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

22–24 November 2022
Virtual Meeting
Sixth Meeting of the Technical Advisory Group on Universal Health Coverage in the Western Pacific Region

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MEETING REPORT

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

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NOTE

The views expressed in this report are those of the participants of the Sixth 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 Sixth Meeting of the Technical Advisory Group on Universal Health Coverage in the Western Pacific Region from 22 to 24 November 2022.
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The Sixth Meeting of the Technical Advisory Group on Universal Health Coverage in the Western Pacific Region (UHC TAG) was virtually convened from 22 to 24 November 2022 with about 150 participants including 70 senior policymakers from 21 Member States, 18 multidisciplinary experts, 18 representatives from 8 partner organizations, and World Health Organization (WHO) staff from headquarters, the Western Pacific Regional office and country offices.

Since 2016, UHC TAG has served as a robust mechanism to support countries on their UHC journey to advance UHC and for realizing our global targets. During the UHC TAG’s formative phase through 2019, UHC TAG organized discussion to support Member States having deeper understanding on action domains and health system attributes of the UHC Regional Action Framework.

In the successive discussions, there had been a vivid recognition that strengthening health systems require rethinking of strategies to “future-proof” health systems given the emerging health threats.

Hence, in approaching the second phase of UHC TAG, the theme progressed to reorienting ways of working to transform systems with data for informed decisions and progress monitoring, and harmonized programmes for people-centred and integrated services. This brought forth the future directions of health systems and identified strategic shifts at the Fifth UHC TAG meeting.

Building on the wealth of discussion and outcomes of all previous UHC TAG meetings, the UHC TAG aimed to develop a tool that will support countries to rethink and (re)design systems architecture along their UHC roadmaps or existing national health agenda or strategy. This is interlinked with the implementation of Country Cooperation Strategy, aligning joint works of WHO, Member States and partners.

The objectives of the meeting were:

- to discuss and reinforce the future directions envisioned from previous UHC TAG meetings to transform health systems by bringing together data, programmes and systems with UHC as the foundation;
- to explore ways to operationalize the strategic shifts for health systems transformation; and
- to share inputs on the development of a tool to guide Member States' UHC roadmaps.

The meeting ended with the following conclusions:

- Countries and areas in the Region are clearly making progress towards UHC at the grassroots, programmes and systems levels. It has been evident from Member States exchange of experience and best practices in designing and implementing country tailored interventions to advance UHC.
- ‘Big bang’ change towards UHC is rare. Progressing UHC is a continuous process supported by UHC Champions for high level support and strategic plans in setting directions to increase political commitment and engage communities. While there is a need to bring every component together considering the connections and flow, political commitment amidst changing leadership will sustain the progress. This is shaped by the extent policy-makers reflect the real issues of communities on the ground and the government demands against competing priorities.
- In general, participants recognized the interconnectedness of systems components and contexts beyond health to strengthen programmes and systems.
- Enriched by the diversity of experts and country perspectives in discussions, most participants affirmed and reinforced the relevance of integrated data, programme harmonization and sustainable financing for systems level solutions to advance UHC. These are the key issues that can address Member States shared challenges on financing, health workforce and intersectoral collaboration which all requires context specific strategies to meet local demands and priorities.
- The “UHC roadmap implementation guide” will be refined to capture countries’ needs. This will draw on from Member States, experts, and partners’ practical and technical knowledge and experiences in strengthening health systems by taking a systems approach, and have space for flexibility considering diversity of countries’ capacities, readiness, resources, etc.
• The Sixth UHC TAG’s meaningful exchange of policy, process and technical knowledge has supported Member States on identifying practical actions to apply a systems approach with UHC as the foundation, and has stimulated their interest in the implementation guide. From the meeting preparation, discussions and feedback survey, some countries have clear requests for support in their ongoing and long-term health agenda on advancing UHC.

• The Third TAG Alliance meeting, an integral part of UHC TAG, was also held on 23 November 2022. It aimed to (1) briefly share progress and issues of each TAG and explore how all WPR TAGs can continue to work together, and (2) contribute inputs into the ‘UHC roadmap implementation guide’ supporting Member States to develop or (re)design UHC country roadmap. Outcomes of consultations with Member States and future TAG agendas were shared by Chairpersons of the UHC, APSED, CCE, NCD, TB TAGs and pre-recorded messages from RTU TAG. Collectively, five virtual/ hybrid TAG meetings in the Region were successfully convened in 2022. Further, RTU TAG has been approved and RTU and NCD Regional frameworks were endorsed in RC73. Harnessing the opportunities to synergize programmes agendas through TAG Alliance, experts shared key considerations, barriers and pressing issues in relation to the implementation guide.

WHO is requested to consider the following:

• Provide country tailored support to Member States in the next phase of UHC TAG from 2023, which will focus on (re)designing and implementing countries’ own UHC roadmaps.

• Continue to engage Member States in the participatory development of implementation guide that takes into account their priorities, challenges, needed support from WHO and different country contexts.

• Continue to synergize various programme agendas of WHO in the Region towards UHC and optimize the relevant technical resources through the implementation guide.

• Integrate key concepts and approaches of the implementation guide in the Country Cooperation Strategies to leverage WHO’s workplan in supporting Member States to strengthen health systems with harmonized programmes and integrated data for informed decisions and progress monitoring.

• Harness individual and collective strengths of all TAGs in the Region for each TAG to take a systems approach towards the shared goal of advancing UHC at programmes and systems level, and provide technical support in the roll out of the “UHC roadmap implementation guide”.
1. INTRODUCTION

1.1 Meeting organization

The Sixth Meeting of the Technical Advisory Group on Universal Health Coverage in the Western Pacific Region (UHC TAG) was held virtually from 22 to 24 November 2022. The meeting served as a platform to set forth strategic actions for UHC by bringing together about 150 participants including 70 senior policy-makers from 21 Member States, 18 multidisciplinary experts, 18 representatives from eight partner organizations, and World Health Organization (WHO) staff from headquarters, the Regional Office and country offices. The list of participants is available in Annex 1.

The meeting was designed to balance technical and practical sharing of expertise and experiences. Plenary presentations by experts were followed by parallel sessions, with one breakout group per topic fostering deeper discussions. Each group had country presentation(s) and a panel discussion with experts and Member State representatives to stimulate and inspire thinking. Participants in the breakout groups were invited to engage and contribute to the discussion by sharing their diverse perspectives during the open question-and-answer discussions that ensued.

1.2 Meeting objectives

The objectives of the meeting were:

(1) to discuss and reinforce the future directions envisioned from previous UHC TAG meetings to transform health systems by bringing together data, programmes and systems with UHC as the foundation;

(2) to explore ways to operationalize the strategic shifts for health systems transformation; and

(3) to share inputs on the development of a tool to guide Member States’ UHC roadmaps.

The overall meeting outcome was to bring forth a tool to guide Member States in transforming health systems along their own UHC roadmaps.

2. PROCEEDINGS

2.1 Opening session

Dr Zsuzsanna Jakab, WHO Deputy Director-General and Officer-in-Charge of the WHO Regional Office for the Western Pacific, opened the meeting by warmly acknowledging participants’ ongoing and tireless contributions to realize the envisioned future of health systems with UHC as the foundation, and in doubling efforts to achieve the Sustainable Development Goals (SDGs). With the accentuated gaps brought on by the coronavirus disease (COVID-19) pandemic, “business as usual” is no longer an option as regions backslide on SDGs and the country targets. Framing the perspective to the regional context, Professor Gillian Biscoe, UHC TAG Chairperson, provided a glimpse into the direction and initiatives of the UHC TAG that will call for the continued commitment of participants.

Dr Kidong Park, Director of the Data, Strategy and Innovation (DSI) Group, WHO Regional Office for the Western Pacific, set the scene on the outcomes and expectations for the Sixth UHC TAG Meeting. At the outset, the narrative of the UHC TAG journey was presented, showing evident progress and direction of the TAG in creating impact from the regional to country level.
Since 2016, the UHC TAG has served as a robust mechanism for supporting countries on their journey to advance UHC and realize global targets. As the umbrella TAG in the Region, it brings together different health agendas towards the shared goal of improving health outcomes for all.

