Meeting Report

SECOND MEETING OF THE TECHNICAL ADVISORY GROUP ON REACHING THE UNREACHED IN THE WESTERN PACIFIC REGION

26–27 September 2023 Virtual meeting
Manila, Philippines

World Health Organization
Western Pacific Region

WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR THE WESTERN PACIFIC

English only

MEETING REPORT

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Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

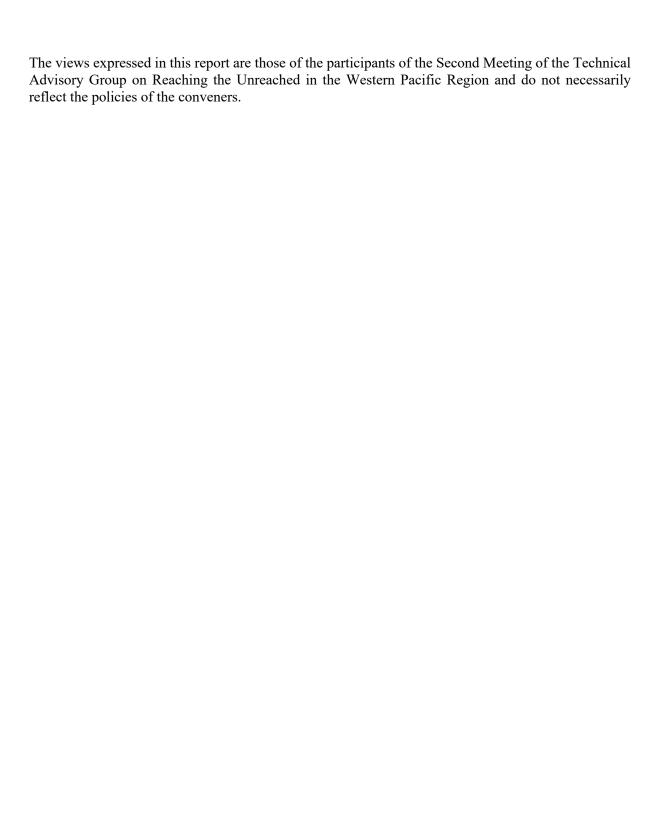

Manila, Philippines
26−27 September 2023

Not for sale

NOTE

CONTENTS

SUMMARY

Reaching the unreached is one of the four themes in *For the Future: Towards the Healthiest and Safest Region,* the World Health Organization (WHO) Western Pacific Region's vision for advancing universal health coverage (UHC) and the United Nations Sustainable Development Goals.

As countries strive to attain UHC, they must address both communicable and noncommunicable diseases while considering demographic changes, societal shifts and sudden health threats like COVID-19. Addressing the conditions leading to populations and individuals being unreached or unseen is crucial for a resilient post-pandemic future.

In this context, the WHO Regional Office for the Western Pacific developed a *Regional Framework for Reaching the Unreached in the Western Pacific (2022−2030).* The Reaching the Unreached Technical Advisory Group (RTU TAG) was established in December 2021 to advise on this priority and to review implementation of the Regional Framework.

1. INTRODUCTION

1.1 Meeting organization

The Second Meeting of the Technical Advisory Group on Reaching the Unreached (RTU TAG) took place in Manila, Philippines from 26 to 27 September 2023.

1.2 Meeting objectives

The objectives of the meeting were related to the three critical areas of the *Regional Framework for Reaching the Unreached in the Western Pacific (2022−2030)* and were as follows:

(1) to discuss the current state, challenges, opportunities and best practices for transforming health systems and services to reach the unreached in the context of COVID-19 and develop guidance on these practices;

(2) to discuss exemplary approaches and lessons learnt during the COVID-19 pandemic for actively empowering individuals and communities to contribute to health systems and services and recommend measures to improve these approaches; and

(3) to discuss experiences with multisectoral actions to address barriers to health care and reduce health disparities among unreached populations, which have been exacerbated by COVID-19, and to design ways to enhance such actions.

2. PROCEEDINGS

2.1 Opening sessions

The RTU TAG meeting was attended by eight TAG members, seven in person and one virtually. Three TAG members were absent. In addition, the meeting was attended by four invited RTU champions who reported on country-level RTU initiatives, and a number of technical officers from WHO headquarters, the Western Pacific Regional Office and WHO country offices.

