximum 100) than the global average of 66. However, 12 of the 21 Member States with data are below the global average in 2017.

The coronavirus disease 2019 (COVID-19) pandemic continues to threaten UHC progress, exposing more vulnerable and unreached populations and accentuating long-standing and emerging gaps in data, disease control programmes and health systems. The pandemic has highlighted the urgent need to adapt to the “new normal” to both protect health and social gains and ensure that advancing UHC remains viable. The new normal requires a shift from the traditional approaches of implementing health interventions to new ways of working together across programmes and sectors.

Across the sociodemographic and culturally diverse Region, many countries have enacted significant health reforms towards UHC, driven by persisting health challenges where improvement requires going beyond a vertical programme approach. Efforts have included addressing inequities, integrating disease control programmes, mitigating data gaps and working to understand the best interventions, all of which contribute to health systems strengthening.

The pandemic highlighted issues and identified lessons for the future UHC agenda such as the need to invest more in primary health care (PHC) and strengthen cross-sectoral collaboration for coordinated response, as well as the importance of community engagement in reaching unreached populations. With the rapid adaptation under the new normal, opportunities also emerged that can catalyse the transformation of health systems. This includes increased attention and political momentum to health, addressing inequities, and informed participation of communities to mitigate risks of transmission.

Moving towards a healthier “new future” informed by the wealth of knowledge and experience from pandemic response, the health system is envisioned to have (i) strong public health capacity for sustained management of COVID-19 and beyond, (ii) people-centred, lifelong engagement and participatory PHC, and (iii) integrated planning and delivery of data, disease control programmes and health systems. In achieving this future direction, the following strategic shifts were identified, calling for shared political leadership across sectors and levels:

- Transforming health systems including redesigning service delivery
- Ensuring sustainable financing and collectively investing in health outcomes
- Strengthening intersectoral governance, emphasizing on local level and community leadership
- Enabling new ways of working to accelerate health systems transformation.

Each shift or transformative way of working is supported by collective actions to take forward and realize the new future.
1. INTRODUCTION

1.1 Meeting organization

The Fifth Meeting of the Technical Advisory Group on Universal Health Coverage (UHC TAG) in the Western Pacific Region was held virtually from 16 to 18 November 2021. It was convened with high-level policy-makers and government participants from 23 countries and areas, technical advisers, various development partners, and representatives from all WHO regional offices and headquarters. In addition, a preliminary webinar event on the theme “Health Reform toward Universal Health Coverage” was held on 8 November 2021, a week prior to the main event. Country representatives from China, Viet Nam and New Zealand shared key insights and innovative strategies on health reforms. The list of participants is available in Annex 1.

1.2. Meeting objectives

The objectives of the meeting were:

(1) to provide Member States an opportunity to share insights and practical strategies to address challenges and harness opportunities from coronavirus disease 2019 (COVID-19) to advance UHC;
(2) to identify opportunities to transition from the “new normal” to the “new future” for Member States to invest in health with UHC as the foundation; and
(3) to stimulate new ways of thinking and actions to sustain political momentum for health from COVID-19 recovery to accelerate UHC progress.

The overall outcome of the meeting is for Member States to be stimulated to take actions for building a new future, capitalizing on lessons from COVID-19.

2. PROCEEDINGS

2.1 Opening session

The opening session laid the background and expectations for the Fifth UHC TAG Meeting. At the outset of the session, it emphasized that this second meeting after the adoption of the vision outlined in For the Future: Towards the Healthiest and Safest Region follows the success of establishing the UHC TAG to be an umbrella TAG across all advisory groups for disease control programmes and thematic priorities in the Western Pacific. The UHC TAG brings together different health agendas and public health issues to take forward collective actions to transform health systems for improved health outcomes. This is in alignment with the Region’s vision that articulated “acting today to address the challenges of tomorrow with the goal of making the WHO Western Pacific Region the healthiest and safest region”.

This session also emphasized that taking a systems approach with UHC as the foundation is one of the identified operational shifts for WHO to support Member States in achieving the For the Future vision and is key to long-term planning and investing. There is a need to find ways to make the best use of limited resources, and this time bringing together all programmes and partners is one of the endeavours to expedite that journey.

Ways on how the “umbrella TAG” should continue to evolve as a platform for countries were also outlined:

• stimulate new ideas and act for building a new future;
• capitalize on lessons identified throughout the pandemic;
• advocate for multisectoral and multidisciplinary collaboration; and
• support innovative interventions to transition from the “new normal” to the “new future”.

2
The session also underlined that UHC is critically important to a country’s social and economic vibrancy, and there is an urgent need for more rapid progress towards UHC as a foundation for the future of health. Looking back in 10 years’ time, it is essential to recognize that opportunities arising from this pandemic will be taken forward for meaningful changes. There has been a significant increase in political and cross-sectoral policy awareness on the importance of sustainable and resilient health systems. As the dynamic and unprecedented challenges unfold, new ways of working to achieve the shared vision of being the healthiest and safest region have been more relevant and valid. This includes transformative constructs of “backcasting” and “taking a systems approach with UHC as the foundation” which align WHO’s work to maximize the impact of collective efforts in “future-proofing” health systems.

The UHC TAG as the umbrella TAG supports and enables all efforts to be integrally interwoven within the UHC agenda to address the challenges and achieve the SDGs in 2030. For the past two years, there have been many collective lessons, as well as knowledge, experience and commitment gained to transition from the new normal to the new future, positioning UHC as the foundation for investing in health. Building on current health and social gains, it is a moral imperative to collectively sustain political and technical momentum towards a healthier new future, far beyond COVID-19 with transformed health systems that will advance UHC in countries and contribute to achieving all SDGs.

2.2 Block A: Data – Where are we on the journey to achieving UHC and how can we build off the COVID-19 response to improve health information systems?

This session discussed data perspectives as the Region goes through the pandemic response. The UHC progress of Member States has been impacted by COVID-19 and accentuated data gaps. It also presented opportunities to further invest in managing health information systems (HIS).

The journey towards UHC in the Western Pacific Region

Since 2015, the Western Pacific Region has continuously made progress towards achieving UHC despite the disruption of essential health services and has developed innovative strategies to mitigate the impact of the COVID-19 pandemic.

The UHC service coverage index in most countries and areas in the Region substantially improved, with a higher average with 77 (out of a maximum score of 100) than the global average of 66. Ten countries had quickly progressed, while five regressed. Improving services for noncommunicable diseases (NCDs) is critical since stagnant progress may prevent the Region from advancing UHC by 2030. Moreover, inequities in accessing quality health services have placed vulnerable populations at the rear of this UHC journey. Evidence shows that there have been persisting inequities in immunization for infants, modern methods of family planning for women, and access to safe drinking water and good sanitation. These are observed across countries and areas, by education, economic status, age, gender and place of residence. Meanwhile, in terms of health spending, there is a minor decrease in the proportion of the population with household health spending greater than 10% of the total household budget. The Region also continues to have the highest proportion of the population (4.2%) with catastrophic health spending (25% threshold of household budget). Some countries exhibited differences in catastrophic health spending between rural and urban populations, with higher values among rural dwellers.

By 2025, some countries in the Region are expected to significantly advance UHC, while most are continuing towards achieving the target. The current UHC indicator level in the Region is forecasted to increase from 69% to 72.2% between 2019 to 2025.¹

Impact of COVID-19 on health service delivery

To mitigate the COVID-19 impact on the disruption of essential health services, Member States have implemented policies and interventions including proactive community engagement, triaging to identify

priorities, telemedicine to replace in-person consultations, and redirecting of patients to alternative health-care facilities.

As the Region continues to address the pandemic amid the rapidly changing demands, disparities in certain populations persist. For example, older people, economically disadvantaged populations, and women and children all have been disproportionately impacted by the pandemic in multiple ways. These vulnerable groups have been exposed to impediments in accessing essential services as a result of disrupted service delivery. Thus, several countries in the Region have implemented innovative strategies including restructuring health services to identify multidimensional health needs of various population groups, strengthening PHC, integrating health care, innovations in digitalization, and strengthening coordination between health care and social services.

**Challenges and opportunities in health information systems (HIS)**

The importance of HIS as a lever to achieve UHC has been amplified as the Region responds to the COVID-19 crisis. Challenges and opportunities to strengthen HIS have been revealed. The first is the gaps in the data collection and disaggregation for targeting vulnerable populations. Gaps in capacity encompass the data analysis, management and quality assessment for non-COVID-19 health services. As for digitalization, inadequate investments in infrastructure and uptake of digital health solutions have been noted. Lastly, weak governance was also a barrier, resulting in a lack of regulations and policies on developing and scaling technology that inhibits the effective use of information technology. All these contributed to fragmented HIS, with a lack of linkages and interoperable data warehouses.

Given these challenges, opportunities arise to improve HIS during the pandemic and even beyond for long-term solutions. In terms of services, improved data accuracy has led to designing better service packages based on priority health needs. As for costs, improving financial protection through integrated data has resulted in more cost-effective health services. Both of these supported the reduction of out-of-pocket payments.

The session concluded by showcasing four steps to sustain improvements in HIS towards advancing UHC: (1) accelerating efforts to reach UHC and the SDGs, especially in expanding NCD service coverage; (2) using disaggregated data to monitor and inform actions, ensuring no one is left behind; (3) capitalizing the developed standards and best practices in data collection and HIS management during the new normal; and (4) demonstrating the success of public health and innovative solutions with good evidence.

**2.3 Block A: Poster session – World café**

In this breakout session, Member State representatives were divided into five groups with four countries and areas to share the pre-developed one-page posters featuring the UHC progress and COVID-19 experiences, with a focus on HIS. UHC technical advisers and WHO division directors provided technical insights through presentations and group discussions, leading to an active exchange of ideas. Representatives discussed the progress of their UHC journey amid the backdrop of COVID-19, identifying gaps in data and HIS management, as well as opportunities for countries to harness data in strategizing long-term solutions towards UHC.

Most countries and areas focused on the utilization of telehealth and data integration. For example, the need for interoperable digital health solutions and disaggregated data to identify vulnerable groups were key issues identified in Papua New Guinea. Fiji provided virtual counselling services for frontline workers and vulnerable populations. Australia reported an exponential expansion of telehealth services from 3% coverage before the pandemic to 60% during. Malaysia’s accelerated telemedicine allowed ease of access for the collection and delivery of repeat prescriptions. Macao SAR (China) utilized telemedicine to secure medical care especially for NCD patients and strengthened coordination and collaboration with cities of the Big Delta area to ensure medical access to services. The expansion of electronic government services beyond health is important for ease of access to medical services and data collection.
Most Member States have initiated data integration for greater understanding and assessment of the COVID-19 response, particularly relating to vaccine roll-out or uptake, health workforce, supplies, equipment, and utilization of big data in public health. The presentation of the Viet Nam representative showed emphasis was on the importance of monitoring and tracking health and socioeconomic well-being of individuals and communities, both for COVID-19 patients and those needing essential services, especially vulnerable populations. Data integration also supported health systems preparedness and longer-term health sector planning.

One of the critical opportunities that COVID-19 allowed for many countries was to reflect on the long-term journey in implementing digitalization and investments in health. Some countries reported implementing digital health solutions or tools for data transparency. In particular, Brunei Darussalam presented highlights of their digital economy master plan informed by identified lessons from the pandemic. This plan includes (i) electronic health records, (ii) the launch of Bruhealth (initially for contact tracing) with expanded functions such as video consultations, (iii) access to medical records, and (iv) future plans with other agencies to harness data analytics and artificial intelligence for the country’s digital ecosystem. However, some representatives also shared their respective country’s limitations in data collection and recording. Tuvalu recognized the need for data information and management, as well as for a platform for disease surveillance.

Some countries and areas have built on COVID-19 experiences and set priorities for long-term planning, such as: the plan of the Commonwealth of the Northern Mariana Islands to allocate resources for health by prioritizing sustainable and equitable health financing; the Republic of Korea establishing its Epidemiological Investigation System and COVID-19 Patient Management Information System; and Mongolia’s creation of new electronic programmes to track and control cases, which will later integrate all electronic systems and creation of platforms and dashboards. Cook Islands reported having constructed a secondary hospital solely focusing on preventive and community care.