During the formative phase of the UHC TAG, through 2019, Member States gained momentum and reinforced the development of their UHC roadmaps as guided by the 15 action domains under the five health system attributes of the Regional Action Framework on Universal Health Coverage: Moving Towards Better Health\(^1\) (Figure 1). After successive discussions on emerging health threats and transitioning population demands, there was vivid recognition that strengthening health systems required rethinking strategies to anticipate and prepare for future challenges. Hence, in approaching the second phase of the UHC TAG from 2020, the theme progressed to reorienting ways of working to transform systems along with two additional components—the data for informed decisions and progress monitoring, and harmonized programmes for people-centred and integrated services (i.e. UHC box concept). To bring together all TAGs in the Region, the TAG Alliance was established in 2020 as the coordination mechanism to leverage agendas and resources for an integrated approach to accelerating UHC progress.

Across the Region, Member States are at different UHC stages. Some are in the conception stage, while others are on the cycle of implementation, monitoring and evaluation. Strong government leadership should be lauded for increasing UHC momentum at national and subnational levels, especially during the COVID-19 pandemic. Thus, capitalizing on the increased investments in

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health and informed by the outcomes of all the previous UHC TAG meetings, the Sixth UHC TAG Meeting convened Member States, experts and partners to elicit inputs that would inform the development of the “UHC roadmap implementation guide”. UHC roadmaps come in different forms such as existing national health agendas or strategies geared towards advancing UHC. The implementation guide will serve as a transition tool during the third phase of UHC TAG, starting in 2023, which will focus on country-level support.

2.2 What are the future directions in the journey to transform health systems to advance UHC in countries?

This session provided an overview and updates on each of the interlinked future directions of health systems with UHC as the foundation. It aimed to further expound the outcomes of the Fifth UHC TAG Meeting, driven by the Region’s long-term and cross-cutting agendas and accrued lessons and opportunities from the COVID-19 response.

2.2.1 Strong public health capacity for sustained management of COVID-19 and future health security threats

Professor Paul Effler, Chairperson of the Technical Advisory Group on the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED TAG), presented updates on health security in the Region through the lens of UHC.

- There is growing momentum on both UHC and health security in the global and regional landscape from the mainstreamed priorities of the WHO Thirteenth General Programme of Work, the United Nations High-Level Meeting on UHC in 2023, and the For the Future vision. Informed by the collective regional experiences of responding to public health emergencies, WHO is developing a new APSED framework with a future-based approach. Herein, the identified key actions are as follows: (1) Detect: strengthen systems to detect public health events with improved speed and precision; (2) Decide: strengthen systems to make robust, evidence-informed response decisions quickly; (3) Act: strengthen systems to implement and adapt health care and public health actions and (4) Enable: strengthen systems to sustain and maintain preparedness, response, recovery and resilience.
- The interlinked impacts of the COVID-19 pandemic positioned health as a requirement and driver of socioeconomic development. The new global landscape of health security amplifies the importance of equitable and resilient health systems and galvanizes political momentum to invest in public health emergency preparedness.
- It is often said that UHC and health security are two sides of the same coin, though it may sound cliché for some, as perspectives must be framed well to capture the health factors in the peripheries. While there is growing recognition of the role of UHC in sustainably mitigating outbreaks and ensuring no one is left behind during a crisis, challenges remain in the imbalance of resources and initiatives. The scale usually tips towards those in power, making community interests and needs less visible. If global, regional and national initiatives on health security are pacing too fast, there is a risk of not addressing the social determinants of health that are imperative in supporting vulnerable populations, given the paucity of social, economic and protection policies at the local level. To advance health security and UHC, sustainable financing at all levels is required.

Group discussion

Representatives of Member States shared their experiences in strengthening health systems resilience. During the onset of the COVID-19 pandemic, when nations were grappling with uncertainties, governments relied on recommendations from medical and scientific experts for political decision-making. However, after years of public health and social measures affecting public mobility and work arrangements, governments began to factor in considerations of social and public welfare.
• In Australia, a national cabinet, including the prime minister, served as the intergovernmental body for joint and consistent national decision-making during the pandemic. This enabled rapid responses to the evolving pandemic situation and tailored approaches to address the health needs and risk appetites of different populations. It visibly engaged medical experts with regular communication, leading to high public trust. However, there were inconsistencies when public health and social measures were implemented across different jurisdictions and stages of response. Identified lessons included formalizing responsibilities and sharing learning in the intergovernmental body, clarifying enforcement determinations, and further increasing public trust through timely, effective communication, particularly with culturally and linguistically diverse groups, and those disproportionately impacted by lockdown measures such as people of migrant backgrounds.

• In the Lao People’s Democratic Republic, a national strategic plan (2020–2025) was developed with the lens of COVID-19 preparedness and response, with key pillars being multisectoral collaboration, community engagement and monitoring and evaluation efforts.

• In Japan, after influenza pandemics in the 2000s, a number of local governments created a Business Continuous Plan for emergency situations to prepare for future health threats.

Member States and experts recommended focusing future investments on health system preparedness rather than response.

• Prior to any outbreak, having in place mechanisms for multisectoral collaboration can significantly capture public health and social considerations in making decisions informed by medical evidence, political viability and society’s voices. This can marry policies for health and socioeconomic protection during and beyond emergencies. In terms of data, the pandemic presents an opportunity for well resourced countries to further invest in genomic surveillance and pathogenic data sharing. In the long run, this can strengthen response to epidemiologic trends of a wide array of diseases.

• To sustain this momentum for long-term gains, there is a need to move away from COVID-19 exceptionalism and pivot to future-proofing health systems as countries in the Region are annually tested by several epidemics of influenza and the like. Transforming systems architecture can put countries in better positions to respond to individual and population health needs, year in and year out. Identifying the appropriate channels and mediums is critical for social mobilization and evidence-based risk communication during protracted emergencies.

2.2.2 People-centred, lifelong engagement and participatory primary health care (PHC)

Mr Lluis Vinals Torres, Coordinator of the Health Policy and Service Design unit, Division of Health Systems, WHO Regional Office for the Western Pacific, provided the background of transitioning PHC in the Region.

• To deliver accessible and quality care to individuals and communities, “business as usual” is no longer an option. With the current traditional models of care, resources will be insufficient to meet projected health needs in the coming decades, given the tight fiscal situations, inflation pressures and tsunami of additional demands, particularly from noncommunicable diseases (NCDs) and ageing. In the paradigm shift required for PHC, models of care should be resilient to economic, societal and epidemiologic transitions. It requires dedicated service providers working as teams that regularly interface with empowered people for shared accountability of health and well-being, enabling voice and active governance. This shifts seeking health care from a one-off transaction to a life-long engagement with continuous and tailored services across the life course.

• This advocacy is reinforced in the Regional Framework on the Future of Primary Health Care in the Western Pacific, endorsed at the seventy-third session of the WHO Regional Committee for the Western Pacific.2 The strategic actions for PHC include models of service delivery, individual and

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community empowerment, workforce and provider base, financing, and a supportive and enabling environment. Financial incentives are effective levers to achieve desired outcomes on PHC reforms, supported by legal regulations and accessible data. These can be operationalized through (1) supporting innovation, (2) managing political economy for PHC reform, (3) advocating for the right investments and ensuring accountability, (4) promoting fit-for-purpose and diverse workforce considering interest and incentives, (5) monitoring and supporting learning, and (6) providing an enabling environment for multisectoral collaboration.

**Group discussion**
Participants exchanged country experiences in improving PHC at national and local levels.

- **In China**, PHC has been positioned as the foundation of its long-term care services through the advanced Healthy China strategy and UHC objectives since 2009. This has led to a rapid growth in service delivery with increased number of health workers, outpatient visits and positive health outcomes. Nevertheless, the development of a people-centred care system based on PHC remains a work in progress given the population’s size and diversity. In March 2021, the country released its 14th five-year plan and 2035 vision, with full-scale continuation towards the Healthy China reform, focusing on an improved public health system, system-wide reform, social health insurance, traditional medicine and fitness-for-all. This entails investing in PHC, especially for the rural areas to benefit from improved access to essential public health services, which has in turn led to health improvements. Further, electronic medical records have improved the patient pathway in PHC to hospital network, especially for those living with chronic diseases who need both specialist and primary care providers for disease management. The National Health Commission of China jointly launched a three-year pilot programme in 2021 to build a basic service system with PHC as the foundation for effectively mitigating challenges in NCDs, ageing and infectious diseases. In general, the factors in strengthening PHC are a reliable health information system across the service delivery network, financial incentives to encourage people to use primary care services and specialists deployed to support PHC providers and hone their capacity.