Dr Rolando Enrique Domingo, Acting Director, Programmes for Disease Control (DDC), Western Pacific Regional Office, opened the meeting by drawing the participants' attention to WHO's focus on ensuring universal health coverage (UHC) as a fundamental right for every individual. He noted that as a step towards addressing health-care disparities, the Regional Office has introduced two strategic frameworks: the *Regional Framework on the Future of Primary Health Care in the Western Pacific*

a step towards addressing health-care disparities, the Regional Office has introduced two strategic frameworks: the *Regional Framework on the Future of Primary Health Care in the Western Pacific* and the *Regional Framework for Reaching the Unreached (2022−2030)*. Both regional frameworks focus on enhancing primary health care (PHC), empowering communities and addressing health determinants through multisectoral policies and approaches. He stressed the importance of intersectoral and multisectoral collaboration, and he challenged members of the RTU TAG to not simply discuss the issues of reaching the unreached but to translate the RTU Framework principles into actionable strategies that contribute to ensuring a future where everyone has equitable access to health care.

The Coordinator, Integrated Communicable Disease Control (ICD), DDC, presented an overview of the *Regional Framework for Reaching the Unreached* on strengthening PHC, empowering communities and addressing socioeconomic barriers. The core elements of the Regional Framework were highlighted and recent advances in diagnostics, pharmaceuticals and digital technology were noted as offering significant potential to reaching the unreached. However, these were juxtaposed with the challenges of reaching the unreached in the Region, which include climate-induced vulnerabilities; high and increasing levels of poverty; an ageing demographic; the surge in noncommunicable diseases (NCDs), which are straining health resources; and the fragility of health systems in the Region following the stresses of the COVID-19 pandemic.

It was noted that the expansion of services in line with UHC goals in the Western Pacific Region has led to higher out-of-pocket costs due to an emphasis on sick care rather than health care, with catastrophic costs rising and service coverage dwindling in a number of countries.

The TAG Chair, Professor Maxine Whittaker, stressed the importance of the TAG's role in driving the RTU agenda in the Western Pacific, noting that the TAG is tasked with providing independent advice, recommending priorities and monitoring the progress of the Regional Framework. These initial remarks spotlighted the role of PHC and the need to drive the integration of currently siloed health services through innovation and community-driven strategies.

Discussions following these opening presentations centred on recent lessons learnt from implementing RTU-related activities on how to better address implementation challenges, and the potential for leveraging the TAG's diverse expertise in support of regional and national health agendas.

2.2 RTU champions' reports on the five RTU Framework domains

Presenters from three countries presented on their RTU implementation experiences, describing many of the same issues and challenges, and many similar (and some novel) approaches to addressing them. These presentations were framed against the five domains of the RTU Framework, namely: political commitment, governance and finance; multi-stakeholder engagement; data and evidence; transforming health services; and special approaches to reaching the unreached.

Using the innovative CONNECT initiative as an example, Dr Phonpaseuth Ounaphome, Director General, Department of Hygiene and Health Promotion, Ministry of Health in the Lao People's Democratic Republic, emphasized the importance of political commitment, governance and structural reforms in achieving UHC. Dr Tiengkham Pongvongsa, Deputy Director, Svannaket Provincial Health Department, Ministry of Health, the Lao People's Democratic Republic, spotlighted the country's bottom-up, multi-stakeholder engagement approach towards malaria elimination.

Mr Vanua Sikon, Public Health Manager in Sanma Province, Vanuatu, presented on a three-phase strategy to bolster PHC reinforced at policy level. Mr Lieven Vernaeve, Programme and Technical Manager of the Malaria Consortium in Cambodia discussed the Mobile Malaria Worker initiative in the country, highlighting the iterative nature of public health outreach and the need to adapt strategies based on local knowledge and socio-political shifts. Lastly, Dr Kazim Sanikullah, ICD, DDC, presented on the Last Mile Approach and its relevance to the RTU Framework.

The challenges to reaching the unreached described through these examples were similar – inadequate infrastructure, lack of access to care, cultural and linguistic diversity, mobile and shifting populations,

poor data quality and lack of trust in the health system, among many other factors. Across the five presentations, a consistent theme was the importance of integration in the delivery of PHC services and the need to utilize support from a range of sectors to reach populations with unmet needs for health care, including health literacy and social protection.

The Lao CONNECT initiative, Last Mile approach and Vanuatu's Health Sector Strategy exemplify the importance of cross-sectoral collaboration and decentralized systems to drive UHC. The Lao Malaria Strategy and Cambodia's Mobile Malaria Worker programme underscore the importance of robust PHC systems for successfully targeting and eliminating infectious diseases at the community level. Cambodia's experience, with its iterative programme approach and its emphasis on trust-building, illustrates the importance of ensuring strategies are flexible and adaptive based on local contexts.

All the presentations stressed how critical it is to have genuine and respectful community engagement, from identification of needs and co-design to joint monitoring and evaluation. Also important is a solid understanding of the local sociocultural and economic situations and strengths derived from good quantitative and qualitative data and engagement with the community, solid situational analysis and mapping. Building strong and collaborative partnerships with all stakeholders is also key. In the stories of good practice at the country level, these were the common elements in ensuring that no one gets left behind, that the PHC system is strengthened and that the principles of UHC are advanced.