In advancing UHC, representatives emphasized the need for real multisectoral linkages of data for efficient health service delivery and identification of vulnerable or potentially unreached populations. In several countries and areas, there are various context-based integrated health-care systems that bring together services from PHC to behavioural health services informed by aged care and disability data, among others. In Australia, the Multi-Agency Data Integration Project (MADIP) has provided a better understanding of the COVID-19 vaccine roll-out coverage and uptake. China perceived the need for further integration and application of big medical and public health data. Despite these gains, health service utilization has decreased during the pandemic, illustrating that relative accessibility has declined while relative affordability has increased.

Finally, the poster session highlighted the importance of multisectoral collaboration in addressing data gaps and harnessing opportunities brought about by the pandemic. UHC stands to be the platform for coordinating across different sectors. Several countries and areas benefited from the mutual advantage of public–private partnerships for improving PHC. In Malaysia, such a partnership was applied in vaccine roll-out and management. Partnerships are also extended with nongovernmental organizations and other agencies aiming to target and reach vulnerable groups.

---

2 Cook Islands, Fiji, Macao SAR (China), Federated States of Micronesia, New Zealand, Philippines, Republic of Korea and Tonga
3 Australia, Brunei Darussalam, Japan, Lao People’s Democratic Republic, Mongolia, Commonwealth of the Northern Mariana Islands, Papua New Guinea and Viet Nam
4 Australia, Brunei Darussalam, Cook Islands, Japan, Lao People’s Democratic Republic, Mongolia, Commonwealth of the Northern Mariana Islands, Papua New Guinea, Republic of Korea, Tonga, Philippines and Viet Nam
5 Cambodia, China, Guam and Malaysia
2.4 Block B: Programmes – Moving towards a healthy life in the “new future” by uniting disease control programmes and delivering services that reach the unreached on the journey to UHC

This session explored how to move towards a healthier life in the future by uniting disease control programmes with UHC as the foundation, with the lens of reaching unreached populations.

Reaching the unreached in the Western Pacific Region

This plenary session discussed the outcomes of the two substantial consultations on reaching the unreached. In July, the first consultation discussed the framework that centred on learning and adapting to support reaching the unreached, emphasizing the need for partnerships and political engagement. Since then, there has been a set of field testing in seven countries.

The second consultation in September 2021 served as a midpoint for reflection and identified the strategic ways forward:

- examine potential TAG contributions to take forward reaching the unreached, PHC and UHC in the Region;
- develop initiatives and capitalize on synergies with other agendas particularly in disease control programmes;
- health systems transformation to reach the unreached;
- align the draft framework with the country experience and learning; and
- explore actions to facilitate ongoing knowledge exchange within the Region.

To achieve this, it is crucial to continuously explore new ways of working to facilitate innovations through collaboration, and other cross-cutting issues such as climate change.

Although disease control programmes are a useful entry point to improve health outcomes, these can neither change a health system nor fully alleviate all diseases. Hence, it is essential to rethink ways to continue this road to reaching the unreached. Practical strategies for multi-stakeholder engagement and meaningful community involvement and ownership are needed.

The Regional Director shared that it is pivotal to look at collaborations across TAGs with the UHC TAG as the umbrella, harnessing synergies for the TAG Alliance. This will facilitate identifying transformative ways to expedite UHC progress.

Developing initiatives and capitalizing on synergies to reach unreached populations should build on lessons from multisectoral approaches, local community engagement and ownership, strong partnerships, culturally appropriate approaches, collaboration across disease control programmes, and the role of digital technology.

The session concluded emphasizing that the path to reaching the unreached is not linear but rather a continuous quality improvement process.

2.5. Block B: Group discussion

Presentations by representatives followed by technical insights of technical advisers and division directors laid the basis for discussions and stimulated participants’ insights. On the impact of COVID-19 on disease control efforts, representatives shared some challenges and innovations. While timely data are crucial to understand and monitor how the events unfold in the pandemic, island and archipelagic countries and areas have been facing more challenges to manage and disseminate information. This is observed in the case of Papua New Guinea, which highlighted the need for data integration and a community-based health system with an emphasis on vulnerable populations. Representatives agreed that the pandemic accentuated the need to integrate data – not only across sectors but also from the existing system – with those of the COVID-19 data system. Data harmonization is
crucial for countries to deal with future public health emergencies. Representatives also pointed out the huge challenges in providing services to vulnerable populations, adding to the urgent need to have a system that identifies and serves populations at high health and social risks. This is to provide essential health and social care services while containing COVID-19 transmission. In doing so, many countries, including Tonga and Guam, worked beyond the health sector and engaged communities. Other country examples are: China’s provision of subsidies and support system; Malaysia’s utilization of helicopters to reach remote areas and provide vaccines; and the Lao People’s Democratic Republic’s free health services for all, including migrant workers and awareness campaign on vaccination roll-out in remote areas and priority groups. As for mental health services, some countries noted an increased demand for counselling support through hotline or support services.

In terms of emerging innovations, some countries have started using multiple digital technologies to improve data accessibility for citizens, which in turn facilitates easier data collection for the national and the local governments to inform pandemic responses. In some countries, progress was seen in having one digital platform hub for the ministries, pushing to pilot a system where both the public and private health-care providers are able to access the records. In Mongolia, people use telemedicine to reach people in remote areas to ensure undisrupted service delivery. In Macao SAR (China), health providers tried to use telemedicine to assist in NCD consultations for older people who are challenged by digital literacy and access. Digital technology was used in ensuring timely drugs prescription and keeping up with NCD treatment. Viet Nam used telemedicine from 700 district hospitals and delivered medicines to households for older people. New Zealand, on the other hand, funded health service providers with high demands to ensure that face-to-face services were still available for those who lack access to information technology platforms. Cambodia used special data collection outside HIS, and Malaysia provided new mobile applications to improve access to health services.

In terms of uniting technical areas and health programmes for stronger health systems, Member State representatives emphasized the need for intersectoral collaboration and taking forward community engagement and PHC. It is critical for a national government to have galvanized collaboration with the local governments in ensuring alignment and efficient allocation of resources and implementation of commitments on the ground, adopting a whole-of-government approach. Macao SAR (China) established a collaborative mechanism for health insurance so that the citizens, especially retired older people, in the nine cities of the Big Delta area could enjoy the same level or quality of health treatment and insurance through this coordinated platform. Representatives also emphasized the importance of working with other government sectors beyond health, particularly those committed to supporting special groups such as older people. Governments provided active service to high-risk groups within communities with the health workforce looking for vulnerable groups such as older people, people with disabilities or people with difficulty accessing health services. Essentially, sectors beyond health have been responsive to contributing and sharing the weight of the pandemic response, enabling the health ministry to focus on clinical care while the other sectors support the vulnerable populations and those in remote areas. For instance, Tonga has been pulling on the strength of their communities, church groups, women’s groups, etc. Volunteers, who know the community well, were selected from villages with the help of the officers in town and district-level governments. In Cook Islands, people from the ground were engaged, including traditional leaders, faith-based advisory councils, the Red Cross, training police, as well as other sectors like the private sector, tourism industry, border control agencies and banks. Brunei Darussalam reinforced multisectoral partnerships and commitments, while the Philippines engaged their local government units and other sectors. Fiji worked with a multisectoral communications team to support immunization.

Investing in UHC is important to mitigate the disruptions in the health system, particularly to avoid a resurgence in preventable diseases even beyond the pandemic. Sustaining UHC progress is critically important to build resilient health systems and promote more inclusive and fairer societies. Australia’s health system is predicated on the principles of UHC and provided access to timely and high-quality health services delivered without discrimination, addressing the diverse needs of the people.
Representatives also elaborated how PHC remained a critical lever to advance UHC and the broader SDGs. A strong PHC system is the cornerstone of reaching the unreached and is the front line of accessing health care. Further, it is central to keep individuals and communities healthy and well across the life span regardless of their geographical and socioeconomic characteristics.

2.6. Block C: Health system – What do the health systems of the new future need to look like and how to transform towards achieving them?

This plenary session built on the identified lessons from countries and the discussions towards transitioning from the “new normal” to the “new future” of health with transformed health systems. The session opened with a recap of the health reform webinar as a pre-event of the meeting, followed by presentations.

Health reforms towards UHC: Investing in the “new future”

The webinar featured success stories of three Member States — China, New Zealand and Viet Nam— that have taken a great leap to make comprehensive health reforms, recognizing the immediate and long-term needs of the countries’ diverse populations. Meaningful exchange of countries’ drivers, enablers, barriers and best practices of implementing significant reforms that contribute to advancing UHC stimulated participants’ thinking on key issues of the Fifth UHC TAG Meeting.

The opening session highlighted that advancing UHC requires high technical and political commitment that calls for transformative actions to yield significant changes in health outcomes. The journey towards UHC is not a straightforward path and needs continuous political decisions to address the dynamic challenges of complex health systems. Country presentations highlighted that the need for equity, improved quality, accessibility and affordability of health services moved governments to legislate reforms that expand health service coverage and financing. Key emerging issues include the need to strengthen PHC and engage communities to develop strong public health measures and tackle the social determinants of health.

The panel discussion examined factors and interventions to address persistent inequities and health system fragmentation – and how have these impacted countries’ COVID-19 responses. Despite the unprecedented challenges brought by the pandemic, it also presented opportunities to realize the vision of the health reforms and contribute to transforming health systems. Increased investment and utilization of telehealth have reshaped the service delivery under the new normal. The resounding key mechanism to realize reforms is the adoption of intersectoral governance that drives political leadership at all levels across sectors. This has been crucial in promoting participation and trust from individuals and communities that lead to shared governance for participatory service planning. Further, the public’s mindfulness of self-care significantly contributes to positioning communities as actors in health systems strengthening. Investments should also include “relationship infrastructure”, empowering and mobilizing people towards achieving a common goal. Another successful strategy is supporting pilot interventions and innovations for scaling up.

The webinar raised issues that stimulated insights on how Member States, WHO and partners can work better together, transforming health systems with UHC as the foundation.

Strengthening the health system and public health capacity to plan for sustained management of COVID-19 and beyond

The pandemic has accentuated the long-ignored gaps in health systems and social protection, as well as structural inequities in health networks. With the interconnected challenges in health and economies, the pandemic disproportionately affected minorities in the communities and those who lost livelihoods and jobs due to the global displacement crisis. People with comorbidities, older people and those with gender vulnerabilities and risk of diseases have been exposed to higher health risks of COVID-19. Mobility restrictions as part of public health measures have significantly disrupted health promotion, disease control, and delivery of essential and routine services. Use of facility-based health care greatly
decreased, such as routine diagnostics for NCDs, immunization for children and maternal care. The current trend and data provide evidence-informed strategic foresight to prepare for sustained management of COVID-19 in the near future. Given the evolving coronavirus variants, countries should embrace the uncertainties of the pandemic duration and nature with calculated impact on economies. The key interventions will remain effective vaccine roll-out and upgraded surveillance of emerging threats.

In the broad picture of public health capacity, advancing UHC aligns with pursuing the equitable distribution of vaccines and reaching high-risk populations and can foster efficient delivery of basic, yet life-saving treatments such as for NCDs.

A whole-of-society approach will better position countries to respond to the next pandemic. The pandemic has shown that prioritizing health systems strengthening is a political choice for everyone. Global and national solidarity created momentum to invest in health with UHC as the foundation for the way forward to prepare and respond to future health threats.

Moving towards the new vision of primary health care

PHC is not a goal but rather the means to advancing UHC and achieving SDGs. It is essential in achieving high-performing health systems that exhibit the five attributes of quality, efficiency, equity, accountability, and sustainability and resilience. There has been significant undertaking in PHC since the Alma-Ata Declaration and the Western Pacific Regional Action Framework on Universal Health Coverage: Moving Towards Better Health have further culminated ways to move forward given the priorities and operational shifts to be the healthiest and safest region.