- **On the demand side**, an expert from **Guam** provided country cases on having a collective voice in PHC reform. With NCDs accounting for 80% of global deaths, there is recognition that the health system needs a mindset shift from disease treatment to the promotion of health and wellness. Redefining service users can change how we frame the roles of individuals and communities. Traditionally, the term *users* referred to people who are sick and needing care, but such a definition misses out on the opportunity to involve the majority of the population who are healthy. Accordingly, the definition of users should be expanded to encompass the promotion of health and wellness. This engages everyone and subsequently empowers them to participate in creating a healthy environment and society, co-creating solutions that reflect social determinants of health. For service providers, their competencies need to be reinvented and reimagined to empower them to deliver quality services, while ensuring they have access to timely and robust data. Level-up strategies for moving away from the mindset of *provider-user* relationship to *true partnerships* was suggested for more participatory decision-making towards people-centred care.

- **An example case** is the Data for Decision-Making programme in the **United States Affiliated Pacific Islands (USAPI)**, consisting of American Samoa, the Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia, Guam, the Marshall Islands, and Palau. Linked to the Fiji National University, the programme accredits local health workers with a certificate in the field of epidemiology. It has created a local workforce within the community to build up local capacity with over 100 public health graduates across USAPI countries and territories. When the COVID-19 pandemic struck, the graduates became the backbone of the local surveillance systems for COVID-19 tracing and response, and continue to serve as a knowledgeable workforce for the surveillance of NCDs and other diseases. With this strategy, experts are produced within the community rather than externally. In Guam, health assessments are conducted using community-based participatory approaches. To start, community stakeholders become familiar with the health data that guides strategic planning and programme development and evaluation. Their inputs are used by the Department of Public Health in crafting workplans for programme
development and evaluation. Further, in the USAPI countries and territories, most government agencies have advisory groups comprised of community members, including representatives of the user groups. The advisory groups are mandated and empowered by executive order to provide advice and feedback to the government for programme and policy-making decisions.

- In the Commonwealth of the Northern Mariana Islands, affordability is the biggest hindrance for patients wanting to access health services. Fortunately, the government response to COVID-19 included an expansion of the Medicaid programme, which is partially funded by the United States of America. Since then, the number of uninsured patients for primary care has sharply declined, from 1200 patients to only 67 patients last year (out of around 55,000 population). However, with funding returning to the pre-pandemic level, the number of uninsured persons accessing primary care services is expected to rise. The next step is to determine how these uninsured patients can continue to access care in an affordable manner.

2.2.3 Integrated planning and delivery of data, programmes and systems

Dr Ian Soosay, Vice-Chairperson of the Technical Advisory Group on Reaching the Unreached (RTU TAG), shed light on integration at programmes and systems levels that both engrain equity in the backdrop.

- Health systems integration is the pathfinder to ensure that individuals and communities have access to quality services. This particularly includes the unreached populations, defined as “those that have no, or limited, access to effective, quality health services and poorer health outcomes than would be expected within their country. This is a situation of health inequity, which is defined as differences in health outcomes and care that are unnecessary, unfair, unjust and avoidable.”

Hence, embedding an equity lens in the early phase of designing programmes will ensure RTU is integrated as a cross-cutting goal.

- This has been the advocacy in the Region as demonstrated in the recently endorsed regional framework on reaching the unreached. In achieving the vision, the five key action domains that support programmes and systems integration are political commitment, multisectoral collaboration, transforming health services, special approaches on particular populations, and data and evidence.

- To integrate health services and programmes, models of care should move patient pathways towards health promotion. Facility-based care focused on treating ill patients with the so-called “sick care” while investing in "health care" truly means keeping all people healthy through disease prevention, health promotion and home and community care, such as telemedicine; interventions that are low-cost and associated with a higher quality of life.

- The debate continues for the best approach on service delivery. In some cases, advantages remain in having vertical or disease-specific approach tailored to population needs. However, outcomes can be fragmented if no changes occur at systems level. Hence, to address inefficiencies, health systems can be integrated through its components while services can be integrated through patient pathways. For example, disease-specific drugs vs supply management systems, disease specific treatment vs service delivery systems. Both are important and complementary. Financing and governance components will be levers on both approaches, which coordinate resources and harness strong leadership.

Group discussion

Building on the plenary presentation, Dr Rajendra Yadav, Coordinator, Integrated Communicable Diseases, Division of Programmes for Disease Control, WHO Regional Office for the Western Pacific, shared reasons within the health sector why people remained unreached in some areas, reiterating the need to go beyond "sick care" and hospital-centric and fragmented care driven by vertical funding. In

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this advocacy, WHO’s role is to facilitate social, technological and service innovations, share good practices across and within countries, and provide support with data and evidence.

Member States presented their country experiences on policy initiatives towards health system integration and reaching the vulnerable groups.

- In the Philippines, the health system was devolved in 1991 wherein local government units have autonomy to deliver primary care services, while the national Government, through the Department of Health, develops national policies, provides technical assistance, regulates health facilities, and provides highly specialized care in tertiary hospitals. In 2019, the Universal Health Care Law was enacted, stipulating major reforms in population and financial coverage and service delivery. Previous policies to integrate health systems, such as the establishment of interlocal health zones, were reinforced by the UHC Law through the integration of cities to provinces. Local health system maturity is assessed by building blocks, characteristics (managerial, financial and technical) and 72 key result areas based on the level of preparatory, organizational and functional progress. To maximize lessons learnt from the COVID-19 pandemic, the Health Sector Strategy 2023–2028 was developed to guide the realization of UHC and future-proof the health system. Further, health promotion is amplified with various programmes having their own advocacy and knowledge products to guide local government units.

- In terms of applying an equity lens to the integration of systems and programmes, the focus of identified geographically isolated and underserved areas for targeted support on health care was recently expanded to include socioeconomically disadvantaged populations in urban areas, recognizing that accessing services is impacted by social determinants. In Vanuatu, the Health Sector Strategy 2021–2030 focuses on addressing the triple public health burden – NCDs, communicable diseases, especially malaria and reproductive, maternal, newborn and child health (RMNCH), and emerging threats from climate change. Key challenges are (1) delays in data collection and limited capacity for analysis that hampers redefining target population, (2) fragmented service delivery from vertical funding that needs multisectoral collaboration, and (3) lack of a qualified workforce at the systems level due to complicated financial mechanisms. Strategic actions along the pipeline include strengthening collaboration between the Ministry of Health and Ministry of Internal Affairs to promote service decentralization and strengthen PHC, scaling up the pilot PHC demonstration programme nationwide, upskilling the health workforce and strengthening the national health information system. These actions will contribute to the country’s movement towards integration, with a broad agenda articulated in annual health plans, such as integrating supervision systems and services to reach vulnerable populations.

With more than 80 islands, challenges of reaching the vulnerable groups include inter-island transportation, securing an adequate and competent PHC workforce, and guaranteeing resources for reliable communication channels. Further, a lack of coherence in definitions and systems in geographical "zones" from different ministries was cited to bring inefficiencies in service delivery. All of these undermine equal access to health care.

Informed by the shared challenges and strategic actions, experts highlighted the need for political momentum to translate knowledge into actions.

- At the ground level, people across the socioeconomic spectrum should be shifting towards a positive perception of the value and reliability of PHC.
- In normative environments, specialists and tertiary facilities earn more trust and respect, which often leads to crowding hospitals. Having radical changes in PHC models alongside more investments could increase public buy-in and trust.
- Given this context, there is a need to dissect and see finer strands on how best to leverage policies to take a systems approach and explore innovative ways to (1) step up leadership in strengthening PHC, (2) increase community engagement, and (3) manage resources efficiently and equitably.
2.3 How can we translate the shared vision into collective action?

Professor Gillian Biscoe elucidated how the outcomes of the UHC TAG journey supported Member States’ ongoing and future initiatives in accelerating UHC progress in countries.