2.3 Key findings of the implementation of the Regional Framework for Reaching the Unreached by Member States

The TAG was briefed on the DDC team's visits to five countries in the Region to gain an understanding of RTU-related work on the ground.

The country visits revealed the need for greater cross-sectoral engagement in RTU-related initiatives, particularly through educational institutions and workplaces to access unreached groups. It was further noted that effective engagement necessitates a targeted approach grounded in trust-building and the recognition of health as a fundamental right. The importance of using diverse data sources was highlighted, including community insights and maintaining open community dialogues, supported by comprehensive policies.

In identifying and serving unreached populations, the importance of early identification of potentially hard-to-reach populations during intervention design was emphasized. Participants noted that these processes require a strong policy foundation, supplemented by a diverse range of strategic data. The shared best practices, rooted in the principle of inclusivity, were acknowledged as essential. In leveraging positive outcomes, it was noted that adaptable community-centric service models, such as modified transport systems, are impactful.

2.4 Preliminary findings of the assessment of essential laboratory services in 10 Western Pacific countries

Dr Kalpeshsinh Rahevar, WHO Medical Officer, gave an overview of the preliminary results of an evaluation of essential laboratory services in the Western Pacific Region.

The report observed that in the Western Pacific, PHC systems − a cornerstone of effective health-care delivery − are facing fragmentation. Many services, including disease-specific programmes for tuberculosis (TB) or HIV, operate in silos. This segmentation hinders cohesive health service delivery, often leading to redundant costs and inefficiencies. There is an evident need to integrate these programmes to ensure that patients receive comprehensive care without the burden of added expenses.

The report also noted that robust training and quality assurance systems enhance laboratory and diagnostic capabilities and significantly bolster access to good-quality health services.

Additionally, challenges in the supply chain post-pandemic and varying procurement models have further complicated health-care delivery efficiencies and cost-effectiveness in many countries. To address this, a more robust and tailored procurement and supply chain management system was recommended.

The evaluation also brought to the fore the challenges faced by communities and individuals. Out-of-pocket costs are a significant burden, making health care inaccessible to many people. The fear of being stigmatized, especially in the case of diseases like HIV, can deter people from seeking timely medical interventions. Furthermore, the lack of community involvement in health-care decisions exacerbates the situation. Solutions were proposed to mitigate these challenges, such as subsidizing national health-care provision (or ideally, providing free health care), promoting community outreach and introducing anti-discrimination laws.

A range of socioeconomic barriers was noted in the preliminary assessment report. The heavy reliance on donor funding raises concerns about the sustainability of some programmes, such as point-of-care service provision. Additionally, limited engagement of the private sector and regulatory hurdles have constrained the health-care landscape. Some innovative solutions were put forward, such as advocating for the use of parliamentary constituency funds.

The assessment also noted the impact of the COVID-19 pandemic on laboratory services, particularly in coverage of communicable diseases like TB, underscoring the need for laboratories to contribute to robust outbreak reporting and better preparedness mechanisms.

Finally, the presentation noted that the challenges countries face are multifaceted. The recommendations provided in the assessment report offer a road map to more integrated, accessible and sustainable health-care systems in the Western Pacific Region.

2.5 WHO's support to Member States for reaching the unreached

The TAG meeting included a presentation and a discussion on the critical importance of addressing health-care disparities through the RTU initiative and Framework, noting that reaching the unreached and unseen is a collective responsibility.

The presentation noted that, based on the RTU resolutions which led to the development of the RTU Framework, WHO's primary objectives are to facilitate knowledge exchange, periodically update Member States on progress, and enhance national strategies. In response, WHO has committed to promoting best practices, supporting data system improvements, and fostering and promoting technological health-care solutions.

In setting the scene for further TAG discussions and deliberation, the presentation noted that the RTU approach is to:

(1) Identify the reasons certain populations remain unreached/unseen, considering factors such as service limitations or social, economic and cultural determinants.
(2) Plan by analysing data and involving multiple stakeholders.
(3) Implement a whole-of-society approach towards PHC to effectively organize and strengthen national health systems to bring services for health and well-being closer to communities through:
  (a) integrated health services to meet people's health needs throughout their lives.
  (b) addressing the broader determinants of health through multisectoral policy and action; and
  (c) empowering individuals, families and communities to take charge of their own health.
(4) Continuously monitor and adapt the approach based on outcomes and feedback.

The discussions noted that, despite efforts in the Region to date, challenges like segmented financing, poor engagement with communities and government entities, poor communication and advocacy skills, and the limited ability to demonstrate tangible results, need to be addressed to better leverage the support of policymakers, communities, donors and development partners.