With the rich diversity of transitioning economies, demography, lifestyle and epidemiological trends of the Member States, health systems should also be adapting transformative ways that can prepare for the future challenges and health demands of the population. In the COVID-19 response, PHC played a crucial role in maintaining, sustaining and improving routine and essential health services, as well as social cohesion and community engagement.

Given the critical time to transform health systems, the Region is gearing up to envision the needed future PHC beyond 2030 and “backcasting” actions to realize that vision. From consultations with experts and Member States, there should be a shift from focusing on returning sick people to health, to promoting health throughout the life course. To enable this transformation, PHC needs to be people-centred, lifelong and participatory. Capitalizing on the current gains and harnessing good data and technology will support providing personalized and predictive PHC services. From episodic engagement in health care, the aim is to have continuous engagement to promote health and have a participatory environment that is rooted in community engagement and relations. Further, to be people-centred, services should be highly integrated and comprehensive across the continuum of care in the full life course.

Achieving the new vision of PHC calls for key enablers such as: innovations; strengthened multisectoral collaboration; creating right incentives for the payer, provider and user; sustainable financing; and monitoring and learning. Moving forward, countries can take a leap in understanding their population’s health needs, design appropriate models of service delivery, engage various stakeholders, build the right system and support services, create a fit-for-purpose workforce, and address systems issues that underpin delivery.

2.7. Block C: Transformation forum

In this session, Member States representatives were divided into four groups. By applying the perspective of the five attributes of high-performing health systems, discussions magnified the ways countries can realize the envisioned healthier new future with strong public health capacity for sustained management of COVID-19 and people-centred, lifelong and participatory PHC.
Quality

The Lao representative presented on how substandard quality of health services can make the public lose trust in PHC, which in turn congests secondary and tertiary hospitals. The lack of a competent and motivated health workforce and insufficient financing also affect service quality. In the Lao People’s Democratic Republic case, there are existing policies such as the updated Health Sector Reform Strategy 2021–2030 which promote quality services and financial protection in alignment with advancing UHC. A good financing scheme that includes strategic purchasing, adequate funds, price regulation and accreditation of health facilities for national health insurance serves as a driver of quality services. Representatives from other countries and areas broadly supported this and shared that incentives to health-care providers can be aligned with quality improvements while the communities can also be incentivized to seek care in ways that foster positive health behaviour. This is consistent with keeping the interests and needs of the service provider, payer and user aligned.

Equity

With the unprecedented challenges under the new normal, the role of PHC in ensuring undisrupted service delivery has been underscored more than ever. Within and across countries, patient navigation pathways have been restructured, while hospitals have been reserved for COVID-19 and other emergent and advanced medical cases. This led to optimized utilization of PHC services. Digital health has enabled medical specialists to provide technical support to PHC practitioners, such as on diagnosis and treatment. There was a consensus to invest more in PHC as the front line of making quality services accessible to communities during the prolonged crisis. This includes upskilling the workforce with flexible competencies both in primary and critical care, in preparation for planning and responding to future public health emergencies. Further, skills to rethink solutions that take into account the social and environmental determinants of health should also be honed, ensuring continued care beyond the formal health-care settings.

Throughout the rapid adjustment to the new normal, regular monitoring and calibration of interventions remained key in developing tailored and informed solutions. To filter and refine what approaches and interventions would work best, organizations can practise continuous quality improvement. Having standard guidelines across programmes informed by legal and policy frameworks can eliminate inconsistencies and system fragmentation.

Efficiency

Policy opportunities were explored to invest in digital technology that enable access to quality services amid mobility restrictions. The increasing attention to telehealth has continued innovations to spring, driven by the need to reach unreached populations during the pandemic. In the presentation from the Malaysia representative, the need for strengthened public–private partnerships was emphasized, to ensure efficient uptake and delivery of telehealth. Moving forward, there should be transparency on data sharing, support for research and development, and self-reliance and stockpiling of supplies and equipment towards a resilient health system. For improved efficiency, representatives stated that there should be a shift from hospital-based to health systems-based efficiency, integrating clinical care, public health and other health functions. Networks of service delivery should demonstrate how hospitals, PHC and home care can function along the continuum of care with versatility in times of crisis.

Accountability

Discussions on the crucial impact of intersectoral governance for effective pandemic response and recovery consider ways to encourage shared leadership at all levels. Building accountability must not be confined to policy-makers and health providers but should also be extended to individuals and communities for promoting ownership of health advocacy and self-care. Representatives from New Zealand emphasized the importance of creating a culture of stewardship and retaining solidarity while adapting to the prolonged crisis. This entails engaging empowered communities and providing a safe space to be involved in programmatic and policy cycles. The country’s experience has shown that what is required is “reciprocity in building accountability” through clear communication across all key
stakeholders. Other Member State representatives shared that there should be a shift from health literacy to the broader health systems literacy. This can position individuals and communities as active actors of responsive health systems, contributing to informed localized service planning.

Taking a systems approach that strengthens mutual trust and synergy with local communities will result in a robust governance structure. This will harness a culture of stewardship among the people, a key lever of adopting a “grounds-up” approach for planning, testing and refining solutions with two-way communication.

**Sustainability and resilience**

During the COVID-19 pandemic, national and subnational inter-agency steering committees were established for a coordinated response. Institutionalizing this coordination mechanism can yield collective strengths from different sectors and levels – even beyond the pandemic recovery – and sustain the collaboration gains for future health threats and emergencies, including natural disasters. This would require a clear delineation of roles and responsibilities. In breaking the siloed ways of working, the efficient mobilization of resources in a pandemic response and good supply chains can be achieved.

In summary, participants shared that identified lessons from the COVID-19 crisis and the current health and social gains can propel countries to make informed decisions towards transforming health systems with UHC as the foundation. Political and technical momentum must be sustained through long-term and compelling investments.

**2.8. Second TAG Alliance Meeting**

As part of the Fifth UHC TAG Meeting, which brought together all TAGs in the Western Pacific Region, the Second TAG Alliance Meeting was convened on the second day. The Alliance provides a systematic coordination mechanism for all TAGs to help identify intersections among various disease control programmes and the public health agenda to advance UHC and the For the Future vision. It identifies and builds on the common grounds across TAGs to align strategic approaches, ultimately creating a better future for all people in the Region.

Building on previous meetings, the discussions aimed:

- to reflect on current key TAG collaborative activities that occurred since the last TAG Alliance meeting held in February 2021;
- to explore how TAGs can continue to engage with each other and be catalysts for ensuring UHC as the foundation for future-proofing health systems; and
- to develop practical TAG collaborative activities with the view of advancing UHC as a shared endeavour.

The meeting engaged all chairpersons and representatives of the following:

- Technical Advisory Group on Universal Health Coverage (UHC TAG)
- Technical Advisory Group on Immunization and Vaccine-Preventable Diseases (VDI TAG)
- Noncommunicable Disease – Technical Advisory Group (NCD TAG)
- Technical Advisory Group on Tuberculosis (TB TAG)
- Technical Advisory Group on Climate Change and Environment (CCE TAG)
- Reaching the Unreached (RtU) Consultation Process.

Discussions focused on ways to strengthen synergies among different disease control programmes and the public health agenda to progress UHC and collectively work towards achieving the shared vision of a healthy future for the Western Pacific Region. The discussions outlined ways to increase technical and political advocacy on integrating health agendas for endemic COVID-19 and long-term health
investments. One concrete example is the potential coordination of the NCD and TB TAGs, as well as other communicable diseases, on improving mental health and social protection mechanisms. Another emerging opportunity is to leverage climate change and COVID-19 policy agendas to strengthen health systems with UHC as the foundation. These discussions are significant in bringing together a wider set of public health stakeholders around the common goal of advancing UHC.

The systematic multidisciplinary coordination exhibited by the TAG Alliance has yielded positive outcomes, such as the integration of the UHC agenda and the systems approach in other TAGs’ strategic direction and actions. The UHC TAG Chairperson shared that the Alliance demonstrates “extraordinary release of passion, energy, intellect, innovative thinking, engagement, delight and forward movement”. Adapting and institutionalizing this coordination mechanism at the country level can be explored.

The TAG Alliance agreed on the following key actions moving forward:

1. develop case studies and knowledge platforms with the following potential topics:
   • economic benefits of investing in UHC, prior to COVID-19;
   • learning agenda from the COVID-19 vaccine roll-out;
   • intersection of the life course regarding vaccination and PHC;
   • synergy of NCDs and COVID-19;
   • utilization of technology to bridge the gap of medicine and supporting public health actions in COVID-19;
   • need for health systems strengthening in the post COVID-19 era; and
   • social protection;
2. include PHC, social protection and data for future TAG Alliance work;
3. continue collaboration on regional frameworks:
   • PHC;
   • mental health; and
   • reaching the unreached;
4. keep advocating politically on related non-health issues (such as poverty);
5. continue to leverage and capitalize from the political interest in COVID-19 and climate change to take forward the UHC agenda;
6. translate the TAG Alliance coordination mechanism to country implementation;
7. identify specific links across TAGs to consider in developing key agendas; and
8. sustain positive engagement across TAG areas to synergize efforts.

2.9. Block D: Policies – What are the policy priorities for building towards UHC by 2030?

This session aimed to understand governments’ commitments and future plans to achieve UHC by 2030 within the context of COVID-19 and to consider the impact the pandemic has had on the economy as well as other social determinants of health. High-level policy discussions stimulated and provided direction on strengthening intersectoral collaboration. Four ministers participated in the active discussion: The Honourable Yasumasa Fukushima, Vice Minister for Health, Chief Medical & Global Health Officer, Ministry of Health, Labour and Welfare, Japan; The Honourable Snong Thongsna, Vice Minister of Health, Ministry of Health, Lao People’s Democratic Republic; The Honorable Erdembileg Tsevegmid, State Secretary for Health, Ministry of Health, Mongolia; and Dr Bounleua Sinxayyoravong, Vice Minister of Finance, Lao People’s Democratic Republic.

Japan

In Japan, universal health care insurance systems have been established for decades and significantly improved health outcomes. However, with the challenges posed by the COVID-19 pandemic, the fast-changing demands have strained the health sector with increasing workload due to rapidly increasing positive cases. Hence, new ways of efficient working were developed, especially when some COVID-19 patients could not be admitted due to overburdened hospitals. The urgent need for a resilient health care and welfare system for a timely response led to optimization of resources such as facilities at the
local levels, including clinics for home care visits. Furthermore, mitigating risks for the older population has been a priority of the country. Nursing homes have strengthened their capacity for pandemic response and provided subsidy mechanisms. The government implemented policies on social and public health measures, epidemiological health survey, and quarantine and vaccination prioritization for high-risk populations. Other emerging concerns include the mental health of the population, the need to respond to increasing suicide cases, and domestic violence and child abuse during the stay-at-home period, which have been compounded by economic stagnation. In response, mental health and other related services have been strengthened including care for the health workers. While the focus is on curbing the transmission and strengthening public health capacity, governments also need to balance priorities to best back up and support economic activities at the same time.

**Lao People’s Democratic Republic**

Looking at the experiences in the Lao People’s Democratic Republic, the COVID-19 impact from disruptions in the health sector and the economy significantly challenged the health system and funds allocation for health amid the decreasing revenues. While the government faced these interconnected challenges, new opportunities also emerged, contributing to health investments towards resilient health systems for the future. The Ministry of Health coordinated closely with various other sectors throughout the pandemic response. The country’s experience showed that crucial to the success of interventions has been engaging and empowering communities to take on ownership for their health and shared responsibility to advance UHC. PHC has been a strong foundation for this, being at the front line of health care, thus reinforcing the need to invest in PHC.

The presentation also gave substantial insights, taking on the perspective of balancing health and economic gains. To respond timely and effectively to the pandemic, funding should be flexible in terms of the public financial management system. Mobilizing all resources to mitigate the COVID-19 impact on health and economies could also be bolstered by strong policy on public–private partnership. This has been the key for the Lao People’s Democratic Republic to surpass least developed country status by 2026 and achieve the SDGs by 2030. Progressing UHC is inextricably linked to other SDGs. For example, a strong health system contributes to poverty reduction by ensuring financial protection from catastrophic health spending. The multisectoral impacts of the pandemic clearly showed that investing in health enables an effective response to public health emergencies, protects vulnerable populations, and contributes to social stability and prosperity. The support of the Ministry of Finance to the development of the Health Financing Strategy is an example of ministries working together to improve health financing for COVID-19 and donor transition. This close coordination across sectors is crucial in prioritizing resources for effective mitigating measures to address the challenges.

