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

28–29 September 2023
Manila, Philippines/Hybrid
MEETING REPORT

MEETING OF THE NEW TECHNICAL ADVISORY GROUP MEMBERS 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 Meeting of the New Technical Advisory Group Members 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 Meeting of the New Technical Advisory Group Members on Universal Health Coverage in the Western Pacific Region in Manila, Philippines from 28 to 29 September 2023.
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Universal health coverage (UHC) is the overarching target of the Sustainable Development Goal on Health (SDG 3), central to achieving the “Triple Billion” targets globally and the foundation for realizing the For the Future vision in the World Health Organization (WHO) Western Pacific Region. Since 2016, the Technical Advisory Group on Universal Health Coverage (UHC TAG) in the Region has played an essential role in advising WHO and Member States on technical aspects and providing strategic recommendations to advance UHC.

In the new phase (2023–2026) of the UHC TAG, the focus shifts from providing regional-level guidance to offering tailored policy advice and support to countries to accelerate UHC progress. These efforts will be guided by the recently appointed TAG members who bring expertise in health systems, WHO’s thematic priorities and the broader determinants of health. This diverse expertise is underpinned by a systems approach aimed at developing pragmatic tools, interventions for UHC and mechanisms to enhance synergy across the technical programmes. To set UHC TAG’s future direction and priorities, the Meeting of the New UHC TAG Members was convened from 28 to 29 September 2023 in Manila, Philippines in a hybrid format. Participants included UHC TAG and TAG Alliance members, other experts and WHO staff from all three levels of the Organization.

Informed by the discussions on global, regional and country insights on UHC progress, challenges and opportunities, the UHC TAG set forth its new vision – to serve as a responsive and multidisciplinary expert advisory body committed to creating country impact and advancing UHC by providing strategic advice and pragmatic solutions in collaboration with WHO and Member States. Aligned with this are the strategic priorities to support countries: (1) provide strategic advice and capacity-building; (2) create country support groups based on common needs; (3) advocate for the UHC agenda to policy-makers; and (4) contribute to developing pragmatic tools and guidelines. These entail deeper understanding of countries’ priorities and contexts and cross-programmatic coordination across TAGs in the Region, WHO, Member States and partners.

Moving forward, outcomes of the meeting will guide the next actions in creating greater country impact, organizing the Seventh UHC TAG Meeting and finalizing the UHC Implementation Guide.
1. INTRODUCTION

1.1 Meeting organization

The Meeting of the New Technical Advisory Group Members on Universal Health Coverage (UHC TAG) in the Western Pacific Region was held from 28 to 29 September 2023 in Manila, Philippines in hybrid format. The meeting served as the platform to set the future direction and strategic priorities of the UHC TAG by bringing together UHC TAG and TAG Alliance members, other experts and staff from the three levels of the World Health Organization (WHO). The list of participants is available in Annex 1.

Sessions were designed to promote interactions among participants. Plenary presentations by experts and WHO country office staff were followed by interventions and questions to ensure shared understanding on the issues. To cover key topics such as the UHC TAG’s future direction and priority areas, and feedback on the draft UHC Implementation Guide, separate breakout sessions were organized for deep dive discussions. Lastly, a panel discussion with experts and staff from different divisions of the WHO Regional Office for the Western Pacific yielded cross-programmatic insights and recommended strategies to increase country impact of TAG mechanisms and WHO.

1.2 Meeting objectives

The objectives of the meeting were:

- to discuss UHC progress and challenges in the Region and globally, within the context of recovery from the COVID-19 pandemic;
- to set the future direction and priority areas of the UHC TAG with a greater country focus on providing policy and technical advice towards advancing UHC; and
- to provide recommendations for the UHC tools and the focus of the Seventh UHC TAG Meeting towards increasing country impact.

Outcomes of the meeting included:

1. identified roles, direction and priorities of the UHC TAG;
2. strategic approach for collaboration with the WHO Western Pacific Regional Office and WHO country offices; and
3. inputs on planning the Seventh UHC TAG meeting and improving the draft UHC Implementation Guide.