- With the rapidly changing Region and emerging health threats, rethinking strategies must explore innovations to work beyond “business as usual”. UHC roadmaps differ in countries depending on contexts and situations – they are typically national health strategic plans. Common country priorities in the Region are quality of services, improved access, health promotion, health financing and transparent and efficient governance.

- To bring conceptual clarity on the outcomes of the five previous UHC TAG meetings (i.e. health systems attributes, action domains, the UHC box, future directions, strategic shifts), it is imperative to identify practical actions on the process, technical and policy guidance to assess gaps, plan, implement and monitor interventions in countries’ own UHC roadmaps. Building on these outcomes and drawing on Member States’ priorities and goals towards UHC, the “UHC roadmap implementation guide” is being developed with the participation of Member States, experts and partners. It will articulate considerations and tailored strategies on applying a systems approach to progress UHC at programme and systems levels. Furthermore, the implementation guide will link related WHO technical resources and integrate other Regional agendas. To ensure continuity of efforts, the implementation guide will interlink with WHO country cooperation strategies, which align the joint works of WHO, Member States and partners.

Professor Vivian Lin, Executive Associate Dean, School of Public Health, The University of Hong Kong and a UHC TAG member, stimulated participants’ thinking on the principles and considerations of applying a systems approach to realize countries’ UHC roadmaps.

- In a dynamic and complex health system, advancing UHC requires understanding its concepts, processes, elements, factors beyond health, and their interrelationships. Using an analogy, health systems can be akin to a human body with stock (muscles and bones), flow (blood), stresses (physical and mental), feedback loops (body response to pain or elation), and internal (immune system) and external regulations (diet, physical activity, etc.) that serve as control knobs.
In the health system, the stock can be illustrated as its structure such as the six building blocks. It needs a constant flow of information, resources and people. These are subject to continuous stress, such as the prolonged strain of COVID-19 on the health system. The feedback loops address current and future challenges. The interplay of internal regulations, such as the structure and interrelationships, and external regulations, such as policies and governance, serves as the control knobs.

“Systems thinking” means understanding the dynamics of a health system, assessing the disjointed parts and identifying solutions to bring synergy and alignment. To sustainably progress UHC, seeking solutions at systems and subsystems levels is needed, easing barriers to the stock and flow to deliver integrated and people-centred services. Considering the multifaceted, multilevel and socio-technical nature of interventions, operationalization must be country-specific.

Both health system building blocks and the three dimensions of UHC (population coverage, financial protection and services provided) need deeper examination to capture what are essential in health systems. This includes taking into account the five attributes of a high-performing health system – quality, efficiency, equity, accountability, sustainability and resilience – which remain valid and relevant regardless of country priorities.

### 2.4 Key considerations in effectively designing UHC roadmaps

Mr Josh Stuchbery, Managing Director of Lantern Corporation and UHC Temporary Adviser, illustrated the why, what and how of leveraging a country’s context to advance UHC, building on the concepts of the systems approach presented by Professor Lin.

- The way different subsystems work together within the health system can be described with components, connections and flow. These three considerations can be applied in multiple ways of evaluating health systems. The first step is to determine the components to work with. The components can be at macro level (e.g. the six health system building blocks) or meso level (e.g. adding programmes like health promotion, environmental health, pharmaceutical, etc.) The second step is to denote connections across the components and how they link to key actors such as communities, patients, health providers and other sectors, to build own model of evaluation. The third and final step is to identify the flow across the linkages. This includes information, trust, values, power, knowledge and competencies, among others.
- With these three steps in mind, it is time to cross-check with the health goals. For example, following the UHC action framework, broad national objectives can sit with the five attributes of high-performing health systems.
- After having a clear grasp of the interrelationship of subsystems, an evaluation can be performed through: (1) indicators such as SDGs (globally) or Ministry of Health targets (national); (2) performance assessment such as policy analysis; and (3) scenarios such as COVID-19 response and management. These can support crafting metrics for a collective assessment that engages a team of decision-makers.

Ms Roberta Pesce, Consultant, Strategic Dialogue, DSI, WHO Regional Office for the Western Pacific, shared a transformational approach to preparing for the future.

- The health futures strategic dialogue helps safeguard advancing UHC in a rapidly changing world, shifting from reactive to prospective planning. The success of implementing UHC roadmaps is truly leaving no one behind, which relies on countries’ ability to anticipate and act on future challenges before they disrupt effective health-care systems. For example, WHO is supporting the Philippines in adapting foresight planning to develop a national long-term agenda towards UHC in 2040. Targeted dialogue was conducted to inform the updating of national health objectives. It looked at trends over 20 years, and then identified milestones to progress UHC over the next 10

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years. The Department of Health envisions being anticipatory regulator of facilities and health technology platforms, as well as considering holistic health that extends beyond the traditional health products. The country’s ongoing policy initiatives to institutionalize a prospective approach puts strategic dialogue central to the process.

- Establishing a longer-term vision can lead to more effective short-term planning. It necessitates (1) adopting a foresight-based process for long-term planning, (2) enabling governments to think about the future, (3) developing a country-owned change agenda, (4) bridging gaps, (5) co-creating plans to meet a country’s needs, and (6) engage external experts and unreached groups for support.

- These can enable the realization of UHC roadmaps by shaping the future of UHC (envision), building preparedness for alternative possible futures (manage risk), creating future-ready UHC roadmaps that can adapt as the future evolves (anticipation, awareness and agility), and institutionalizing foresight across governments (build capacity).

**Ms Mengji Chen.** Consultant, Innovation and Research, Data, Strategy and Innovation Group, WHO Regional Office for the Western Pacific, highlighted the importance of systems approach to scale up innovations for public health.

- Innovation is not a single event or an output but rather a process of change within a system built by different components. What matters is not how original or promising the idea is but how the system components can innovatively work together to achieve the shared goal.

- For example, in **Malaysia**, there is a one-stop eye centre that aims to decongest tertiary hospitals and reduce patient waiting times. This redesign the system from the traditional hospital-centric to a new service model of performing cataract surgeries. The centre optimizes its workforce by using only part-time specialists from tertiary hospitals. Since it started in 2013, the number of annual surgeries has increased from 1583 to 3979.

- In ensuring innovations are catalysed, sustained and implemented, the requirement is to build an ecosystem for key actors, institutions and resources to work together and have enabling policy, networks and improved services. To foster shifts to a more innovative mindset that embraces change and takes calculated risks, engage stakeholders, including beneficiaries, in the process rather than solely in the output. In doing so, strategic dialogue will play a critical role in building a team for early validation, implementation and scaling up of plans.

**Dr Josephine Aumea Herman.** Director of Pacific Health at Waitemata District Health Board, New Zealand and UHC TAG Vice-Chair, who served as the plenary moderator synthesized the highlights from the three topics. With the approaches and country cases presented, it is evident that as the governments move from political commitment to policy development and implementation, there is no single path towards UHC. Each country must find its own way through innovation, embedding new methods of financing, governance and service delivery into its UHC roadmap.

**Group discussions**

Participants were divided into two breakout sessions for in-depth discussions on how to identify priorities and develop strategic plan for UHC roadmap, given the key considerations presented in the plenary.

**Group 1:**

- In **Japan**, advancing UHC has been the country’s national health agenda since the 1960s with the establishment of National Health Insurance. Japan has viewed UHC as a prerequisite for development and an investment for the future. A systematic process was applied in improving the healthy life expectancy of the population and keeping them fit for work, including the ageing subgroup. A decrease in the workforce was pre-empted by helping elderly adults (aged 65–75) to stay “young” with a three pillared cross-sectorial strategy – promotion of healthy life expectancy, work style reform and productivity revolution. The roadmap for achieving UHC has five steps: (1)
identify key challenges; (2) collect data; (3) develop national rather than ministerial plans; (4) regularly monitor progress; and (5) always put the people at the centre of reforms.

- In **New Zealand**, the recent health system reform focused on healthy futures that streamline decision making at the local level. The established 20 district health boards are working to redesign primary care with communities which take into account equity among Maori people.

- Traditional medicine plays significant role in UHC in **Cook Islands, China and Japan** especially in primary care. It needs regulated mechanisms to integrate into health systems. In China, top-down approach for the traditional medicine guidelines is adopted.