**Mongolia**

In Mongolia, a special law with the aim of mitigating COVID-19 impact through the establishment of a working group chaired by the Deputy Prime Minister and engaging heads of all sectors strengthened multisectoral coordination in the country. The focus of the pandemic response strategy has been on decentralization of countermeasures, improving the capacity of health systems at the provincial level such as laboratories and local surveillance. As of November 2021, the national vaccination programme already covered 95.8% of the target population. As for health financing, the State budget and health insurance fund covers all COVID-19-related services. To enable improved PHC services, performance-based financing was applied to guide incentives for better immunization and home care services. Digital technology, particularly the use of mobile phones, facilitated reaching all vulnerable groups among the diverse populations in the country’s vast territory. As for people with NCDs, the successful MONGPEN Hearts (Mongolia Package of Essential Noncommunicable Disease Interventions for Primary Health Care in Low-resource Settings) has been expanded to improve access of interventions through PHC. Its implementation will also capitalize on digital technology.

Guided by the pooled experiences in responding to the pandemic, Mongolia emphasized the need for being equipped for future-oriented planning, through strategic dialogue, intersectoral cooperation,
capacity-building in the health sector, acceleration of the digital transition and community engagement, among others.

Policy discussions among ministers and vice-ministers highlighted common strategies for successful pandemic responses where political commitment from different sectors paved the way. Countries emphasized that working under the new normal required shifts in working and accelerated progress of digital health and mobilization of communities. Moreover, the pandemic reminded governments and societies that health is an investment for social and economic stability.

2.10. Closing session

The closing session covered issues surrounding data, disease control programmes and health systems transformation, which are summarized in 5Ls. The first is political Leadership to ensure having right investments and to develop relationships with existing health networks and across sectors. The second is “Let’s do it together”, which is about collaboration, intersectionality and working with partners. These need clear roles and accountability for devolved responsibilities. The third is Local, decentralizing and engaging with local leaders. The fourth is Limited resources. And the last is Learning. A continuous learning system is needed so that people can understand how they can build on what they have done.

It was emphasized that UHC is the key to long-term planning and to improving social and economic capacity, interconnected with achieving the SDGs, including economic development, with PHC as central means. At the G20 Leaders’ Summit in Rome in October 2021, the heads of state reaffirmed their commitment to achieving the health-related SDGs, including UHC. COVID-19 has provided many lessons and presented a unique opportunity for redesigning and strengthening health and social systems for long-term goals so that all countries and areas are prepared for future pandemics and other public health emergencies. It is imperative that multisectoral stakeholders use collective resources to make the much-needed changes.

In terms of investing in health and partnerships including communities, it is crucial to engage actors outside the health sector to co-design a responsive health system. Developing and refining solutions using a “grounds-up” approach put communities front and centre in achieving UHC. Further, the key to all actions and decision-making for WHO in the Region, no matter how big or small, is remembering to serve the people living in the Western Pacific.

3. STRATEGIC DIRECTION AND SHIFTS

3.1 What are we learning from the COVID-19 pandemic for our future UHC agenda?

3.1.1. Issues and identified lessons that COVID-19 has highlighted for the UHC agenda

- The COVID-19 pandemic has disproportionately impacted vulnerable and unreached populations, exposing them to higher health and social risks. These include people who (i) have pre-existing medical conditions; (ii) are economically disadvantaged; (iii) are geographically and socially isolated; (iv) lack digital literacy and access; and (v) have gender-related vulnerability and risk of diseases, among others.
- Mobility restrictions from public health measures and competing resources for COVID-19 demands have impeded access to and availability of quality essential health services. This places a higher burden on people requiring routine services such as those with noncommunicable diseases and older people needing rehabilitation and aged care support, who also have increased COVID-19 risks. Services that cannot be provided through telehealth were mostly impacted by disruptions.
- Mental health has emerged as a key impact of the COVID-19 crisis, across all the socioeconomic and demographic quintiles of the population. This has called for new and expanded mental health services. In response, countries have developed strategic and long-term
solutions such as establishing new mental health agencies, expanding a skilled workforce, optimizing telecounselling, and building more partnerships with civil societies and private institutions to cascade interconnected interventions.

- The health workforce and infrastructure have been strained due to the increased demands of the pandemic response. In flexibly utilizing resources such as repurposing facilities and upskilling medical and public health workers, governments must ensure that strategies do not inadvertently further overburden the health system.

- The multisectoral linkages and complexity of advancing UHC have been acutely exposed, highlighting the need to expand stakeholder engagement beyond the health sector, and to explore new mechanisms for collaborative working. This especially applies in developing social protection schemes and coordinating cross-sectoral engagement to address the interconnected determinants of health.

- Community engagement has played a crucial role in determining who to prioritize and how to reach vulnerable populations, ensuring no one is left behind.

- Transparent and clear risk communication has been critical to gaining public trust amid the fear of emerging health threats. This has been challenging as the pandemic progressed in a situation where messages need to be continually updated and misinformation was proliferated in all platforms, affecting health-seeking behaviour and vaccination coverage. Pandemic response requires cooperation of individuals and communities, which relies on trust in the government, particularly the health sector. Providing good evidence should be audience-centred and delivered using tailored communication approaches for data presentation, including visualization.

- Downstreaming of guidelines on implementing and monitoring health interventions has posed more challenges for island and archipelagic countries. Political leadership at central and local levels has paved the way to high protocol compliance, with adequate space for flexible approaches to suit the needs and preferences of communities.

- Cooperation among Member States and multilateral partners on sharing lessons and best practices for countries’ adaptation and provision of technical and financial support, including supplies, has been and remains crucial for an effective pandemic response.

- As governments mobilized interconnected resources across sectors, data integration from public and clinical health, as well as beyond the health sector, has become an emergent need for a coordinated response. This has exposed gaps in the capacity and management of health information systems. It highlighted the need to improve systematic data collection and disaggregation (by gender, age, ethnicity, etc.) to identify and serve vulnerable and high-risk populations. This can ensure that everyone has access to quality care, despite the pandemic-induced and inherent barriers such as socioeconomic and geographic impediments. It calls for strong governance to foster effective evidence utilization for developing standards and policies.

3.1.2. Opportunities stimulated by COVID-19 that can support health systems transformation with UHC

- COVID-19 has served as an impetus for strengthening primary health care, social cohesion and community engagement. In adapting to the challenges of the new normal, utilization of PHC services increased as a means of ensuring undisrupted service delivery. Investing in PHC has been key to successful disease control and prevention, health promotion and public health security. Providing quality care at the primary level also increased public trust in health centres, decongesting demand for secondary and tertiary hospitals.

- The growing political momentum for health has temporarily expanded the fiscal space and cooperation across sectors towards the shared goal to improve health outcomes. To sustain this momentum of investing in health beyond the pandemic recovery, movements need to focus on long-term and compelling multisectoral investments towards achieving the SDGs by 2030 and beyond.
• Increased public awareness on the health roles of individuals, households and communities has been a lever for a whole-of-society approach to pandemic response. Public health messaging for COVID-19 has led to gains in health promotion and disease prevention practices at the household level, such as improved sanitation and hygiene, more indoor physical activities, and balanced diets.

• Across countries, national inter-agency steering committees have been established for coordinated planning, implementation and monitoring of pandemic response. These have created an entry point to take a systems approach in collectively protecting public health and security.

• Public-private partnerships for digital solutions and innovations have significantly expanded. Boosted support for telehealth led to greater digitalization of medical records – a catalyst for patient data integration. Available and accessible cross-sectoral data have informed collaborative decision-making that minimizes fragmentations in health financing and service delivery. These developments promote wider uptake of telehealth from the public.

3.2 Moving towards the healthier “new future” with transformed health systems

The pandemic highlighted the need to work differently with greater innovation, long-term investments and multisectoral collaboration to achieve the vision of making the Western Pacific the healthiest and safest region. Member States are at the critical juncture to “future-proof” health systems with UHC as the foundation to address both the current and future challenges, informed by the wealth of diverse lessons and opportunities arising from the pandemic response and recovery.

For the past two years, health systems, economies and societies have had to rapidly adapt to the new normal during the prolonged crisis. Collectively, there have been many lessons, gained knowledge, experiences and commitment to transition from the new normal to a new future, positioning UHC as the foundation for investing in health. Given that the Region is rapidly and constantly changing, multisectoral stakeholders need to think ahead of the curve. Building on current health and social gains that have deepened the understanding of cross-sectoral health impacts, it is a moral imperative to collectively sustain political and technical momentum towards a healthier new future – a future far beyond COVID-19 with transformed health systems that will advance UHC in countries and contribute to achieving the broader SDGs.

Member States, WHO and partners continue their mutual learning and development towards progressing the identified priorities in the Region: NCDs and ageing; reaching the unreached; climate change, the environment and health; and health security including antimicrobial resistance.

What the health system of the “new future” needs to look like and how to achieve it

3.2.1 Strengthened public health capacities: prepared for sustained management of COVID-19 and future health security threats

• Progressive interventions will continue to build on the lessons and investments from the pandemic. While the Region embraces the uncertainties due to evolving COVID-19 variants, collectively preparing for possible future scenarios must be at hand.

• Public and social measures will be continuously calibrated, informed by data on risks and gaps, to adapt to the dynamic needs and challenges and prevent exhausting health systems. Effective roll-out and prioritization of vaccines that target vulnerable populations will remain a key intervention to curb transmission.

• COVID-19 care for asymptomatic cases will move away from hospital-centred pathways, exploring integration of home and intermediate care facilities which may lead to good home care frameworks for other diseases. This entails good planning and multi-source surveillance systems. This can also lead to further return on investment, reducing pressure on and the expense of hospital care.
• In the long term, health workers of the future will be equipped with integrated skills and competencies on primary and critical health care to hone their flexibility. This includes effective risk communication to clearly impart information and gain public trust. PHC practitioners will have increased scope of practice, impact and stature in communities, which can in turn increase workforce attraction, recruitment and retention. It can transform the delivery of primary care, improving workforce flexibility, job satisfaction, community respect and engagement, and impact on health gains.

• Strong public health capacity will be supported by effective policies, sufficient funding and clear accountabilities across sectors. Embedding this in the national health agenda and strategic planning can lead to committed investments in health resources. Good supply chains with sustainable funding are pillars of improved service delivery and strong health systems which can significantly mitigate the impact of future health emergencies.

• A systems approach with cross-sectoral engagement will be adopted, which is both a risk mitigation and management strategy for public health emergencies. Ongoing intersectoral planning and risk management at the national and subnational levels will advance UHC and prepare health systems for emerging new COVID-19 variants, as well as other health emergencies brought by natural disasters.

3.2.2. Primary health care: people-centred, lifelong engagement and participatory

• Transformed PHC will be a key lever not only in advancing UHC but also in achieving the broader SDGs. It is a cost-effective investment for improved health outcomes and essential for bringing affordable and quality health services to communities.

• PHC services will support a lifelong engagement with people to address a variety of health conditions across the life course, shifting away from episodic care. Community engagement will be an integral strategy to bring the services closer to people, especially for health promotion and disease prevention.

• People-centred PHC will support communities and individuals to interface with health practitioners to understand their priorities. This will facilitate having personalized and predictive health services that meet the contextualized needs and preferences of individuals.

• Communities and individuals will be empowered on their own health through broader health literacy, enabling self-care and informed contribution to localized service planning. This will create ownership and promote advocacy for good health from the ground up and reach all people for equitable services.

3.2.3 Advancing UHC through integrated planning and delivery: data, disease control programmes and health systems

• Planning and delivery of health interventions will take a systems approach to address associated political, social and cultural challenges. Alleviating all diseases cannot be achieved by effective health programmes alone, as it needs transformed health systems. It is crucial to consider these complex issues to have sustainable progress. As part of transitioning from the new normal to the new future, innovative mechanisms are needed to facilitate mutual learning within and across countries, including meaningful exchanges of technical and practical knowledge, tools, training and development courses.