2. PROCEEDINGS

2.1 Opening session

Dr Zsuzsanna Jakab, WHO Acting Regional Director for the Western Pacific, warmly welcomed the participants and acknowledged their dedication to contribute in shared efforts to advance UHC in the Region. She expressed her confidence that the recently appointed 12 UHC TAG members with multidisciplinary expertise would play a crucial role in creating meaningful country impact to progress UHC through innovative and collaborative solutions, practical tools and effective mechanisms.
Dr Bruce Aylward, Assistant Director-General of UHC, Life Course Division, WHO headquarters, provided an inspiring video message, highlighting the value of individual and collective roles of the meeting participants in proactively acting to mitigate compounded challenges in the transitioning global health landscape. Given the alarming picture of UHC progress at the global level with stagnating service coverage index and worsening financial protection, Dr Aylward posed questions to stimulate thinking during the meeting discussions. Some examples were: How can we assess and face the challenges? How can we prioritize and act? And how can we move forward to get back on track in achieving our Sustainable Development Goal (SDG) targets by 2030?

Dr Kidong Park, Director, Data, Strategy and Innovation (DSI) Group, WHO Regional Office for the Western Pacific, set the scene for the meeting by providing an overview of objectives, outcomes and expectations. A brief background of the UHC TAG journey was presented, emphasizing the shift from the UHC TAG’s regional-level guidance to country-level policy advice and support. This will focus on creating country impact through stronger collaboration across the UHC TAG, WHO and all TAGs in the Region. Within this paradigm, the objectives and the session design for the meeting were then presented.

Professor Gillian Biscoe, UHC TAG Chairperson, reinforced the urgency to act now to sustain the accelerated momentum in creating significant differences in the health and socioeconomic vibrancy of countries. Applying systems thinking can help increase clarity of the unique contexts and underlying causes of health challenges. In facing an ever-complex health system, it is imperative to ask how to develop clear policies and strategies, how to understand and engage a wide range of actors and how to implement change management successfully.

Opening session speakers from WHO headquarters and the Regional Office for the Western Pacific.
**Dr Rajesh Narwal**, Coordinator, UHC, DSI, Western Pacific Regional Office, shared the background on reconstituting the UHC TAG. This was followed by self-introductions from the 12 new UHC TAG members.

### 12 expertise towards greater country impact

- **Professor Gillian Biscoe**
  - Health governance, policy and strategy

- **Dr Noor Abdullah**
  - Health security including antimicrobial resistance

- **Ms Vicki Bennet**
  - Health information systems and digital health

- **Dr Michael Borowitz**
  - Climate change and health determinants

- **Dr Derrick Heng**
  - Noncommunicable diseases and ageing

- **Professor Soonman Kwon**
  - Health financing

- **Professor Vivian Lin**
  - Political economy

- **Professor Xiaoyun Liu**
  - Service delivery including primary health care

- **Dr Mari Nagai**
  - Health workforce

- **Dr Nguyen Khanh Phuong**
  - Essential medicines, products and health

- **Dr Jenny Stephens**
  - Quality and patient safety (standards and regulations)

- **Dr Jaime Galvez Tan**
  - Reaching the unreacheds

### UHC TAG members (2023–2026) and their expertise.

#### 2.2 What is the UHC progress and challenges in the Region and globally, within the context of recovery from the COVID-19 pandemic?

This session presented an overview of UHC progress challenges and agenda at the global, regional and country levels to inform priorities of the UHC TAG and WHO to provide coordinated country support.

#### 2.2.1 Global perspective

**Dr Rudi Eggers**, Director, Integrated Service Delivery, UHC Life Course, WHO headquarters

- The recently published *Tracking universal health coverage: 2023 global monitoring report* shows how off-track we are in achieving SDG target 3.8 by 2030. In 2021, 4.5 billion people across the world could not access essential services, while 2 billion people suffered financial hardship due to high out-of-pocket (OOP) expenditures. The COVID-19 pandemic has disproportionately impacted countries, exacerbating persisting challenges such as shrinking fiscal space, climate change, socioeconomic disparities and food insecurity. This requires repositioning health and well-being in the global agenda while intensifying implementation of existing solutions for greater coherence of development plans. Accordingly, the global health ecosystem is evolving, and engaging diverse players beyond the health sector is the key to advancing UHC.

- Globally, the UHC Service Coverage Index (SCI) increased from 45 in 2000 to 68 in 2021. However, the pace has stagnated since 2015 except for the African and South-East Asian Regions. Among the four sub-indices, service coverage on infectious diseases has the highest improvement (approximately 60%) driven by HIV antiretroviral therapy coverage, while noncommunicable diseases (NCDs) and service capacity are lagging. Furthermore, the percentage of households experiencing catastrophic health spending (defined as ≥ 10% of household budget) increased from 9.6% in 2000 to 13.5% in 2019. Financial impediments in
accessing care can be mitigated with efficient primary health care (PHC), sustainable financing and robust data for monitoring.