Discussions following the presentation resulted in several recommendations, including the importance of championing community engagement by ensuring that unreached communities are adequately represented in decision-making processes. Capacity-building of stakeholders was also noted as critical, necessitating both the strengthening of stakeholders' abilities to engage with the RTU initiative and the enhancement of WHO's internal capacity for effective guidance. Buy-in from policy-makers can be strengthened by showcasing tangible outcomes, such as the cost-saving potential of RTU approaches. Comprehensive communications strategies for RTU should blend data-driven insights with emotional resonance. Advocacy and information materials, especially those for top-tier stakeholders, should be clear, concise and accessible. Lastly, the discussions noted that WHO should assist countries in astutely allocating resources, using the RTU Framework approach as a foundational reference.

2.6 Learning from "positive deviants" identified through integrated RTU dashboards

Dr Fukushi Morishita, ICD, delivered a presentation and led discussions on the development of the integrated RTU dashboards by the WHO Western Pacific Regional Office. He described the lessons learnt to date in using "positive deviants" identified through these integrated dashboards to find communities and areas which are unreached.

The presentation noted that traditionally, problem-solving in health and other sectors begins by asking what is wrong and then seeking external solutions to problems. However, the positive deviance approach flips this perspective by first asking what is "right" (that is, what is working well) and then identifying existing assets or strengths. This strengths-based approach highlights the solutions that are already working.

The presentation noted that the steps to the positive deviance approach are systematic:

(1) Pinpoint the administrative areas that are positive deviants.
(2) Delve deep into their practices using qualitative methods, forming hypotheses about their success.
(3) Validate these hypotheses in broader samples to ensure they are not anomalies.
(4) Collaborate with key stakeholders to share and implement these good practices.

During the TAG discussions following the presentation, several key recommendations emerged. Embracing the concept of positive deviance use within RTU processes was seen as a way of shifting from merely identifying problems to highlighting effective solutions. Discussions noted that community-driven solutions, even if they diverge from traditional norms, should be prioritized, and to deepen the understanding of such solutions, qualitative research should be followed by validation through broader sampling. Collaboration was also noted as essential, and stakeholders should be urged to share the results of good practices through the positive deviance (strengths-based) approach. Finally, training health-care professionals in empathy, relationship-building and communication skills was also noted as a critical supplement to the use of positive deviance in identifying and mapping unreached individuals and communities.

2.7 Linkages to other technical advisory groups and other frameworks in the Western Pacific Region

Members of the RTU TAG were briefed on the linkages between the RTU TAG and five other TAGs which relate to the mandate of the TAG for UHC. All seven of the UHC-related TAGs fall under an overarching TAG Alliance with the mandate of coordinating and building collaboration between and among the TAGs.

The TAG Alliance has held three meetings to date to define the regional technical advisory agendas for UHC; to identify mechanisms to propel UHC in the Region; and to identify opportunities to better harmonize and integrate PHC initiatives.

While noting the complexities of the regional context, such as differing governance and financial systems, evolving health needs such as the rise in NCDs, and the challenges of climate change-related health impacts, the TAG discussed how it could function within the wider regional TAG ecosystem to promote the approaches and thinking expressed in the *Reaching the Unreached Framework* and to influence the technical advice generated by other TAGs.

Discussions identified a number of opportunities for the RTU TAG, including leveraging the outcomes, agreements and political declarations of global-level initiatives such as those of recent United Nations high-level meetings on UHC, TB and HIV; and regionally, leveraging the various action frameworks and UHC guidelines that emphasize health integration and innovation. It was noted that these global and regional resources provide the tools to support country-level advocacy around integrating RTU strategies into health plans, WHO collaboration blueprints and national development agendas. Possible collaborative actions within the TAG ecosystem were also discussed.

The TAG members agreed that the RTU TAG's role within the TAG ecosystem should include shining a spotlight on populations being missed in the delivery of disease-specific initiatives that are the focus of other TAGs, to question health disparities, and to challenge the other TAGs to identify strategies that reach everyone with the programmes to which they are providing technical assistance. The members noted that it is also important to engage with the other TAGs to build a better understanding of the dynamism of unreached populations, as people and communities can rapidly shift between being reachable and unreachable, seen and unseen, as a result of external factors such as natural disasters and epidemics.

2.8 Panel and group discussions: RTU priority areas and actions

The TAG also held three panel discussions around strengthening PHC, empowering individuals and communities, and addressing the socioeconomic barriers to reaching the unreached.

The **panel on strengthening PHC** to reach the unreached focused on the need for countries to transition from traditional health centre-focused models to more innovative, people-centred systems that prioritize community-based, mobile service provision and communication. Mechanisms should be put in place that enable and encourage communities to articulate their needs and act as partners in design, implementation, monitoring and evaluation of PHC initiatives. There was a call for a more comprehensive approach to PHC, moving beyond disease-specific silos, focusing on the life course, building public−private partnerships, digitizing patient data and patient management systems to improve continuity of care, and improving cross-sector engagement. For the Western Pacific Region, panellists noted the critical need to shift from urban, hospital-centric models to community-driven models for a range of settings and populations, including migrant populations, those who live in rural or remote locations, and people in informal settlements and prisons. Such shifts, supported by updated policies, health worker and volunteer capacity and skills development − including in inclusive practice, supportive supervision and efficient supply chain management − were seen as a critical pathway to improving the quality of PHC services in the Region. The overarching message of the panel's discussions underscored the collective responsibility for health, necessitating new models that blend community involvement, leadership and informed policy changes.