• Uniting disease control programmes under the UHC agenda will be supported by robust data for evidence-informed policy and service planning. Good data can facilitate cross-programmatic efficiencies, effectiveness and impact across clinical, public health and other health functions.

• Innovative ways of working to strengthen synergies using a UHC lens will be supported, such as the multidisciplinary coordination mechanism of the Western Pacific Regional Technical Advisory Group (TAG) Alliance. The Alliance includes all the TAGs: UHC, NCDs, tuberculosis, emerging diseases and public health emergencies, immunization and vaccine-preventable diseases,
and climate change, which are complemented by a formal consultation process for the development of the regional framework for reaching the unreached. All TAGs, together with the consultation process for reaching the unreached, are united under the shared vision of UHC. This systematic coordination and dialogue has rapidly transformed thinking with each TAG, integrating the UHC agenda and systems approach in their strategic direction and actions, leveraging synergies and learning to exponentially increase each TAG’s potential impact. The UHC TAG Chair described this as an “extraordinary release of passion, energy, intellect, innovative thinking, engagement, delight and forward movement”.

3.3 Strategic shifts in translating political and technical commitment to improve health outcomes in the “new future”

3.3.1 Transforming health systems, including redesigning service delivery

- **Shift from the current focus on hospital-based to health systems-based efficiency, integrating delivery of public health, primary and clinical care.** This will bring about people-centred and comprehensive services across the life continuum, whether delivered in a hospital, PHC or public health efforts. Conceptually, health services will follow the individual or community, understanding, anticipating and responding to their evidence-informed priorities. Health investments will be progressively allocated towards these priorities, with quality services that will result in cost-effective public health gains.

- **To support this shift, strengthen linkages across hospitals, ambulatory, primary health and home care.** This includes optimizing telehealth for remotely connecting to and monitoring hard-to-reach patients. Digital technology has enabled medical specialists to provide technical support to PHC practitioners in upskilling competencies on diagnosis and treatment, as necessary.

- **Enable PHC to have targeted service delivery based on the multifaceted health needs of diverse communities.** The conventional definition of vulnerable populations should go beyond those financially constrained and in underserved areas. It should be more inclusive as the social and environmental health risks span across the spectrum of socioeconomic, demographic and cultural characteristics. This instils the need to provide personalized and predictive primary care services to individuals. As such, vertical and horizontal data integration for health, including social and security protection, are needed to inform planning of health-care delivery.

- **Create an enabling environment for the health workforce to improve the quality of services such as aligning financial and professional development incentives.** Regular upskilling of competencies can motivate and drive the workforce to upgrade service quality. This should not be limited to clinical care but also includes skills to address challenges with a systems approach thinking, considering the social and environmental determinants of health. Maintaining good-quality health care leads to strong public trust in PHC, which in turn promotes lifelong engagement and increased participation.

- **Invest in digitalization of health care and utilization of mobile applications to reach the vulnerable populations, improving access to essential services amid geographic and socioeconomic barriers.** Institutionalizing digital health would lay a strong policy foundation on its integration with service delivery, which will also catalyse investments in needed infrastructure, technical capacities and partnerships with the private sector.

3.3.2 Ensuring sustainable financing and collectively investing in health outcomes

- **Strengthen advocacy and evidence-informed policies within and across countries, not only for well-targeted investments to improve health outcomes, but also for overall health systems strengthening and financial protection mechanisms.** In 2021, heads of state at the G20 summit in Rome reaffirmed their commitment to achieving the health-related SDGs including UHC. They also “reaffirmed the importance of ensuring the continuity of health services beyond COVID-19, and of strengthening national health systems and primary health care services”. It is a multisectoral responsibility to translate this commitment into reality.
• Position the health agenda as an integral means to realize all SDGs to integrate global and national efforts and investments towards the shared goal of improved health outcomes. Advocacy to accelerate UHC progress has taken on a new urgency as the pandemic highlights countries’ vulnerabilities to unhealthy populations, together with geopolitical instability and climate change.

• Reorient thinking and pivot leadership towards investing more on health promotion and disease prevention to minimize catastrophic health expenditure from managing advanced diseases. In 2020, the world spent almost 10% of global gross domestic product on health, with most of the spending from the public. This reiterates the importance of strengthening PHC which can address 80% of an individual’s health needs across the life span. In the context of health security, investments in health system preparedness will reduce health, social and economic costs from future public health emergencies and other health threats. From the COVID-19 impact for the past two years, the message is loud and clear: health is a collective investment for socioeconomic vibrancy, not a cost.

• Explore sustainable, innovative and flexible health financing in the ongoing and future health reforms. With strong political commitment and informed decisions across sectors and levels, some countries have significantly transformed financing schemes to expand coverage and resource allocation to health, including joint financing from multiple agencies. This can efficiently mobilize cross-programmatic resources, streamlining funds to address interconnected challenges in the health systems. Hence, it can facilitate a timely and effective response to future public health emergencies.

• Align incentives with the interest and needs of the public, payer and provider in a way that health interventions and strategies will promote PHC and uplift the quality of services across the health system.

3.3.3 Strengthening intersectoral governance, emphasizing the local level and community leadership

• Strengthen intersectoral governance at the central and local levels with functional and shared leadership across sectors to work collectively and create mutual trust and synergies. Building on the established national inter-agency committees for COVID-19 response, a shift of strategic focus to long-term investments and agenda can be explored, with systematic mechanisms and clear role delineation. This can be institutionalized to sustain transversal planning and coordinated response even beyond the pandemic.

• Invest in building “relationship infrastructure” to support a culture of stewardship at the local level. This will engage local leaders and communities to participate in decision-making of the policy cycle, ensuring that sociocultural-sensitive services meet people’s health needs and preferences. It also advocates equity in health, promoting inclusion and respect towards fairer societies.

• Capitalize on local health and volunteer workforce to reach vulnerable populations. Placing trained health practitioners with shared sociocultural values at the front line, supported by volunteers, can substantially elicit trust and cooperation from communities, particularly in remote areas. This has been evidently effective in reaching areas with constrained resources for digital health care.

• Build the capacity of individuals and communities to make informed decisions not only through health literacy, but also by understanding how the health system works. This requires continued and accelerated efforts in building social capital for health.

3.3.4 Enabling new ways of working to accelerate health systems transformation

• Support research and scale up innovations both on technological advancements in health and new ways to reach the geographically isolated and resource-constrained areas, where infrastructure investments are challenged. Optimizing the available local resources is a strategy to take forward in advancing UHC.
Practise continuous quality improvement for monitoring performance informed by legal and financial frameworks. This can guide outlining strategies and integrating relevant guidelines to eliminate inconsistencies and fragmentation in service delivery. Interventions for proactive improvements should always be informed by data, identified lessons and best practices across sectors.

Take a systems approach with multisectoral stakeholders – including communities – in co-designing a responsive health system that is prepared to address future health challenges and is fit to meet the priority and long-term needs at population and individual levels.

Adopt “grounds-up” approaches in programme and policy cycles with two-way communication to test and refine possible solutions with systematic interaction and feedback from the ground. As health interventions should meet the anticipated needs of people at the local level, there is need to understand how to keep a strategic balance between the interest and priorities of service providers, the communities and the broader public.

Invest in infrastructure beyond health facilities. Repurposing facilities beyond the hospital walls, including commercial spaces, has successfully augmented infrastructure deficits during the surge of demands for COVID-19 isolation, treatment and vaccination. Strong public–private partnerships must be established for systematic management of facilities in times of public health emergencies. Similarly, increased engagement of various sectors is required for other shared health infrastructure investments such as for HIS, innovations and laboratories.
ANNEXES

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

PARTICIPANTS

Mr. Travis Power, Assistant Secretary, International Strategies Branch, Australian Government Department of Health, Canberra ACT, Email: Travis.power@health.gov.au

Mr. James Gosper, Assistant Director, International Engagement on Health Systems Policy section, Australian Government Department of Health, Canberra ACT, Email: james.gosper@health.gov.au

Ms. Laura Bell, International Engagement on Health Systems Policy section, Australian Government Department of Health, Canberra ACT, Email: Laura.Bell@health.gov.au

Dr. Rafidah Gharif, Acting Director of Health Services, Department of Health Services, Ministry of Health, Commonwealth Drive Bandar Seri Begawan BB 3910, Email: rafidah.gharif@moh.gov.bn

Dr. Musjarena Abdul Mulok, Consultant, Primary Care & Head of Primary Health Care, Department of Health Services, Commonwealth Drive, Bandar Seri Begawan BB 3910, Email: musjarena.mulok@moh.gov.bn

Dr Pengiran Hajah Siti Nasibah Pengiran Haji Ismail, Consultant, Primary Care, Department of Health Services, Commonwealth Drive, Bandar Seri Begawan BB 3910, Email: nasibah.ismail@moh.gov.bn

Dr Pg Haji Md Khairol Asmee Pg Haji Sabtu, Acting Special Duties Officer, Department of Policy and Planning, Commonwealth Drive, Bandar Seri Begawan BB 3910, Email: khairolasmee.sabtu@moh.gov.bn

Dr Loun Mondol, Deputy Director, Planning and Health Information Department, Ministry of Health Cambodia, #80 Samdech Penh Nouth Blvd. (289), Sangkat Boeungkak 2, Tuol Kork District, Phnom Penh, Email: lounmondol@gmail.com

Dr Teng Srey, Deputy Director, Communicable Disease Control Department, Ministry of Health Cambodia, #80 Samdech Penh Nouth Blvd. (289), Sangkat Boeungkak 2, Tuol Kork District, Phnom Penh, Email: tengsrey72@gmail.com; tengsrey72@yahoo.com

Dr Koy Virya, Deputy Director, Hospital Services Department, Ministry of Health Cambodia, #80 Samdech Penh Nouth Blvd. (289), Sangkat Boeungkak 2, Tuol Kork District, Phnom Penh, Email: virya2403koy@gmail.com

Professor Liu Xiaoyun, China Center for Health Development Studies of Peking University, XueYuan Road 38, Mailbox 505, Haidian District, Beijing, Tel. No.: +86 10 82805697, Email: xiaoyunliu@pku.edu.cn

Mr. Wang Rongrong, Division Director, Division of Disease and Surveillance and Evaluation, Bureau of Disease Prevention and Control, National Health Commission of China, No 1 Xizhimen Outer South Road, Xicheng District, Beijing, Tel. No.: +86 10 69701479, Email: wangrr@nhc.gov.cn

Dr Wang Manli, Division Chief, Bureau of Disease Prevention and Control, National Health Commission of China, No 1 Xizhimen Outer South Road, Xicheng District, Beijing. Tel. No.: +86 18 518594976, Email: 18518594976@163.com; 1858594976@163.com
Dr Tereapii Uka, Director, Public Health, Ministry of Health, P.O. Box 109 Rarotonga, Tel. No.: +682 29664, Email: tereapii.uka@cookislands.gov.ck

Dr. Eric Rafai, Head, Research, Innovation Data Analysis Management and Information Technology, Ministry of Health and Medical Services, 21 Amy Street, Toorak, Suva, Fiji, Tel. No.: +679 990 4145, Email: eric.rafai@govnet.gov.fj; ericrafai.govnet@gmail.com

Mr. Arthur San Agustin, Director, Department of Public Health & Social Services, Government of Guam, 151 Hesler Place, Hagatna, Guam 96910, Tel. No.: +671 727 5584, Email: arthur-sanagustin@dphss.guam.gov

Ms. Maria Theresa Arcangel, Chief Human Services Administrator, Department of Public Health & Social Services, Government of Guam, 155 Hesler Place, Hagatna, Guam 96910, Tel. No.: +671 300 8879, Email: theresa.arcangel@dphss.guam.gov

Ms. Kathleen Mae Fernandez, Community Health Nurse 2, Division of Public Health, Government of Guam, 155 Hesler Place, Hagatna, Guam 96910, Email: Kathleen.Fernandez@dphss.guam.gov