- The complex and evolving challenges call for a paradigm shift towards integrated service delivery with a needs-based approach along the continuum of care for the population. To have thriving and resilient health systems, we need to rethink strategies towards anticipatory governance and PHC. The document *PHC measurement framework and indicators: monitoring health systems through a primary care lens* can support Member States in achieving responsive and equitable health systems that put UHC and health security at the core.

### 2.2.2 Regional perspective

**Dr Rajesh Narwal**, Coordinator, UHC, DSI, WHO Regional Office for the Western Pacific

- The UHC SCI in the Western Pacific Region has shown significant progress – improving from 49 in 2000 to 79 in 2021 – one of the highest among the six WHO regions. However, the proportion of the population that experienced catastrophic health expenditure increased from 9.9% in 2000 to 19.8% in 2019 – which is also the highest among all six WHO regions.
- Progress has slowed in the Region across all four service coverage sub-indices of (1) reproductive, maternal, newborn and child health (RMNCH), (2) infectious diseases, (3) NCDs, and (4) service capacity and access. The biggest concern requiring urgent action is the stagnating NCD coverage for the past 20 years, despite the growing NCD burden in the Region.
- Within and across countries, there are considerable variations in progress. The key impediments to UHC progress include inconsistent political commitment, fiscal insecurity, fragmented service delivery, hospital-centric care models and lack of up-to-date and reliable data for informed decision-making and progress monitoring.
- Increased health policy reforms, digital health, innovations and programme harmonization were identified as emerging opportunities to accelerate UHC progress and get the Region back on track. With the collective wisdom of the new members of the UHC TAG, ways must be identified to provide tailored guidance to a diverse group of countries, including implementing and monitoring UHC road maps/reforms.

### 2.2.3 Country perspectives: UHC progress, challenges and opportunities

Building on global and regional perspectives, this session took deep dives into UHC progress and examined contexts beyond numbers, challenges and opportunities on countries’ UHC journey.

**Dr Debbie Muirhead**, Health Economist, WHO Representative Office in Cambodia

- **Progress**: The rise of UHC SCI in Cambodia is mostly driven by improvements in RMNCH and infectious diseases, while progress on HIV and tuberculosis (TB) coverage are stagnating. Meanwhile, the country has the highest catastrophic spending in the Region owing to the high OOP spending.
- **Challenges**: Progress is slowed by the lack of harmonization of social protection and health insurance schemes for pooled funds and low government financing for health. Challenges in the health workforce include poor recruitment and retention of staff, lack of effective financial incentives, and high rates (> 80%) of dual practice among doctors, including those providing PHC. Meanwhile, patients are burdened by the poor delivery of NCD services and patchy availability of medicines for chronic care.
- **Opportunities and enablers**: Strong political commitment at the national level has resulted in the development of Cambodia’s UHC road map and other national strategic health plans towards UHC. Further, a new social protection policy framework that shifts to enhanced PHC utilization is underway.
Dr Vanpheng Sirimongkhourne, Technical Officer, WHO Representative Office in the Lao People’s Democratic Republic

- **Progress:** The UHC SCI increased from 25 in 2000 to 52 in 2021 in the Lao People’s Democratic Republic, but progress has stagnated since 2017. Catastrophic health spending decreased from 10.1% in 2007 to 8.4% in 2018. In addition, social protection coverage has doubled from 45% in 2016 to 94.5% in 2022 due to the new national health insurance schemes. Behind these promising numbers, more work needs to be done to address the lack of awareness on available health services, service delivery gaps, accessibility and geographical barriers, particularly among the economically disadvantaged households in rural areas.

- **Challenges:** One of the key challenges is to meet the demands for the health workforce due to tight staff quota per year and lack of capacity development at the PHC level. For health financing, there is high reliance on external funding due to a limited government fiscal space. This is aggravated by inadequate capacity on budgeting, forecasting and execution, resulting in inefficiencies and inequitable fund allocation. Further, national health insurance schemes are not sustainable due to the gap in benefit packages and approved funds for implementation. This negatively impacts the quality of service provision and stock of essential medicines.

- **Opportunities and enablers:** Legislative reforms are driven by strong political commitment to address UHC challenges. Investments in PHC strengthening led to the ongoing development of a Primary Health Care Law that integrates services, prioritizes hard-to-reach populations and highlights community engagement as a key enabler to deliver people-centred care. The PHC Law is also linked to the national plans for 2021–2025, such as the Health Financing Strategy and the Health Sector Reform Strategy that underpins progress in the five pillars of service delivery, human resources for health, financing, health information system and governance.