The **panel on empowering communities and individuals** to reach the unreached added several additional insights. The panel highlighted the importance of decentralizing health-care systems, building upon community strengths and supporting communities to actively participate in identifying and tailoring solutions to their unique needs. Social innovation emerged as a pivotal theme, emphasizing the role culture, community values and community leadership have in reshaping health care to reach the unreached. Drawing from the 2018 Declaration of Astana, the discussion underscored the distinction between traditional health-care models and self-care, positioning health as an outcome of multifaceted influences and promoting shared responsibility and accountability. To facilitate this, the panel suggested strategies including community-level training and education on health issues, patient navigator mechanisms, culturally appropriate models for services and community volunteer empowerment in health-care settings. The panel underscored that empowerment in health care hinges on a blend of

genuine engagement, trust, innovation and promotion of mutual responsibility, which paves the way for a more comprehensive and inclusive approach to health.

The third TAG panel discussion on **addressing socioeconomic barriers to health care** to reach the unreached explored challenges and possible strategies. The discussions underscored the value of leveraging local health system data, cross-sectoral collaboration and digital transformation to identify and support unreached populations, emphasizing the potential dangers of exacerbating digital exclusion in scaling up technology-based initiatives. Given the evolving socioeconomic landscape in the Western Pacific Region, the role of volunteer health workers in a range of community settings emerged as central, necessitating the development of comprehensive training and accountability frameworks. The panel also discussed strategies to address barriers related to cost, distance and risk perception; cultural and psychological safety; and different abilities − underscoring the importance of understanding diverse populations' perspectives and providing localized, people-centred health literacy, and promotive, curative, rehabilitative and palliative solutions. Additionally, in alignment with the 2018 Astana Declaration, the importance of political commitment and viewing health care as a valuable investment was highlighted. Collectively, the discussions pointed towards integrative approaches to addressing socioeconomic barriers, through qualitative and quantitative data-driven insights, robust community engagement, and the development of more flexible and adaptive health-care systems.

The TAG meeting also hosted three group discussions to discuss progress to date, success stories from countries, emerging themes and opportunities, and recommendations for focus and action. The discussions highlighted the importance of understanding and implementing PHC across sectors with a focus on community empowerment and integrated service delivery. Country examples from across the Region showcased innovative strategies such as digital integration and inclusiveness, health financing reforms and community-centric interventions. Alongside these successes, challenges like infrastructure and logistics barriers, trust dynamics and socioeconomic disparities were noted. Recommendations across the panels converged on the need for data-driven interventions, adaptive planning, enhanced community engagement, multisectoral collaboration, high-level advocacy and leveraging of technology. Emphasizing a collaborative and community-focused approach, the discussions reiterated the importance of continuous innovation and adaptation in reaching the unreached and the unseen.

2.9 Discussion on RTU TAG roles and mandate

In concluding reflections on the RTU TAG's functions, the TAG Chair noted that the same themes, issues and opportunities had arisen a number of times through the reports of country experience, capacity assessments and discussions throughout the two-day meeting.

The Chair further noted that to better deliver on the mandate of the TAG, there is room for more diverse representation on the TAG from youth, civil society, indigenous communities and people involved in programme delivery, while also ensuring demographic balance (such as in terms of gender and representation of subregions in the Western Pacific Region). The Chair noted that as the RTU TAG pivots its focus towards implementation, collaboration with the ICD RTU team is crucial to ensure adherence to WHO guidelines.

The Chair further noted that it is critical to distil the core messages and recommendations from the TAG discussions into pragmatic recommendations and approaches that could guide action on the ground. The TAG's potential as an activist mechanism, though constrained by the volunteer nature of its members' engagement and WHO mandates, could be better harnessed to review WHO materials and to provide representation in other TAGs' meetings.

She also noted that the camaraderie within the RTU TAG, coupled with its optimal size and participation, could and should foster opportunities for further engagement across sectors. The development of RTU TAG-specific indicators, monitoring of Western Pacific country initiatives with an RTU focus, and potential RTU TAG member participation in country missions would underpin the TAG's commitment to making a tangible contribution towards reaching the unreached and the unseen in the Region.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

The WHO Western Pacific RTU TAG meeting noted a number of lessons learnt from in-country implementation of RTU initiatives and made a number of specific recommendations for future implementation. Central to these was the call for integrated health-care services, a deepened engagement with communities, and a more structured approach to policy development and financial resourcing. Emphasis was also placed on capacity-building, effective communication and advocacy, and fostering robust collaborations. The recommendations derived from the discussions underscore the importance of unifying health strategies with broader health issues and with other sectors, efficient resource management and the development of evidence-based interventions to enhance health-care delivery for unreached populations.