Dr. To May Keri Liza, Head, Health and Informatics and Technology Office, Health Services and Administration, Department of Health, 38 Sai Lu Kok road, Tsuen Wan, NT Hong Kong, Tel. No.: +852 3106 4757, Fax. No.: +852 2803 5237, Email: liza_to@dh.gov.hk

Dr. Yasumasa Fukushima, Vice Minister and Health Chief Officer, Medical and Global Health, Ministry of Health, Labour and Welfare, 1-2-2 Kasumigaseki, Chiyoda-ku, Tokyo, 100-8916 Japan

Dr. Snong Thongsna, Vice Minister, Lao Ministry of Health, Thatkhao Village, Sisattanack District, Rue Simueang, Vientiane, Tel. No.: +856 21 840 772, Email: smvpthongsna@yahoo.com

Dr. Viengmany Bounkham, Chief of Cooperation Division, Department of Planning and Cooperation, Lao Ministry of Health, Thatkhao Village, Sisattanack District, Rue Simueang, Vientiane, Tel. No.: +856 20 2324 2954, Fax. No.: +856 21 254 274, Email: ktbounkham@gmail.com

Mr. Suphab Panyakeo, Deputy Director, Department of Finance, Lao Ministry of Health, Thatkhao Village, Sisattanack District, Rue Simueang, Vientiane, Tel. No.: +856 20 59754289, Email: laohealthfinancing@gmail.com

Mr. Viengxay Vivarong, Deputy Director, National Health Insurance Bureau, Lao Ministry of Health, Thatkhao Village, Sisattanack District, Rue Simueang, Vientiane, Tel. No.: +856 020 22464545, Email: vxayvira@gmail.com

Dr. Chan Tan Mui, Unit Head, Noncommunicable Disease & Health Promotion, Center for Disease Control and Prevention (CDC) Health Bureau, Edificio da Administracao dos Servicos de Saude, Rua Nova a Guinea, 339 Macao, Tel. No.: +853 285 33524, Email: tmchan@ssm.gov.mq

Ms. Lei Wai Kei, Senior Technician Officer, Noncommunicable Disease & Health Promotion, Center for Disease Control and Prevention (CDC) Health Bureau, Edificio da Administracao dos Servicos de Saude, Rua Nova a Guinea, 339 Macao, Tel. No.: +853 850 41527, Fax. No.: +853 285 33524, Email: leivicky@ssm.gov.mo

Dr. Mohd Rizwan bin Shahari, Head, Hospital Management Services, Medical Development Division, Ministry of Health, E1 Federal Government Administrative Centre, 62590 Putrajaya, Tel. No.: +016 830 3748, Email: mridzwan.s@moh.gov.my

Dr. Feisul Idzwan Mustapha, Deputy Director, Non-Communicable Diseases, Disease Control Division, Ministry of Health, E1 Federal Government Administrative Centre, 62590 Putrajaya, Tel. No.: +603 889 24408, Email: dr.feisul@moh.gov.my
Dr. Veronica Lugah, Public Health Medicine Specialist, Senior Deputy Director, Planning Division, Ministry of Health, E1 Federal Government Administrative Centre, 62590 Putrajaya, Tel. No.: +603 888 33950, Email: veron_lugah@moh.gov.my

Mr. Moses Pretrick, Acting Assistant Secretary of Health, Department of Health & Social Affairs, P.O. Box PS 70 Palikir, Pohnpei FM 96941, Tel. No.: +691 31202619/2872/2643, Fax No.: +691 3205263, Email: mpretrick@fsmhealth.fm

Dr. Erdembileg Tsevegmid, State Secretary, Ministry of Health, Sukhbaatar District Olympic Street, Government Building VIII, Ulaanbaatar 14210, Tel. No.: +976 99275757, Email: erdembileg@moh.gov.mn; mnums@edu.mn

Dr. Bayarbold Dangaa, Director General, Department of Public Health, Ministry of Health, Sukhbaatar District Olympic Street, Government Building VIII, Ulaanbaatar 14210, Tel. No.: +976 91113003, Fax No.: +976 51 263325, Email: bayarbold0308@gmail.com

Dr. Buyantogtokh Batsukh, Director General, Department of Medical Service, Ministry of Health, Sukhbaatar District Olympic Street, Government Building VIII, Ulaanbaatar 14210, Tel. No.: +976 99034075, Email: buyantogtokh.b@moh.gov.mn

Dr. Oyuntsetseg Purev, Director, Division of Strategic Management, Ministry of Health, Sukhbaatar District Olympic Street, Government Building VIII, Ulaanbaatar 14210, Tel. No.: +976 99996434, Email: oyuntsetseg@moh.gov.mn; tseagromch10@gmail.com

Dr. Johanna Reidy, Senior Advisor, Public Health and Primary Care Transformation, Directorate, Ministry of Health, 133 Molesworth St Thorndon Wellington PO Box, 5013 Wellington 6140, Tel. No.: +64212286010, Email: johanna.reidy@health.govt.nz

Dr. Edgar Akau’ola, Chief Medical Officer, Niue Health Department, Ministry of Social Services, Niue Public Service Building, Fonuakula, Alofi, Niue, Email: edgar.Akau'ola@mail.gov.nu

Dr. Waimanu Pulu, Senior Medical Officer, Ministry of Social Services, Niue Public Service Building, Fonuakula, Alofi, Niue, Email: waimanu.pulu@mail.gov.nu

Ms. Rose Siohane, Principal Nursing Officer, Nursing Division, Ministry of Social Services, Niue Public Service Building, Fonuakula, Alofi, Niue, Email: rose.Siohane@mail.gov.nu

Ms. Tiffany Sablan, Director of Revenue, Finance—Revenue Cycle, Commonwealth Healthcare Corporation, PO Box 500409 Saipan, MP 96950, Tel. No.: +670 483 6950, Email: tiffany.sablan@chcc.health

Ms. Elva Lionel, Deputy Secretary, National Health Policy and Corporate Services, National Department of Health, P.O. Box 807 Waigani, National Capital District, Port Moresby, Papua New Guinea, Tel. No.: +675 301 3624, Email: elionel087@gmail.com; depsec_nhpcs@health.gov.pg

Ms. Martina Pumbo Suve-Hohora, Technical Advisor, Planning, National Department of Health, P.O. Box 807 Waigani, National Capital District, Port Moresby, Papua New Guinea, Tel. No.: +675 301 3640, Email: mpumbo@gmail.com

Dr. Razel Nikka Hao, OIC Director III, Disease Prevention and Control Bureau, Department of Health, DOH Bldg. 14 San Lazaro Compound, Tayuman, Manila, Email: rmhao@doh.gov.ph

Ms. Jungmin Ryu, Director, Division of Health Policy, Korea Ministry of Health and Welfare, 13, Doum4-ro, Sejon-si, Tel. No.: +010 5125 0039, Fax No.: +044 202 3924, Email: jmryu@korea.kr
Ms. Kyoungmee Woo, Director, Division of International Cooperation, Korea Ministry of Health and Welfare, 13, Doum4-ro, Sejon-si, Tel. No.: +82 10 502 58X6, Email: kimwrr@korea.kr

Dr. Veisinia Matoto, Head, Community Health and National Diabetes Center, Public Health Department, Ministry of Health, P.O. Box 59, Nuku’alofa, Tonga, Email: matotov@gmail.com

Mr. Natano Elisala, Deputy Secretary, Social Welfare and Gender Affairs, Ministry of Health, P.O Box 36 Vaiaku, Funafuti, Tel. No. +688 20480, Email: natano_elisala@yahoo.com

Ms. Phan Thanh Thuy, Officer, Department of Planning and Finance, Ministry of Health, 138A Giang Vo Street, Kim Ma Ward, Ba Dinh District, Hanoi City, Tel. No.: +84 913 313497, Email: thuypkhtc@moh.gov.vn

Dr. Nguyen Mai Huong, Officer, maternal and Child Health Department, Ministry of Health, 138A Giang Vo Street, Kim Ma Ward, Ba Dinh District, Hanoi City, Email: huongmch@gmail.com

Dr. Khuong Anh Tuan, Deputy Director, Health Strategy and Policy Institute, A36 Lane, Ho Tung Mau St., Cau Giay district, Hanoi, Viet Nam, Tel. No.: +84 4 38234167, Email: khuonganhtuan@hspi.org.vn

UHC TAG MEMBERS

Professor 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, China, XueYuan Road 38 Mailbox 505, Haidian District, Beijing 100191, China, Tel No.: +86 10 82801620, Email: qmeng@bjmu.edu.cn

Dr. Josephine Aumea Herman, Director of Pacific Health, Waitemata District Health Board, Waitemata, New Zealand, Email: aumeah@gmail.com

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, Tel. No.: +852 3917 9280; 30917 9282, Email: gmleung@hku.hk; deanmed@hku.hk

Professor Vivian Lin, Executive Associate Dean, Strategy and Operations, Li Ka Shing, Faculty of Medicine, The University of Hong Kong, Hong Kong, Tel. No.: +852 3953 7626, Email: vklin@hku.hk

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

Dr. Yasuyuki Sahara, Senior Assistant Minister for Health Security, Science and Technology, Minister’s Secretariat, Ministry of Health, Labour and Welfare, 1-2-2 Kasumigaseki, Chiyoda-ku, Tokyo, 100-8916 Japan, Email: sahara-yasuyuki@mhlw.go.jp

TECHNICAL ADVISERS

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

Dr. Christopher Morgan, Senior Technical Advisor (Immunization), Jhpiego, 1615 Thames Street, Baltimore, Maryland 21231, USA, Email: Christopher.morgan@jhpiego.org
Professor Mario Raviglione, Full Professor of Global Health, Centre for Multidisciplinary Research in Health Sciences, University of Milan, Via Festa del Perdono, 20122 Milano, Italy, Email: raviglionemc@gmail.com

Professor Maxine Anne Whittaker, Co-Director, WHO Collaborating Centre for Vector Borne and Neglected Tropical Diseases, College of Public Health, Medical and Veterinary Sciences, Division of Tropical Health and Medicine, James Cook University, Canberra, Australia, Email: maxine.whittaker@jcu.edu.au

Dr. Paul Effler, Medical Coordinator, Prevention and Control Program, Communicable Disease Control, Directorate, Department of Health, Perth, Australia, Email: paul.effler@health.wa.gov.au

Professor Yun-Chul Hong, Chairperson/Professor, Department of Human Systems Medicine, Seoul National University, College of Medicine, Seoul, Republic of Korea, Email: ychong1@snu.ac.kr

Dr. Annette David, Chair, Guam State Epidemiological, Workgroup Outcome, Guam Behavioral Wellness Center, Tamuning, Guam, Email: amdavid@guam.net

OBSERVERS/REPRESENTATIVES

Mr. Arin Dutta, Senior Health Specialist, Asian Development Bank, Mandaluyong City, Email: adutta@adb.org

Mr. Benjamin Coghlan, Senior Health Specialist (Health Security), Asian Development Bank, Mandaluyong City, Email: b coghlan@adb.org

Mr. Rui Liu, Health Specialist, Asian Development Bank, Mandaluyong City, Email: rui liu@adb.org

Ms. Michelle Apostol, Associate Health Officer, Asian Development Bank, Mandaluyong City, Email: mapostol@adb.org

Ms. Florence Tienzo, Senior Project Coordinator (consultant), Asian Development Bank, Mandaluyong City, Email: ftienzo.consultant@adb.org

Dr. Chui Wan Ng, Professor, Department of Social and Preventive Medicine, Faculty of Medicine, University Malaysia, Kuala Lumpur, Malaysia, Email: chiawan.ng@um.edu.my

Dr. Nobuaki Inoue, Senior Medical Officer, National Center for Global Health and Medicine, 1-21-1 Toyama Shinjuku-ku, Tokyo, Japan, Email: n-inoue@it.ncgm.go.jp

Dr. Tomoo Ito, Senior Medical Officer, National Center for Global Health and Medicine, 1-21-1 Toyama Shinjuku-ku, Tokyo, Japan, Email: t- ito t@it.ncgm.go.jp