- In setting ambitious policy objectives, a staged approach can be more tangible and feasible for low- and middle-income countries in the early stages of developing a strategic plan for UHC roadmaps. This can also empower subsystems to progress within its scope and explore innovative ways of working. It is pertinent not to lose sight of the bigger dynamics and to avoid dwelling on daily programme operations. In this context, learning from other countries’ experiences presents an opportunity to take a step above and see not only the big but also the bigger picture of the system. A broad perspective will enable setting the vision and plan with a stronger futures orientation.

**Group 2:**

- In **Federated States of Micronesia**, strong political commitment to advance UHC was demonstrated in the 21st Congress in 2019. During the COVID-19 pandemic response, the health sector stepped up its leadership while addressing challenges concerning equity of health-care access and establishing a shared understanding of UHC across the four states. The president set the stage by establishing a multisectoral task force to define and plan what principles and approaches can be best adapted to design the UHC roadmap. This initiative takes a systems approach by engaging decision-makers across the board for collective commitment, including the Department of Health and Social Affairs, Department of Finance and Administration, Department of Justice, Department of Education and the Administrator of the Health Insurance Fund (**MiCare**).

- In unpacking political drivers to implement the UHC agenda, representatives from **Pacific island countries** highlighted that while there is a need to bring every component together considering the connections and flow, political commitment amidst changing leadership will sustain progress. Professor Vivian Lin and Dr Tran Thi Mai Oanh, who are both UHC TAG members, added that this is affected by the tension for decision-makers to balance competing priorities and interests of public and government for greater developmental and societal gains.

- Exploring and applying innovations at different scales and paces are needed to actively engage policy-makers, implementers and communities, and to reach high-risk populations. Even small wins from thinking outside the box should be recognized. The goal is to optimize innovations to bring services to the people, not the other way around.
Visual summary of discussions on considerations in designing UHC roadmaps

2.5. Applying a systems approach to efficiently progress components of UHC roadmaps

Mr Sangyoun Oh, UHC Technical Lead, DSI, WHO Regional Office for the Western Pacific, transitioned discussions from health systems to its components, which are crucial in UHC roadmaps. This session delved into the practical actions of integrating the planning and delivery of data, programmes and systems for people-centred and integrated services. Moreover, it built on the identified strategic shifts to realize the “new future” of health systems, stemming from the Fifth UHC TAG Meeting.

The presentation reinforced how a systems approach remains the most equitable and efficient way to strengthen health systems towards UHC. It takes into account the interrelationships of elements in the systems and the broader social, political and economic contexts. In the Region, taking a systems approach with UHC has been adopted in recent regional frameworks for reaching the unreached, ending tuberculosis (TB), NCD prevention and control and mental health.

2.5.1 Harmonizing programmes for people-centred and integrated services

Professor Mario Raviglione, Chairperson of the TB TAG, shared some of the challenges and strategies of programmes to progress towards UHC.

- In general, vertical or categorical programmes are health system components that can be classified as a single or group of health conditions such as TB, NCDs, maternal health, and others. The pressing question is how to harmonize programmes in health benefit packages (HBPs) to deliver integrated services to the people. For several decades, there has been discourse on the definition of

“programme” and the concept of harmonization for coordinated and cost-efficient service delivery. Given the dynamic changes in health, disagreement continues, and without a clear definition and goals, true harmonization of programmes cannot be achieved.

- The lack of a common starting point, given the different health system maturity levels and resources, could impede improvement of health outcomes at the programmes level. Tracer indicators for individual programmes and UHC (systems level) need to be aligned. Using TB as an example, the indicator for catastrophic costs (i.e. 20% of household income for health expenditure) accounts for both direct and indirect costs (transportation, loss of income, etc.). Meanwhile, the UHC indicator focuses on direct medical costs only and does not capture the financial suffering of patients due to related costs. To visualize the TB scenario, 82% of people with drug-resistant TB face catastrophic costs compared to 45% of those who are not drug resistant in 27 countries across the globe.

- To achieve UHC, we must remove all barriers to quality services and minimize out-of-pocket expenditure, ensuring individuals and communities are not impoverished by their disease, and strengthen the linkages of health agenda within and beyond health sector. Essential to this is rigorous monitoring to understand if the essential elements of the programmes are harmonized with UHC roadmaps or national health plans.

- Individual programmes and UHC share the same requirements for success – accessibility and financial coverage to quality services along the continuum of care, and reaching the vulnerable and marginalized populations. Hence, upstream changes to the systems level are needed, such as sustainable financing, integrated data, and intersectoral governance.

- Given these contexts, it is suggested that policy-makers for UHC (1) ensure joint assessments of programme goals and strategies, (2) design cost-effective interventions at the systems level to address specific needs of communities across programmes, (3) establish mechanisms to ensure that the UHC agenda and related HPBs are assessed and calibrated to cover changing health demands, (4) (re)design effective services aligned with priority programme needs, and (5) promote strategic dialogue among UHC and HBP decision-makers and programme leads.

**Group discussion**

- In New Zealand, radical health reform is underway to reinforce the representation of Māori people in the governance structure. A policy initiative called Ao Mai te Rā (the dawn has come): Anti-Racism Kaupapa aims to mitigate racial inequities that lead to differential access to opportunities and health services. Whiria te Muka Tangata, an anti-racism systems model of change, embodies a systems approach to identifying levers to shift the conditions. Kawa (creation of a new story) on the societal level, Tikanga (how to create a new system culture) on the institutional level, Ritenga (creation of new capabilities) on the interpersonal level and Putanga (equity monitoring) on outcomes. In unweaving the threads that drive inequity in the health service among Māori, the presenter identified “protective-corrective” measures that lie in leadership, organizational goals, training, monitoring and auditing.

- Macau SAR (China) and Republic of Korea representatives shared that people-centred and integrated services must strike a balance between national priorities and individual and community-led priorities. As such, PHC remains the gatekeeper in navigating tailored services from primary to tertiary care. This calls for exigent action to have cross-cutting functions, such as building the capacity of the health workforce, addressing the root cause of health needs and ensuring resources not only to bring sick people to health but also keep people healthy.

- Dr Hiromasa Okayasu, Director, Division of Health Populations, WHO Regional Office for the Western Pacific, and Professor Yun-Chul Hong, CCE TAG Chair, shared that strengthening multisectoral coordination would need a robust platform for sharing information, opportunities and resources bounded by the shared goal to advance UHC. Decision-makers in sectors beyond health, such as climate change, transportation and industry, may not have a clear understanding of how health interlinks with their areas. Hence, institutionalized mechanisms and a platform for coordination can transcend barriers on synergistic works across government sectors.
2.5.2 Collectively investing in health outcomes for sustainable financing into the future

**Professor Stephen Duckett**, UHC TAG Temporary Adviser, expounded the considerations and interventions on health financing.

- Financing is linked to sustaining progress in any health initiative, whether in harmonizing programmes or improving health information systems. During the COVID-19 pandemic, the fiscal space for health expanded because of the increased attention to public health from different sectors and multilateral donors. As such, the concept of collective investment in health outcomes rather than individual inputs gained momentum but faced impediments in translating to actions. Governments were confronted with difficulty in measuring progress and adapting paradigm shifts in budget allocation and resource mobilization at the ground level.
- This takes into account ideal policy thinking of allocative or social efficiency which is getting the best value for money to yield better health outcomes. However, resources and health outcomes do not come in linear relationship considering the various contexts of countries such as capacity to sustain long-term investments. Given that health budget come from public spending through taxes and co-payments, the question is to what extent is health an investment or a cost for governments.
- Financing is affected by a multitude of factors, both on the service provider and user side. Examples are the changing and mismatched needs and expectations from people, communities, general health workforce, medical leaders and donors. Therefore, investments must be politically viable considering the influence of these factors on decision-making. To collectively invest in health outcomes, mobilizing coalitions is imperative to have informed decisions on what, where and how to invest for the best value of money in improving health outcomes.

**Group discussion**

The discussion enriched the presentation with wider perspectives from Member States and experts.