The following tables provide the lessons learnt from country-level good practice examples and implementation-level recommendations made during the Second Meeting of the RTU TAG from 26 to 27 September 2023, categorized by specific RTU domains and work areas.

Table 1. Lessons learnt from country-level good practice examples.

Key areas of work / Action domains	Strengthening primary health care	Empowering individuals and communities	Addressing socioeconomic barriers
Political commitment, governance, finance	• Understanding local governance structures and power dynamics is essential. • Engaging with the unique mandates and priorities of collaborating sectors, rather than expecting them to adjust to external initiatives, has proven more likely to result in impactful initiatives. • Determining the optimal entry points for RTU activities in collaboration with other sectors results in efficiencies. • Actively coordinating with local authorities and confronting challenges head-on has been essential for	• Strong leadership at all levels coupled with robust community engagement is a hallmark of effectively implemented initiatives. • Prioritizing community involvement and championing their representation in health governance structures has been crucial for genuinely reaching the unreached.	• Integrating resources for PHC initiatives beyond the health system has proven beneficial. • Emphasizing efficient resource management and establishing systems to address bureaucratic redundancies can lead to smoother operations and increased effectiveness.

11

	smooth implementation of RTU initiatives.		
Multi-stakeholder engagement	• Engaging with pillars of a community, such as village and civil society leaders; religious institutions; women and youth has been critical for building trust with hard-to-reach communities and increasing the likelihood of success.	• Engaging the community, including local and other subnational governance bodies and mechanisms, as well as community and voluntary workers, is crucial. • Building trust, anchored in local community participation, is fundamental. • Diverse geographical settings and sociocultural contexts necessitate tailored strategies to address the unique challenges and needs of a hard-to-reach community. • The ever-changing landscape, from evolving local knowledge to demographic changes, highlights the importance of regularly updating implementation strategies.	• Local government ownership in health priorities fosters better service delivery and community ownership.
Data and evidence	• Integration across surveillance and response programmes improves resource utilization. • The One Health approach can enhance service delivery and surveillance system performance.	• Communication should be concise, tailored for both policymakers and the community, based on evidence derived from best practices, and evaluated as part of the continual quality improvement cycle. • Building trust is paramount if communication and advocacy efforts are to be successful. • Adopting inclusive practices ensures a broader reach and resonates more genuinely with diverse community members.	• Using digital platforms and geographic information system mapping for conceptualizing and planning community-centred health interventions (where technology access allows), is fundamental. • Develop better monitoring capability and capacity to ensure the changing health landscape is understood and factored into the design and implementation of RTU initiatives.
Transforming health services	• Enhanced laboratory and diagnostic capabilities, paired with robust training and quality assurance,	• Effective outreach requires linking target populations with acceptable and culturally safe public health services and	• Reaching the unreached is about strengthening PHC, improving intersectoral engagement to address the socioeconomic,

	significantly bolster access to good-quality health services. • Integrated outreach approaches are not only cost-effective but also instrumental in overcoming health barriers. • The balance between quality and accessibility is critical when promoting integrated laboratory systems.	engaging and supporting community health workers. • Building the capacity of volunteer and community health workers is crucial, and incentives − both monetary and non-monetary − enhance performance and community engagement. • Strong emphasis on health literacy and evidence-based social and behavioural change communications is a critical element of health services.	environmental and cultural determinants of health, and achieving UHC.
Special approaches	• To achieve the most impact with an RTU activity, it is essential to pinpoint and leverage the best entry points in collaboration with various sectors and communities.	• Tailored approaches are needed due to diverse geographic locations and settings (for example, prisons, informal settlements, refugee camps) and sociocultural landscapes. • Reaching the unreached is not a static "event" and requires continuous reflection and revision, incorporating not only implementation data but also local knowledge and experience, and consideration of population movement, demographic and ecosystem changes, and socio-political shifts. • Any RTU initiative should also help build community resilience. • Highlight the strength of and the role for communities in communication and advocacy initiatives.	• Engage the faith sector and other sectors to build greater community access and address community and socioeconomic barriers to health care.