Dr. Yoshiaki Kanno, Junior Medical Officer, National Center for Global Health and Medicine, 1-21-1 Toyama Shinjuku-ku, Tokyo, Japan, Email: kkanno@it.ncgm.go.jp

Dr. Yusaku Kusaba, Resident, National Center for Global Health and Medicine, 1-21-1 Toyama Shinjuku-ku, Tokyo, Japan, Email: yu kusaba@hosp.ncgm.go.jp

Dr. Awatef Amer Nordin, Head, Center for Health Equity Research, Institute for Health Systems Research, Ministry of Health, Shah Alam, Malaysia, Email: awatef.an@moh.gov.my

Dr. Fathullah Iqbal Abdul Rahim, Medical Officer, Center for Health Equity Research, Institute for Health Systems Research, Ministry of Health, Shah Alam, Malaysia, Email: fathullah@moh.gov.my

Dr. Norzam Azihan, Head, Center for Health Economics Research, Institute for Health Systems Research, Ministry of Health, Shah Alam, Malaysia, Email: norzam@moh.gov.my
Dr. Yunping Wang, Deputy Director, Health Strategy and Global Health Research Division, China National Health Development Research Center, B3, No.9 Chegongzhuang Street, Xicheng District, Beijing, P.R.China, 100044, Tel. No.: +086 010 88385623, Email: wangyp@nhei.cn

Dr. Tiemin Zhai, Associate Professor, National Health Accounts and Policy Studies, China National Health Development Research Center, B3, No.9 Chegongzhuang Street, Xicheng District, Beijing, P.R.China, 100044, Email: ztm@nhei.cn

Dr. Munechito Machida, National Institute of Public Health, 2-3-6 Minami, Wako-shi, Saitama 351-0197, Japan, Email: machida.m.aa@niph.go.jp

Dr. Tomoko Kodama, National Institute of Public Health, 2-3-6 Minami, Wako-shi, Saitama 351-0197, Japan, Email: kodama.t.aa@niph.go.jp

Dr. Eri Osawa, National Institute of Public Health, 2-3-6 Minami, Wako-shi, Saitama 351-0197, Japan, Email: osawa.e.aa@niph.go.jp

Dr. Sally Fawkes, Health Promoting Hospitals Network, Department of Public Health, School of Psychology and Public Health, College of Science, Health and Engineering, La Trobe University, Victoria 3086, Australia, Email: S.Fawkes@latrobe.edu.au

Professor Luz Barbara Dones, Associate Professor, University of the Philippines, College of Nursing, Ermita, Manila, Email: lpdones@up.edu.ph

Professor Peter James Abad, Associate Professor, University of the Philippines, College of Nursing, Ermita, Manila, Email: pbabad@up.edu.ph

Professor Sheila R. Bonito, Dean, University of the Philippines, College of Nursing, Ermita, Manila, Email: srbonito@up.edu.ph

Mr. Adria Te Patu, World Federation of Public Health Associations (WFPHA), WFPHA Headquarters, Campus Biotech, Geneva, Switzerland, Email: adriantepatu@gmail.com

SECRETARIAT

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

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

Dr. Angela Pratt, Director, Regional Director’s Office & Communication and External Relations, Acting Director, Division of Healthy Environment and Populations, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines, Tel. No.: 63 2 8 5289930, Email: pratta@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. Babatunde Olowokure, Director, Division of Health Security and Emergency, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines, Tel. No.: +41 22 791 3438, Email: olowokureb@who.int
Dr. Mark Andrew Jacobs, Director, Division of Pacific Support, Level 4, Provident Plaza One Downtown, Boulevard 33 Ellery Street, Suva, Fiji, Tel. No.: +679 3234100, Email: jacobsma@who.int

Dr. Hiromasa Okayasu, Coordinator, Healthy Ageing, Data, Strategy and Innovation Group, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines, Tel. No.: +63 2 8 5289028, Email: okayasuhi@who.int

Ms. Amy Cawthorne, Coordinator, Strategic Dialogue, Data, Strategy and Innovation Group, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines, Tel. No.: +63 2 8 5289028, Email: cawthornea@who.int

Mr. Sangyoun Oh, Technical Officer, Universal Health Coverage, Data, Strategy and Innovation Group, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines, Tel. No.: +63 2 8 5288904 7, Email: soh@who.int

Ms. Ma-Ann Zarsuelo, UHC Consultant, Universal Health Coverage, Data, Strategy and Innovation Group, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines, Tel. No.: +63 2 8 5288904 7, Email: zarsuelom@who.int

Ms. Jingwei Yang, UHC Consultant, Universal Health Coverage, Data, Strategy and Innovation Group, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines, Tel. No.: +63 2 8 5288904 7, Email: yangj@who.int

Dr. Li Boyang, UHC Consultant, Universal Health Coverage, Data, Strategy and Innovation Group, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines, Tel. No.: +63 2 8 5288904 7, Email: libo@who.int

Ms. Alyson Brown, UHC Consultant, Universal Health Coverage, Data, Strategy and Innovation Group, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines, Tel. No.: +63 2 8 5288904 7, Email: abrown@who.int

Ms. Nina Ashley Dela Cruz, UHC Consultant, Universal Health Coverage, Data, Strategy and Innovation Group, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines, Tel. No.: +63 2 8 5288904 8, Email: delan@who.int

Ms. Kristine Nacion, Programme Management Officer, Data, Strategy and Innovation Group, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines, Tel. No.: +63 2 8 5288904 8, Email: nacionk@who.int

Dr. Mengjuan Duan, Technical Officer, Health Information and Intelligence, Data, Strategy and Innovation Group, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines, Tel. No.: +63 2 8 5288904 8, Email: duanm@who.int

Mr. Robert Ryan Arciaga, Data Management Assistant, Health Information and Intelligence, Data, Strategy and Innovation Group, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines, Tel. No.: +63 2 8 5288983 0, Email: arciagar@who.int

Ms. April Siwon Lee, Technical Officer, Healthy Ageing, Data, Strategy and Innovation Group, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines, Tel. No.: +63 2 8 5288902 8, Email: alee@who.int

Ms. Alpha Tabanao, Data Management Assistant, Health Information and Intelligence, Data, Strategy and Innovation Group, WHO Regional Office for the Western Pacific, United Nations Avenue, Manila 1000, Philippines, Tel. No.: +63 2 8 5288981 2, Email: tabanaoa@who.int
Dr. Li Ailan, WHO Representative, WHO Office in Cambodia, P.O. Box 1217, Phnom Penh, Cambodia, Tel. No.: + 855 23-216610, Email: lia@who.int

Dr. Luciano Tuseo, Coordinator, Communicable Diseases, WHO Office in Cambodia, P.O. Box 1217, Phnom Penh, Cambodia, Email: tuseol@who.int

Dr. Kannitha Cheang, Technical Officer, WHO Office in Cambodia, P.O. Box 1217, Phnom Penh, Cambodia, Tel. No.: + (855) 23-216610, Email: cheangk@who.int

Dr. Sano Phal, Technical Officer, Maternal & Child Health, WHO Office in Cambodia, P.O. Box 1217, Phnom Penh, Cambodia, Tel. No.: + (855) 23-216610, Email: phals@who.int

Mr. Mai Mo, Technical Officer, Health Systems, WHO Office in Cambodia, P.O. Box 1217, Phnom Penh, Cambodia, Tel. No.: + (855) 23-216610, Email: mom@who.int

Dr. Gauden Galea, WHO Representative, WHO Office in China, 401, Dongwai Diplomatic Office Building, 23, Dongzhimenwai Dajie, Chaoyang District, 100600 Beijing, China, Tel. No.: + 8610 6532 7189, 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, 100600 Beijing, China, 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, 100600 Beijing, China, Email: chenzho@who.int

Dr. Jiang Xiaopeng, National Programme Officer, WHO Office in China, 401, Dongwai Diplomatic Office Building, 23, Dongzhimenwai Dajie, Chaoyang District, 100600 Beijing, China, Email: jiangx@who.int

Mr. Gao Chen, National Programme Officer, WHO Office in China, 401, Dongwai Diplomatic Office Building, 23, Dongzhimenwai Dajie, Chaoyang District, 100600 Beijing, China, Email: cgao@who.int

Dr. Zhang Tuohong, National Programme Officer, WHO Office in China, 401, Dongwai Diplomatic Office Building, 23, Dongzhimenwai Dajie, Chaoyang District, 100600 Beijing, China

Dr. Akeem Ali, Team Coordinator, WHO Office in the South Pacific, P/ O. Box 113, Suva, Tel. No.: +679 323 4100, Email: aliake@who.int

Ms. Deki, Technical Officer, WHO Office in the South Pacific, P/ O. Box 113, Suva, Tel. No.: +679 323 4100, Email: deki@who.int

Dr. Gao Jun, Acting WHO Representative, WHO Office in the Lao People’s Democratic Republic, 125 Saphanthong Road, Unit 5, Ban Saphanthongtai, Sisattanak District, Vientiane, Email: gaoj@who.int

Ms. Vienthong Manivone, Technical Officer, WHO Office in the Lao People’s Democratic Republic, 125 Saphanthong Road, Unit 5, Ban Saphanthongtai, Sisattanak District, Vientiane, Email: manivonev@who.int

Dr. Yu Lee Park, Coordinator, Health Systems, WHO Office in the Lao People’s Democratic Republic, 125 Saphanthong Road, Unit 5, Ban Saphanthongtai, Sisattanak District, Vientiane, Email: parkyl@who.int

Mr. Mathew Shortus, Medical Officer, WHO Office in the Lao People’s Democratic Republic, 125 Saphanthong Road, Unit 5, Ban Saphanthongtai, Sisattanak District, Vientiane, Email: shortusm@who.int
Dr. Ying-Ru Jacqueline Lo, WHO Office in Malaysia, Brunei Darussalam, and Singapore, 4th Floor, Prima 8, Block 3508, Jalan Teknokrat 6, 63000 Cyberjaya, Selangor, Tel. No.: +603 8871 7111, Email: loy@who.int

Dr. Taketo Tanaka, Technical Officer, WHO Office in Malaysia, Brunei Darussalam, and Singapore, 4th Floor, Prima 8, Block 3508, Jalan Teknokrat 6, 63000 Cyberjaya, Selangor, Email: tanakat@who.int

Dr. Byambaa Ganbat, Special Service Agreement, WHO Office in Mongolia, Post Box – 663, Ulaanbaatar-13, Mongolia, Email: ganbatb@who.int

Dr. Dulamragchaa Buyanbaatar, WHO Health Emergencies Programme, WHO Office in Mongolia, Post Box – 663, Ulaanbaatar-13, Mongolia, Tel. No: +976 11-327870, Email: buyanbaatard@who.int

Ms. Ana Alexandra Maalsen, Acting WHO Representative, WHO Office in Papua New Guinea, P.O. Box 5896, Boroko, Tel. No.: +675 325-7827, Email: maalsena@who.int

Dr. Roderick Salenga, Technical Officer, Essential Medicines, P.O. Box 5896, Boroko, Tel.: +675 325 7827, Email: salengar@who.int

Dr. Narantuya Jadambaa, Medical Officer, P.O. Box 5896, Boroko, Tel.: +675 325 7827, Email: jadambaan@who.int

Dr. Rabintra Abeyasinghe, WHO Representative, WHO Office in the Philippines, Ground Floor, Building 3, Department of Health, San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila, Tel. No.: +632 8528 9762, Email: abeyasingher@who.int

Dr. Rajendra Prasad Hubraj Yadav, Medical Officer, WHO Office in the Philippines, Ground Floor, Building 3, Department of Health, San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila, Tel. No.: +632 8528 9762, Email: yadavr@who.int

Dr. Graham Perry Harrison, Coordinator, Health Systems, Ground Floor, Building 3, Department of Health, San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila, Tel. No.: +632 8528 9762, Email: harrising@who.int

Dr. Baoping Yang, Acting WHO Representative, WHO Office in Samoa, P.O. Box 77, Apia, Western Samoa, Tel. No.: +685 24-976, Email: yangb@who.int