- Effective and efficient utilization of funds that relies on available data are required for strengthening health systems and subsystems. Robust data are the propeller of measuring progress on financial coverage to advance UHC. In the Region, countries are tested by data gaps that are further magnified for those that are resource constrained. In **Malaysia**, while the Ministry of Health gears towards proactive planning, there is still a need for stronger mechanism to harness good data for informed decisions. This brought forth the question on what are good proxy indicators to use to at least have estimates. Experts from **Australia and China** raised that data availability on catastrophic expenditure is a shared challenge, not only in developing countries but also across the economic development continuum. While macro-level data are available, the fine-yet-useful bits of information are missing, disabling targeted analysis.
- As for financing and service coverage, **Malaysia** has been faring well, with a high service coverage index and low catastrophic spending. Health care is highly subsidized, with 70% of the population relying on public facilities, particularly in urban areas. Further, the country is going the extra mile to ensure that no one is left behind by optimizing mobile services via land, air and sea. Health service delivery is supported by strong public-private partnerships that ensure sustainable financing and tertiary care services outsourced to private providers. The Government also demonstrated its commitment with a 5% increase in the national health budget in the past year. Nevertheless, challenges remain in sustaining political commitment amidst the changing leadership. Hence, there is a need for proactive rather reactive policy advocacy to transition leaders. In **Cook Islands**, with the tight budget to deliver quality services to around 17,000 population, funds are primarily allocated to service delivery rather than into financial incentives for health workforce. Capitalizing on strong local leadership, the main driver for improving service quality and coverage are passion for profession and for serving the people.
2.5.3 Integrating data for informed decisions and progress monitoring

Professor Liu Xiaoyun, Deputy Director, China Center for Health Development Studies, Peking University and UHC Temporary Adviser, instructed participants on using multisource data for health decisions.

- Member States in the Region are at different stages of data digitalization, with most developed countries harnessing its efficiencies for decades and others pacing themselves to build infrastructural and technical capacities.
- Vast data sources for medical and welfare services kept expanding parallel to technological advancements. The challenge is integrating data from multisectoral sources to deliver individualized care. A common issue is data interoperability across different platforms, which blocks the opportunity to obtain comprehensive information. The outcomes of informed decision-making are only as good as the quality of data generated. In general, countries pool data from (1) population-based sources, such as census data, (2) institution-based sources, such as service and insurance data, and (3) surveillance for disease outbreaks and risk factors.
- In data integration, the key to the systems approach, which is consistent across the meeting topics, is having a national multisectoral coordinating body. Stronger partnerships are needed across government sectors and with the private sector, industry, civil societies and nongovernmental organizations. To warrant good data flow, governments must invest in infrastructure and human capital development for technical and managerial competencies of utilizing data.

Group discussion

Professor Liu Xiaoyun, UHC Temporary Adviser, weaved the health topics by linking data to harmonizing programmes. Without robust data, solutions can remain fragmented and siloed in programmes, so the first step is to establish a platform for information sharing. To see the bigger picture using systems thinking, macro- and micro-level risks need to be pooled, which requires mining big data records.

- In the Republic of Korea, the “MyData” ecosystem was successfully piloted, driven by a shift in the policy landscape in medical practice, moving from segmented to cooperative medical services. The country aims to provide personalized care supported by artificial intelligence and big data. The “My Healthway System” integrates public health records, hospital records, patient-generated data and genomic data. The integrated system enables patients and medical staff to access records that will foretell the needed personalized care. With the revolutionized data utilization, the policy backbone has laid the foundation to realize the programme goals.
- Some countries in the Region are still highly reliant on paper-based records, which impedes continuity and comprehensiveness of patient information from one facility to another, burdening both service providers and users. In Brunei Darussalam, this has been mitigated by the launch of BruHealth, a digital application for health information management that pools all patient records
accessible to the user, health centre and hospitals. However, the app’s capacity is limited to public health facility records only. The Government is being driven to find the best approach to coordinate with private facilities. In the Lao People’s Democratic Republic, the challenge of the Government is to simplify the data exchange process across ministries due to variability in data standards and system.

- **Dr Mengjuan Duan**, Technical Lead, Health Information and Intelligence, DSI, Regional Office in the Western Pacific, highlighted the need for creating an ecosystem for information exchange at different levels and paces, especially at the country level. Central to this is the engagement of empowered and informed individuals to promote responsibility for their own health, given the social, economic and cultural contexts.

![Visual summary of discussions on harmonizing programmes, sustainable financing and integrating data](image)

2.6 Third Meeting of Technical Advisory Group Alliance

The third meeting of Technical Advisory Group Alliance (TAG Alliance) was held on 23 November with two main objectives:

1) to briefly share the progress and issues of each TAG and explore how all TAGs in the Western Pacific can continue to work together; and
2) to contribute inputs into the “UHC roadmap implementation guide” supporting Member States to realize their UHC vision.

2.6.1 Progress since the second TAG Alliance meeting

Since the second TAG Alliance meeting in 2021, the RTU TAG was established, and the regional frameworks for RTU and NCD were endorsed at the seventy-third session of the WHO Regional Committee. Work is under way for (1) operationalizing the implementation of the recently endorsed frameworks, (2) translating the regional TB framework into practice with a focus on activities beyond TB and the health sector, (3) updating the bi-regional health security action framework which aims to be presented at next year’s Regional Committee meeting and (4) developing the “UHC roadmap implementation guide” in collaboration with experts. To elicit inputs in framing contexts and
prioritizing topics for the implementation guide, TAG Chairpersons and Representatives shared the barriers, opportunities and needs of Member States that should be considered.

2.6.2 Key considerations in developing the “UHC roadmap implementation guide”

Barriers in progressing UHC in the Western Pacific Region

The discussions identified political will and financial commitments as the greatest barriers to progressing UHC in the Region. In small island countries, financing UHC efforts was acknowledged as a practical barrier. Hence, there would be value if the implementation guide will include innovative ways of sustainable financing given competing priorities and interests against limited resources. The need for strengthened intersectoral collaboration was also highlighted to see how vertical programmes and cross-cutting health issues such as climate change are inextricably linked to each other. From an RTU perspective, population-level approaches can miss out on reaching the unreached and addressing stigma and discrimination. Further, inadequate data systems and analysis capabilities make unreached groups invisible and difficult to track progress in meeting their needs. To expedite progress in the Region, indicators to give countries’ measurable guidance to strive for UHC were considered helpful.

Opportunities to accelerate collective progress in supporting Member States to realize their UHC vision

With diverse expertise, the TAG Alliance members identified opportunities to synergize programme agendas and work collectively to overcome identified challenges which can inform the development of the implementation guide.

- Look for innovative, novel, untapped sources of funding, framing them as “wins” for politicians. The case of the Philippines having raised taxes on alcohol and tobacco to fund UHC was shared as a “win-win” situation.
- Raising taxes on products that are the primary drivers of ill health and NCDs, namely, alcohol and tobacco, drives down their consumption while generating revenue to fund health insurance for the most vulnerable.
- Formulate an economic case for key interventions to convince health and finance ministers that it is wise to invest in UHC and act.
- Build the capacity of health workforce to do multisectoral action and community engagement. One example provided was that NCDs and UHC are inextricably linked to social determinants. For NCD prevention and control to work and UHC to be successful, strategies need to address the social determinants.
- Creatively provide services in integrated ways that engage communities in the provision of services, or even co-produce resources that they need or co-deliver these with them.
- Adopt multisectoral and cross-cutting approaches to efficiently use resources to improve health outcomes.
- Build lessons from vertical programmes that have successfully reached the unreached into the broader health system.
- Embed a CCE and RTU lens to advance the UHC agenda. An example of leveraging climate change issues to enhance health budget is the fund allocated for health infrastructure in an acute health emergency, such as forest fire or flood, to improve the capacity of first responders. This includes having real time and interagency information. Investments in climate change mitigation and response is an opportunity to strengthen health system which is an essential component of UHC.

The meeting was concluded with positive support from TAG Alliance members to contribute to the “UHC roadmap implementation guide”, particularly on the sections related to their corresponding health area.
2.6 Moving forward together: Working better to advance UHC in countries

Inspired and stimulated by the discussions on designing and implementing UHC roadmaps in countries, Dr Josephine Auma Herman, presented ways to engage key stakeholders and partners within and beyond the health sector for collective actions.