Table 2. Implementation recommendations from country-level good practice examples

Key areas of work / Action domains	Strengthening primary health care	Empowering individuals and communities	Addressing socioeconomic barriers
Political commitment, governance, finance	• Integrate disease-specific programmes with broader PHC services (and other sectors) to address fragmentation and to reduce duplication and costs. • Advocate for strengthened and expanded national health insurance programmes as part of the strategy to mitigate out-of-pocket costs and the rising catastrophic health expenditure in the Region.	• Ensure representation of unreached populations in decision-making. • Develop strategies to address laws and policies that reinforce stigma and discrimination, especially for diseases often associated with specific communities or individuals (e.g. HIV).	• Advocate and develop strategies directed at reducing regulatory barriers and policy or legal impediments.
Multi-stakeholder engagement	• Foster collaboration between the various TAGs in the Region to build synergies and understanding across the TAG ecosystem. • Engage the private sector through public−private partnerships and cultivate relationships.	• Engage communities in identifying priorities and tailoring interventions accordingly. • Engage with the academic community – for example, social scientists – to help guide the development of community access strategies and mapping. • Strengthen ties with civil society. • Facilitate partner dialogues.	• Advocate for resources to be allocated to community-driven solutions.
Data and evidence	• Prioritize training for building the body of data and using the available strategic information (noting the potential for use of positive deviance/strengths-	• Undertake context-specific analyses on unreached populations coupled with a thorough policy review, and ensure this is done with gender, youth, disability and diversity lenses.	• Develop initiatives to build the capacity of national monitoring and evaluation systems, and advocate for the inclusion of community-generated data.

	based approaches) to guide programme development, identify target communities, and inform advocacy and communication strategies and products. • Use data and evidence to inform the design of all RTU interventions.		
Transforming health services	• Spotlight effective community solutions alongside the identification of the issues. • Emphasize a systems approach and incorporate community voices. • Encourage reform of existing structures for improved outcomes.	• Prioritize and value community-driven solutions. • Foster community-led initiatives and monitoring to tailor health-care services to local needs. • Advocate for actionable solutions to address use of stigmatizing/marginalizing language in health-care initiatives, and personally consider own use of potentially stigmatizing language.	• Develop and roll out strategies designed to shift the focus of external partners to align with integrated PHC objectives.
Special approaches	• Enhance the capacity of government stakeholders and WHO's internal ability to guide the roll-out of the RTU Framework and associated projects/programmes. • Develop and build capacity for rolling out clear strategies and pathways for RTU integration. • Simplify materials for high-level stakeholders who have political power but limited technical knowledge.	• Build strategies and initiatives to help health-care professionals build their skills in empathetic engagement, relationship-building and communication. • Document and share good practices with all stakeholders.	• Assist country partners in programming and resource allocation to use the RTU Framework. • Help develop community-driven accountability mechanisms.

3.2 Recommendations

3.2.1 Recommendations for the RTU TAG

The RTU TAG is requested to consider the following:

(1) Schedule pre-TAG meetings for RTU TAG members prior to future TAG meetings for members to collaboratively plan and prioritize the meeting objectives and processes and desired outcomes, based on pre-circulated materials and any specific advisory requests.
(2) Ensure TAG meeting agendas have dedicated TAG members-only time to develop specific and measurable recommendations for itself and for the WHO Regional Office for the Western Pacific.
(3) Engage through the WHO Western Pacific TAG Alliance for greater synergies between the existing regional TAGs, including advocating for a co-opted RTU TAG presence in other TAG meetings.
(4) Engage with and/or co-opt to TAG meetings with external civil society, academic or other sector representatives to advise the RTU TAG on the development of guidance for implementing the RTU Framework and to ensure the RTU TAG is informed by a diverse range of voices.
(5) Support and provide advice on the development of clear strategies and pathways and progress indicators for RTU integration and guidance on comprehensive communication and advocacy tools.

3.2.2 Recommendations for WHO

WHO is requested to:

(1) Promote the integration of disease-specific programmes in PHC service delivery to reduce unnecessary duplication and costs, while increasing access for unreached populations.
(2) Advocate for strengthened financial protection programmes to mitigate rising catastrophic health expenditures and develop strategies to address laws and policies that reinforce stigma, discrimination and exclusion.
(3) Prioritize training on the generation and use of strategic information and data to guide programme development, advocacy and communications strategies related to the RTU Framework.
(4) Foster collaboration across the Western Pacific TAGs, strengthen ties with civil society, and facilitate partner dialogues to build synergies and understanding around RTU issues across the TAG ecosystem.
(5) Recruit new members for the RTU TAG who would bring the lived experience and assets of specific marginalized or vulnerable individuals to the TAG.