Dr. Dyxon Hansell, Technical Officer, WHO Office in Samoa, P.O. Box 77, Apia, Western Samoa, Tel. No.: +685 24-976, Email: hanselld@who.int

Ms. Kolisi Lomialagi Thelma Viki, National Professional Officer, WHO Office in Samoa, P.O. Box 77, Apia, Western Samoa, Tel. No.: +685 24-976, Email: vikik@who.int

Dr. Sevil Huseynova, WHO Representative, WHO Office in Solomon Islands, P.O. Box 22, Honiara, Solomon Islands, Tel. No.: +677 22053, Email: huseynovas@who.int

Ms. Sonja Tanevska, Technical Officer, WHO Office in Solomon Islands, P.O. Box 22, Honiara, Solomon Islands, Tel. No.: +677 22053, Email: tanevskas@who.int

Dr. Simon Burggraaf, Technical Officer, WHO Office in Solomon Islands, P.O. Box 22, Honiara, Solomon Islands, Tel. No.: +677 22053, Email: burggraafs@who.int

Dr. Ki Dong Park, WHO Representative, WHO Office in Viet Nam, P.O. Box 52, Hanoi, Viet Nam, Tel. No.: +84 (0) 4 38 500 100, Email: parkk@who.int

Dr. Annie Chu, Technical Officer, WHO Office in Viet Nam, P.O. Box 52, Hanoi, Viet Nam, Tel. No.: +84 (0) 4 38 500 100, Email: chua@who.int
Dr. Duc Truong Lai, Technical Officer, WHO Office in Viet Nam, P.O. Box 52, Hanoi, Viet Nam, Tel. No.: +84 (0) 4 38 500 100, Email: laid@who.int

Dr. Wendy Dawn Snowdon, Country Liaison Officer, WHO Office in Kiribati, P.O. Box 210, Bikenibeu, Tarawa, Kiribati, Email: snowdonw@who.int

Dr. Momoe Takeuchi, Country Liaison Officer, Department of Health and Social Affairs, 1/F Mogethin Building, National Capital Complex, Palikir, Email: takeuchim@who.int

Mr. Ben Jackson Amor Jr., Coordinator, Communicable Disease, Department of Health and Social Affairs, 1/F Mogethin Building, National Capital Complex, Palikir, Email: amorb@who.int

Mr. Semenson Ehpel, Special Service Agreement, Department of Health and Social Affairs, 1/F Mogethin Building, National Capital Complex, Palikir, Email: ehpels@who.int

Dr. Yutaro Setoya, Country Liaison Officer, WHO Office in Tonga, P.O. Box 70, Nuku alofa, Tonga, Tel. No.: +676 23 217, Email: setoyay@who.int

Dr. Tsogzolmaa Bayandorj, Medical Officer for Noncommunicable Disease, WHO CLO Vanuatu, MOH Iatika Complex, P.O. Box 177, Port Vila, Vanuatu, Tel. No.: +678 27 683, Email: bayandorjit@who.int

Ms. Zsuzsanna Jakab, Deputy Director-General, General Office, WHO Headquarters, Geneva, Switzerland, Tel. No.: +41227913030, Email: jakabz@who.int

Dr. Suraya Dalil, Director, Special Programme on Primary Health Care, WHO Headquarters, Geneva, Switzerland, Tel. No.: +41 22 791 3844, Email: dalilsu@who.int

Dr. Awad Mataria, Director, UHC Health Systems, Monazamet El Seha El Alamia Str, Extension of Abdel Razak El Sanhouri Street, P.O. Box 7608, Nasr City, Cairo 11371, Egypt, Tel. No.: +20 2 22765000, Email: matariaa@who.int

Dr. Faraz Khalid, Technical Officer, UHC Health Systems, Monazamet El Seha El Alamia Str, Extension of Abdel Razak El Sanhouri Street, P.O. Box 7608, Nasr City, Cairo 11371, Egypt, Tel. No.: +20 2 22765000, Email: khalidf@who.int

Dr. Henry Doctor, Coordinator, Information Systems for Health, Monazamet El Seha El Alamia Str, Extension of Abdel Razak El Sanhouri Street, P.O. Box 7608, Nasr City, Cairo 11371, Egypt, Tel. No.: +20 2 22765000, Email: doctorh@who.int

Mrs. Melitta Jakab, Head of Office, WHO European Centre for Primary Health Care, 303, Baizakov Street, Building 1, Almaty A15G7T0, Tel. No.: +34 638 681 026, Email: jakabm@who.int

Dr. Natasha Azzopardi Muscat, Director, Division of Country Health Policies and Systems, WHO Regional Office for Europe, UN City, Marmorvej 51, DK-2100 Copenhagen, Tel. No.: +45 45 33 70 00, Email: muscatn@who.int

Mr. Gabriele Pastorino, Technical Officer, Health Workforce and Service Delivery, Division of Country Health Policies and Systems, WHO Regional Office for Europe, UN City, Marmorvej 51, DK-2100 Copenhagen, Tel. No.: +4545337142, Email: pastorinog@who.int

Ms. Liliana Kyanovska, Assistant to Director, Division of Country Health Policies and Systems, WHO Regional Office for Europe, UN City, Marmorvej 51, DK-2100 Copenhagen, Tel. No.: +45 45 33 70 00, Email: yanovskal@who.int
### Annex 2. Meeting programme

<table>
<thead>
<tr>
<th>Time (PHL Time)</th>
<th>Activities</th>
<th>Speaker/Moderator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day 1 (Tuesday, 16 November 2021)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 10:00 –10:20 | **Opening session** | **Moderator**  
Dr Liu Yue  
Coordinator, UHC |
| | Opening address | Dr Takeshi Kasai  
WHO Regional Director for the Western Pacific |
| | Welcome remarks by UHC TAG Chairperson | Professor Gillian Biscoe  
Chairperson, UHC TAG |
| 10:20-10:22 | Group photograph | UHC team, WPRO |
| 10:22-10:30 | Set the scene of the meeting | Mr Martin Taylor  
a/Director  
Data, Strategy and Innovation Group |
| 10:30-10:40 | **Plenary session**  
Block A ‘Data’: Where are we on the journey to achieving UHC and how can we build off the COVID-19 response to improve health information systems? | **Moderator**  
Dr Josephine Aumea Herman  
Vice Chairperson, UHC TAG |
| | Presentation: Our journey to UHC | **Speaker**  
Professor Meng Qingyue  
Vice Chairperson, UHC TAG |
| 10:40-10:50 | **Plenary session**  
Block B ‘Programme’: Moving towards a healthy life in the “new future” by strengthening disease control programmes and delivering services that reach the unreached on the journey to UHC. | **Moderator**  
Dr Josephine Aumea Herman  
Vice Chairperson, UHC TAG |
| | Presentation: Reaching the Unreached in the Western Pacific | **Speaker**  
Professor Maxine Whittaker  
Representative |
<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Activity</th>
<th>Reaching the Unreached Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:50-10:55</td>
<td>Mobility Break</td>
<td>UHC team, WPRO</td>
</tr>
<tr>
<td>10:55-11:20</td>
<td>Block A: Poster session - ‘World Café’</td>
<td>Moderator</td>
</tr>
<tr>
<td></td>
<td>Introduction to Group work</td>
<td>Professor Gabriel Leung</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UHC Technical Adviser</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Speaker</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UHC Team, WPRO</td>
</tr>
<tr>
<td>11:20-12:10</td>
<td>Group work Block B: Introduction of the group discussion</td>
<td></td>
</tr>
<tr>
<td>12:10-12:30</td>
<td>Plenary session</td>
<td>Feedback from block B group discussions</td>
</tr>
</tbody>
</table>

**Day 2 (Wednesday, 17 November)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session/Activity</th>
<th>Moderator</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00 – 10:40</td>
<td>Plenary session</td>
<td>Professor Vivian Lin</td>
</tr>
<tr>
<td></td>
<td>Block C ‘Health System’: What do the health systems of the new future need to look like and how to transform towards achieving them?</td>
<td>UHC Technical Adviser</td>
</tr>
<tr>
<td></td>
<td>Recap of Day 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health reforms webinar</td>
<td>Speakers</td>
</tr>
<tr>
<td></td>
<td>- Summary of key points</td>
<td>Dr Josephine Aumea Herman</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vice Chairperson, UHC TAG</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Professor Vivian Lin</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UHC Technical Adviser</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr Paul Effler</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chairperson, APSED TAG</td>
</tr>
<tr>
<td></td>
<td>Presentation: Strengthening the health system and public health capacity to plan for endemic COVID-19 and beyond</td>
<td>Mr Martin Taylor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a/Director</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Data, Strategy and Innovation Group</td>
</tr>
<tr>
<td>10:40-10:45</td>
<td>Mobility Break</td>
<td>UHC team, WPRO</td>
</tr>
<tr>
<td>Time</td>
<td>Event</td>
<td>Details</td>
</tr>
<tr>
<td>------------</td>
<td>--------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>10:45-11:35</td>
<td>Transformation Forum</td>
<td>Moderator: Dr Yasuyuki Sahara, UHC Technical Adviser</td>
</tr>
<tr>
<td></td>
<td>Plenary session</td>
<td>Speaker: Division of Health Systems and Services</td>
</tr>
<tr>
<td></td>
<td>Introduction of the transformation forum</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group work: Transformation forum</td>
<td></td>
</tr>
<tr>
<td>11:35-12:00</td>
<td>Plenary session</td>
<td>Feedback from Transformation Forum</td>
</tr>
<tr>
<td>14:00 – 15:30</td>
<td>TAG Alliance meeting</td>
<td>Participants: Chairpersons and Representatives from all WPRO Technical Advisory Mechanisms, WPRO Division Directors and Responsible Officers</td>
</tr>
<tr>
<td>16:00 – 18:00</td>
<td>Secretariat and UHC Technical Advisers Meeting</td>
<td>Participants: UHC Technical Advisers, DSI Director, UHC team</td>
</tr>
</tbody>
</table>

**Day 3 (Thursday, 18 November)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00 – 11:00</td>
<td>Block D: ‘Policy Priorities’</td>
<td>Moderator: Mr James Chau, WHO Goodwill Ambassador for SDG and Health</td>
</tr>
<tr>
<td></td>
<td>UHC Ministerial Forum: ‘Investment in health’</td>
<td>Speaker: Dr Takeshi Kasai, WHO Regional Director for the Western Pacific</td>
</tr>
<tr>
<td></td>
<td>Welcome remarks by Regional Director</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Speeches</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Video Message from the High Level Officials from:</td>
<td>Japan, Mongolia, Lao People's Democratic Republic</td>
</tr>
<tr>
<td></td>
<td>Vice Minister of Finance Lao People's Democratic Republic</td>
<td>Honourable Vice Minister of Finance Ministry of Finance</td>
</tr>
<tr>
<td>Time</td>
<td>Event</td>
<td>Location</td>
</tr>
<tr>
<td>--------------</td>
<td>--------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>11:00-11:05</td>
<td>Panel discussion</td>
<td>Lao People's Democratic Republic</td>
</tr>
<tr>
<td></td>
<td><strong>High Level Officials from:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Japan</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lao People's Democratic Republic</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mongolia</td>
<td></td>
</tr>
<tr>
<td>11:05–11:50</td>
<td><strong>Closing session</strong></td>
<td>UHC team, WPRO</td>
</tr>
<tr>
<td></td>
<td>Recap of the 3-day Fifth UHC TAG meeting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recap of TAG Alliance Meeting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Closing remarks by UHC TAG Chairperson</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Closing remarks by</td>
<td></td>
</tr>
<tr>
<td></td>
<td>WHO Deputy-Director General</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Closing remarks by Director</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Data, Strategy and Innovation Group</td>
<td></td>
</tr>
</tbody>
</table>

**Moderator**
- Dr Yue Liu
- Coordinator, UHC

**Speakers**
- Dr Stephen Duckett
- UHC Technical Adviser
- Professor Yun-Chul Hong
- Chairperson, CCE TAG
- Professor Gillian Biscoe
- Chairperson, UHC TAG
- Dr Zsuzsanna Jakab
- WHO Deputy-Director General
- Mr Martin Taylor
- a/Director
- Data, Strategy and Innovation Group