- National and local-level resources and capacity can be leveraged by first identifying entry points from the shared priorities and interests.
- Strategic communication will pave the way for framing co-benefitting solutions with other sectors, which fosters participatory planning and amplifies advocacy ownership.
- This comprises clear incentives, roles, functions and interrelationships of each stakeholder towards the shared UHC agenda.
- Momentum on this multisectoral collaboration needs nurturing of UHC innovation champions and leaders across health, nongovernmental and public sectors.

In outlining the ways forward, Dr Kidong Park, reiterated that WHO will strengthen tailored support to Member States in shaping and realizing their envisioned future of health along their own UHC roadmaps, informed by the key concepts of the implementation guide on transforming health systems. Well established regional mechanisms to ensure work continuity are the annual UHC TAG meetings, the TAG Alliance and Country Cooperation Strategies.

2.7 Closing session

This session concluded the three-day meaningful exchange of knowledge, insights and experiences. Overarching statements that hold true to all discussions are outlined in the conclusions and recommendations below.

In their closing remarks, Dr Zsuzsanna Jakab, Professor Gillian Biscoe and Dr Kidong Park recognized and lauded that representation of UHC TAG participants keeps expanding to different areas of ministries and disciplines of experts. By working together, we can achieve greater outcomes of co-creating regional directions and embrace shifts in working. Despite diversity in contexts, disciplines
and sectors, everyone endeavoured to engage, understand and support each other, bounded by the shared UHC agenda and vision of becoming the healthiest and safest region.

To ensure that the Member States’ suggestions and support needs are captured in the implementation guide, an engaging online and real-time survey was conducted, which garnered positive and specific feedback on their priorities.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

- Countries and areas in the Region are clearly making progress towards UHC at the grassroots, programmes and systems levels. This is evident from the exchange of experiences and best practices among Member States in designing and implementing country-tailored interventions to advance UHC.
- “Big bang” change towards UHC is rare. Instead, progressing UHC is a continuous process supported by UHC champions for high-level support and strategic plans in setting directions to increase political commitment and engage communities. While there is a need to bring every component together considering the connections and flow, political commitment amidst changing leadership will sustain this progress. This is shaped by the extent policy-makers reflect the real issues of communities on the ground and government demands against competing priorities.
- In general, participants recognized the interconnectedness of systems components and contexts beyond health to strengthen programmes and systems for improving health and well-being for all. Most participants affirmed and reinforced the relevance of integrated data, programme harmonization and sustainable financing for systems-level solutions to advance UHC. These are the key issues that can address Member States’ shared challenges on financing, health
workforce and intersectoral collaboration, which all require context-specific strategies to meet local demands and priorities.

- The “UHC roadmap implementation guide” is being developed to facilitate country-level planning and actions for UHC and will be refined to capture their needs. It will draw from Member States’, experts’ and partners’ practical and technical knowledge and experiences in strengthening health systems, and have space for flexibility, considering the diversity of countries’ capacities, readiness and resources, etc.
- The Sixth UHC TAG’s meaningful exchange of policy, process and technical knowledge has supported Member States in identifying practical actions to apply a systems approach with UHC as the foundation, and has stimulated their interest in the implementation guide. From the meeting preparation, discussions and feedback survey, some countries have made clear requests for support in their ongoing and long-term health agenda on advancing UHC.

3.2 Recommendations to the WHO Secretariat

WHO is requested to consider the following:

1. Provide country-tailored support to Member States in the next phase of the UHC TAG, from 2023, which will focus on (re)designing and implementing countries’ own UHC roadmaps.

2. Continue to engage Member States in the participatory development of the implementation guide, taking into account their priorities, challenges, needed support from WHO and different country contexts.

3. Continue to synergize various programme agendas of WHO in the Region towards UHC, and optimize the relevant technical resources through the implementation guide.

4. Integrate the key concepts and approaches from the “UHC roadmap implementation guide” in the Country Cooperation Strategies to leverage WHO’s workplan in supporting Member States to strengthen health systems with harmonized programmes and integrated data for informed decisions and progress monitoring.

5. Harness individual and collective strengths of all TAGs in the Region to foster a systems approach towards the shared goal of advancing UHC at programmes and systems levels, and provide technical support in the roll-out of the “UHC roadmap implementation guide”.

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ANNEXES

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

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Dr Lucy John, Manager, Disease Control & Surveillance, National Department of Health, **Papua New Guinea**

Dr Edward Waramin, Manager, Family Health Services Branch, National Department of Health, **Papua New Guinea**

Dr Perista Mamadi, CEO, Milne Bay Provincial Health Authority, **Papua New Guinea**

Dr Sibauk Bieb, Executive Manager, Public Health, National Department of Health, **Papua New Guinea**

Dr Lester M Tan, Medical Officer V, Bureau of Local Health Systems Development, Department of Health, **Philippines**

Mr Rodley Desmond Daniel M Carza, Health Education and Promotion Officer IV, Health Promotion Bureau, Department of Health, **Philippines**

Ms Jeong Yeonhi, Director, Healthcare and Information Policy, Ministry of Health, **Republic of Korea**

Ms Jo Hyeryung, Senior Deputy Director, Division of Health Policy, Ministry of Health, **Republic of Korea**

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Ms Kristine May Nacion, Programme Management Officer, Data, Strategy and Innovation Group, WHO Regional Office for the Western Pacific

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Dr Taketo Tanaka, Technical Officer, Health Systems, WHO Representative Office for Malaysia, Brunei Darussalam, and Singapore

Dr Erdenechimeg Enkee, Technical Officer, Health Systems, WHO Representative Office for Mongolia

Dr Florante Trinidad, Technical Officer, Health Systems, WHO Representative Office for Philippines

Dr Hansell Dyxon, Technical Officer, Health Systems, WHO Representative Office for Samoa, American Samoa, Cook Islands, Niue and Tokelau.

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Ms Roberta Pesce, Consultant, Strategic Dialogue, Data, Strategy and Innovation Group, WHO Regional Office for the Western Pacific

Ms Mengji Chen, Consultant, Innovation and Research, Data, Strategy and Innovation Group, WHO Regional Office for the Western Pacific
### Annex 2. Sixth UHC TAG Meeting Programme of Activities

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<thead>
<tr>
<th>Time</th>
<th>Activities</th>
<th>Speaker (Moderator)</th>
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<tr>
<td><strong>Day 1: (Tuesday 22 November 2022)</strong></td>
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</table>
| **10:00 – 10:25** | Opening session | Moderator: **Mr Sangyoun Oh**, Technical Lead, UHC, WHO WPRO  
**Dr Zsuzsanna Jakab**, Deputy Director-General and Officer-in-Charge, WHO WPRO  
**Professor Gillian Biscoe**, UHC TAG Chairperson  
**Dr Kidong Park**, Director, DSI, WHO WPRO |
| | • Welcome remarks |  |
| | • Opening remarks |  |
| | • Setting the scene of the meeting |  |
| | What are the future directions in the journey to transform health systems to advance UHC in countries? |  |
| **10:25 – 11:00** | Plenary Session: | Moderator: **Professor Soonman Kwon**, UHC TAG Temporary Adviser  
**Professor Paul Effler**, APSED TAG Chairperson  
**Mr Lluis Vinals Torres**, Coordinator, HPS, WHO WPRO  
**Dr Ian Soosay**, RTU TAG Vice-chairperson |
| | • Strong public health capacities on sustained management of COVID-19 and future health security threats |  |
| | • People-centred, lifelong engagement and participatory PHC |  |
| | • Integrated planning and delivery of data, programmes and systems |  |
| **11:00 – 12:05** | Parallel Sessions (Breakout) | Facilitator: **Dr Taketo Tanaka**, Technical Officer, Health Systems, WHO Representative Office for Malaysia, Brunei Darussalam, and Singapore  
**Mr Steve Miller**, Director, International Engagement on Health Systems Policy and Right, Department of Health and Aged Care, Australia  
**Professor Paul Effler**, APSED TAG Chairperson  
**Ms Qiu Yi KhuT**, Technical Officer, WHE, WHO WPRO  
**Mr Steve Miller**, Director, International Engagement on Health Systems Policy and Right, Department of Health and Aged Care, Australia |
| | Group 1: Strong public health capacity for sustained management of COVID-19 and future health security threats |  |
| | • Country Presentation |  |
| | • Panel discussion |  |
| | Group 2: People-centred, lifelong engagement and participatory PHC |  |
| | • Country presentation |  |
| | • Panel discussion |  |
### Group 3: Integrated planning and delivery of data, programmes and systems