Annex 1. List of participants

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Annex 2. Meeting programme

Time	Activities	Speaker (Moderator)
Day 1: (Tuesday, 26 September 2023)		
08:30 – 09:00	**Registration**	
09:00 – 09:30	**Session 1: Opening session**	
	1.1 Welcome and Opening Remarks	Rolando Enrique Domingo Acting Director, DDC/WPRO
	1.2 Introduction of the RTU TAG Chair and other participants	Rajendra Prasad Yadav Coordinator, ICD/DDC/WPRO
	1.3 Meeting overview and objectives	Maxine Whittaker
	1.4 Administrative announcements	Rajendra Prasad Yadav Coordinator, ICD/DDC/WPRO
	Session 2: Overview of the TAG-RTU and the Regional Framework for Reaching the Unreached	
09:30 – 09:45	2.1 Terms of reference of the TAG-RTU	Maxine Whittaker
09:45 – 10:00	2.2 Strengthening primary health care, empowering communities and addressing socio-economic barriers: An overview of the Regional Framework for Reaching the Unreached	Rajendra Prasad Yadav Coordinator, ICD/DDC/WPRO
10:00 – 10:30	2.3 Group photo and coffee break	All participants
	Session 3: RTU Progress	
	3.1 Champions' reports on the five domains	
10:30– 10:45	▪ Enabling political commitment coupled with governance, financing and legal structures to reach the unreached	Phonpaseuth Ounaphome Director General, Department of Hygiene and Health Promotion, Ministry of Health, Lao People's Democratic Republic
10:45 – 11:00	▪ Using integrated bottom-up multi-stakeholder engagement to reach the unreached	Tiengkham Pongvongsa Deputy Director, Savannakhet Provincial Health Department, Ministry of Health, Lao People's Democratic Republic
11:00 – 11:15	▪ Using integrated surveillance data and evidence to reach the unreached	Vanua Sikon Public Health Manager Sanma Province, Vanuatu
11:15 – 11:30	▪ Transforming primary health services using an integrated systems approach to reach the unreached	Lieven Vernaeve, Programme and Technical Manager, Malaria Consortium, Cambodia

Time	Activities	Speaker (Moderator)
11:30 – 12:00	▪ Using the last mile approach for integrated screening of common health risks and conditions	Kazim Sanikullah Team Lead, NTD/ICD/DDC/WPRO
12:00 – 12:30	Discussions	
12:30 – 13:30	**Lunch break**	
13:30 – 14:15	3.2: Key Findings of the Implementation of the Regional Framework for Reaching the Unreached by Member States Discussions	Kiyohiko Izumi Team Lead, HSI/ICD/DDC/WPRO
14:15 – 15:00	3.3: Key Findings of the Primary Health Care Laboratory Assessment Discussions	Kalpeshsinh Rahevar Team Lead, ETB/ICD/DDC/WPRO
15:00 – 15:15	**Coffee/mobility break**	
15:15 - 16:00	3.4: WHO's Support to Member States for Reaching the Unreached Discussions	James Kelley Team Lead, MTD/ICD/DDC/WPRO
16:00 – 16:45	3.5: Learning from "positive deviants" identified through RTU dashboards Discussions	Fukushi Morishita Team Lead, ICD/DDC/WPRO
17:00 onwards	Welcome reception	

Day 2: (Wednesday, 27 September 2023)		
09:00 – 09:30	**Summary of Day 1** Questions and Answers (if any)	Stuart Watson Consultant, RTU/ICD/WPRO
09:30 – 10:00	**Session 4: Linkages to other TAGs and other Frameworks in the Western Pacific Region** Discussions	Rajesh Narwal Coordinator, DSI/WPRO
10:00 – 10:30	**Coffee break**	
	Session 5: Panel discussions with the TAG members and champions on the three priority action areas to Reach the Unreached	
10:30 – 11:00	5.1 Strengthening primary healthcare to reach the unreached	Gerard Schmets WHO Headquarters (Moderator)
11:00 – 11:30	5.2 Empowering communities and individuals to reach the unreached	Tauhid Islam WHO Headquarters (Moderator)
11:30 – 12:00	5.3 Addressing socio-economic barriers to healthcare to reach the unreached	Challa Ruda WHO Papua New Guinea (Moderator)
12:00 – 13:00	**Lunch break**	

12:00 – 13:00	*Closed Session Over Lunch*	
	Session 6: Group Discussions on the three priority action areas	Group Facilitators: Group 1: Rajendra Yadav and Matt Shortus Group 2: Kazim Sanikullah and Kiyohiko Izumi Group 3: James Kelly and Fukushi Morishita
13:00 – 13:30	6.1 Progress to date, mainly the success stories	
13:30 – 14:00	6.2 Emerging themes and opportunities	
14:00 – 14:30	6.3 Recommended plans for focus/actions	
14:30 – 15:00	**Coffee/Mobility break**	
15:00 – 15:45	6.4 Group presentations and plenary discussions	Facilitator: Maxine Whittaker
	Session 7: Closing session	
15:45 – 16:00	7.1 TAG membership	Maxine Whittaker Chair, TAG-RTU
16:00 – 16:15	7.2 Way forward	Maxine Whittaker Chair, TAG-RTU
16:15 – 16:30	7.3 Closing remarks	Kazim Sanikullah Acting Coordinator, ICD/DDC/WPRO

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