- **Country presentations**
- **Panel discussion**

**Facilitator:** Dr Jianrong QIAO, Coordinator, WHO Representative Office for China

- **Dr Lester M Tan**, Division Chief, Bureau of Local Health Systems Development, Department of Health, Philippines
- **Dr Jenny Stephens**, Director of Public Health, Ministry of Health, Vanuatu
- **Dr Ian Soosay**, RTU TAG Vice-Chairperson
- **Dr Rajendra Yadav**, Coordinator ICD/DDC, WHO WPRO
- **Dr Lester M Tan**, Division Chief, Bureau of Local Health Systems Development, Department of Health, Philippines
- **Dr Jenny Stephens**, Director of Public Health, Ministry of Health, Vanuatu

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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>12:05 – 12:25</td>
<td>Mobility Break</td>
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<tr>
<td>12:25 – 12:55</td>
<td>Plenary Session</td>
<td>Professor Tan Chorh Chuan, UHC TAG Member</td>
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<tr>
<td>12:55 – 13:20</td>
<td>Plenary session</td>
<td>Professor Gillian Biscoe, UHC TAG Chairperson</td>
</tr>
<tr>
<td>13:20 – 13:30</td>
<td>Day 1 summary and Day 2 key questions</td>
<td>Dr Kidong Park, Director, DSI, WHO WPRO</td>
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**Day 2: (Wednesday 23 November 2022)**

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<th>Time</th>
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<tbody>
<tr>
<td>10:00 – 10:10</td>
<td>Recap of Day 1</td>
<td>Professor Gillian Biscoe, UHC TAG Chairperson</td>
</tr>
</tbody>
</table>
| 10:10 – 11:10 | Plenary: What to consider in effectively designing UHC roadmaps? | Dr Josephine Aumea Herman, UHC TAG Vice-Chairperson  
Mr Josh Stuchbery, UHC TAG Temporary Adviser  
Ms Roberta Pesce, Consultant, DIA/DSI, WHO WPRO  
Ms Mengji Chen, Consultant, INR/DSI, WHO WPRO |
| 11:10 – 12:20 | Parallel Sessions (Breakout): How to identify priorities and develop strategic plan for UHC roadmap given the key considerations? |                                                                              |
### Group 1

- **Country presentation**
- **Panel discussion**

**Facilitator:** Ms Anna Alexandra Maalsen, Acting WHO Representative in Papua New Guinea  
**Dr Yasuyuki Sahara,** Director-General, Health Service Bureau, Ministry of Health, Labour and Welfare, Japan  
**Professor Yoon Kim,** UHC TAG Member  
Mr Josh Stuchbery, UHC Technical Adviser  
**Ms Amy Cawthorne,** Acting WHO Representative in Papua New Guinea  
**Dr Yasuyuki Sahara,** Director-General, Health Service Bureau, Ministry of Health, Labour and Welfare, Japan

### Group 2

- **Country presentation**
- **Panel discussion**

**Facilitator:** Dr Momoe Takeuchi, Country Liaison Officer in Northern Micronesia  
**Mr Moses Pretrick,** Assistant Secretary for Health, Division of Health Services, Department of Health and Social Affairs, Federated States of Micronesia  
**Professor Vivian Lin,** UHC TAG Member  
**Dr Tran Thi Mai Oanh,** UHC TAG Member  
**Ms Mengji Chen,** Consultant, INR/DSI, WHO WPRO  
**Mr Moses Pretrick,** Assistant Secretary for Health, Division of Health Services, Department of Health and Social Affairs, Federated States of Micronesia

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<tr>
<td>12:20–12:40</td>
<td><strong>Mobility Break</strong></td>
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<tr>
<td>12:40–13:20</td>
<td>Plenary session</td>
<td><strong>Moderator:</strong> Professor Gabriel Leung, UHC TAG Member</td>
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<tr>
<td>13:20–13:30</td>
<td>Day 2 summary and Day 3 key questions</td>
<td><strong>Dr Kidong Park,</strong> Director, DSI, WHO WPRO</td>
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<tr>
<td>14:30–16:00</td>
<td>Third TAG Alliance Meeting</td>
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<tr>
<td>16:30–18:00</td>
<td>Secretariat and UHC Technical Advisers Meeting</td>
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### Day 3: (Thursday 24 November 2022)

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<tr>
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<tbody>
<tr>
<td>10:00–10:10</td>
<td>Recap of Day 2</td>
<td><strong>Professor Gillian Biscoe,</strong> UHC TAG Chairperson</td>
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<tr>
<td>10:10–10:50</td>
<td>Plenary session</td>
<td><strong>Moderator:</strong> Professor Gabriel Leung, UHC TAG Member</td>
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<tr>
<td>10:20–10:50</td>
<td>Applying systems approach to efficiently progress components of UHC roadmap</td>
<td><strong>Mr Sangyoun Oh,</strong> Technical Lead, UHC, DSI, WHO WPRO</td>
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<tr>
<td>10:50–11:00</td>
<td>Harmonizing programmes for people-centred and integrated services</td>
<td><strong>Professor Mario Raviglione,</strong> TB TAG Chairperson</td>
</tr>
<tr>
<td>11:00–11:50</td>
<td>Collectively investing in health outcomes for sustainable financing into the future</td>
<td><strong>Dr Stephen Duckett,</strong> UHC TAG Temporary Adviser</td>
</tr>
</tbody>
</table>
## Parallel Sessions

**10:50 – 11:50**

### Group 1: Harmonizing programmes
- **Country presentation**
  - Ms Kiri Dargaville, Principal Advisor for Equity, Māori Health Strategy and Policy, Ministry of Health, New Zealand
- **Panel discussion**
  - Professor Yun-Chul Hong, CCE TAG Chairperson
  - Dr Hiromasa Okayasu, Director, DHP, WHO WPRO
  - Ms Kiri Dargaville, Principal Advisor for Equity, Māori Health Strategy and Policy, Ministry of Health, New Zealand

### Group 2: Sustainable financing
- **Country presentation**
  - Dr Veronica Lugah, Senior Deputy Director, Planning Division, Ministry of Health, Malaysia
- **Panel discussion**
  - Dr Stephen Duckett, UHC TAG Temporary Adviser
  - Mr Lluis Vinals Torres, Coordinator, HPS/DHS, WHO WPRO
  - Dr Veronica Lugah, Senior Deputy Director, Planning Division, Ministry of Health, Malaysia

### Group 3: Integrating data
- **Country presentation**
  - Ms Jeong Yeonhi, Director, Healthcare and Information Policy, Ministry of Health and Welfare, Republic of Korea
- **Panel discussion**
  - Professor Xiaoyun Liu, UHC TAG Temporary Adviser
  - Dr Mengjuan Duan, Technical Officer, HII/DSI, WHO WPRO
  - Ms Jeong Yeonhi, Director, Healthcare and Information Policy, Ministry of Health and Welfare, Republic of Korea

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**11:50 – 12:10**

**Mobility Break**

**12:10 – 12:40**

**Plenary session**
- **Feedback from parallel sessions**
  - Moderator: Dr Siale ‘Akau’ola, UHC TAG Member

**12:40 – 13:00**

**Plenary session**
- **Working better together within and beyond health sector**
  - Moderator: Dr Siale ‘Akau’ola, UHC TAG Member
  - Dr Josephine Aumea Herman, UHC TAG Vice-chairperson
  - Dr Kidong Park, Director, DSI, WHO WPRO
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<tr>
<td>13:00 – 13:30</td>
<td>Closing session</td>
<td><strong>Moderator:</strong> Mr Sangyoun Oh, Technical Lead, UHC, WHO WPRO</td>
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<td></td>
<td><strong>Dr Stephen Duckett,</strong> UHC TAG Temporary Adviser</td>
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<td><strong>Ms Ma-Ann Zarsuelo,</strong> Consultant, UHC, WHO WPRO</td>
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