Professor Soonman Kwon, UHC TAG member, Professor, Seoul National University, on behalf of Dr Erdenechimeg Enkhee, Technical Officer, WHO Representative Office in Mongolia

- **Progress:** In 2009, 1.8% of the Mongolian population experienced catastrophic health spending, which rose to 7.2% in 2018. A similar trend was observed in the percentage of OOP on essential medicines, which increased from 69% in 2009 to 73% in 2018, with the greatest impact on households in the poorest quintiles. OOP expenditure in the richest quintile was mainly due to inpatient spending.

- **Challenges:** Fragmented funding schemes have been a long-standing challenge affecting most individuals who are not registered in any health insurance. Since two different government sectors are mandated to provide national health insurance and social security protection, there is tension and potential gaps in implementation. Effective coordination is further complicated by the role of private health insurance agencies, which are major sources of service procurement in secondary and primary care providers.

- **Opportunities and enablers:** Major health financing reforms are underway, including (1) increasing revenue for health to reduce OOP and subsidizing vulnerable population groups; (2) pooling the state budget for the health insurance fund to eliminate fragmentation, and (3) shifting passive financing to a strategic purchasing system. These are enablers for the ongoing initiatives to expand the benefit package of primary care to hospital care, drug reimbursement, screening and early detection.

Dr Jun Gao, Coordinator, Health Systems, WHO Representative Office in South Pacific

- **Progress:** In the context of Pacific island countries and areas (PICs), there has been incremental progress in RMNCH and the Expanded Programme on Immunization (EPI), while improvement has stagnated in NCDs and service capacity. These changes are not consistent within and across PICs, given their diverse and unique geographical, sociocultural and political contexts. Caution was also raised on using UHC SCI and financial protection data to inform decisions for tailored and need-based interventions, since both numbers are just proxy
indicators. Hence, these two indicators do not capture the whole spectrum of direct and underlying causes of health challenges. In terms of political momentum, UHC has been a well-adopted agenda for strategically designing and implementing national health plans, both by governments and development partners. This is evidenced in the Healthy Islands Vision and outcomes from the recent Pacific Health Ministers Meeting.

- **Challenges:** Key challenges in PICs include limited service capacity due to scarce resources, small populations on some islands, and lack of data to inform, monitor and evaluate interventions. Among the wide array of PIC priorities, the most challenging health system areas are health workforce, long-term financing and health information systems.

- **Opportunities and enablers:** Since the COVID-19 pandemic, there has been stronger political commitment to invest in PHC-oriented health systems. COVID-19 acutely exposed the need for more resilient health systems not only to proactively prepare for public health emergencies, but also to mitigate the worsening impact of climate change for small island countries and areas. Community-centred and multisectoral approaches in planning and implementing strategies need to be fostered. Technological advancements and social innovations also provide levers to reach small remote islands. To hone participatory and accountable governance for systems transformation, there is a dire need to invest in management and leadership capacities in the PICs.

**Ms Priya Mannava,** Technical Officer, Strategic Health Information, WHO Representative Office in Papua New Guinea

- **Progress:** The UHC SCI for Papua New Guinea decreased from 33 in 2010 to 30 in 2021. While coverage for infectious diseases almost doubled in the past decade (27 in 2010 to 44 in 2021), there is a notable decrease in the sub-indices for RMNCH, NCDs, and service capacity and access. OOP spending is low, though this could be due to low service utilization and forgone care. In this context, government efforts are lauded for building robust policy structure and investments for UHC, such as (1) positioning health for all as the central goal in the National Health Plan 2021–2030, (2) updating the national health service standards, (3) amending the Provincial Health Authority Act to improve service delivery, and (4) developing a Village Health Assistant’s Policy to reach remote populations.

- **Challenges:** Areas in most need of improvement are infrastructure, human resources for health, essential medicines and financing, which are largely linked to issues of oversight and accountability. There is also high reliance on donors due to the decreasing fiscal space for health as tax revenues become weaker. Focusing on hospital-centric service delivery also contributes to challenges in strengthening PHC.

- **Opportunities and enablers:** Strong political commitment for improving human resources for health are underway, such as the allocation of 7000 new positions in the health sector and strengthening cadres in PHC to improve the career pathways of village and community health workers. Digital health is also drawing investments as a key priority in the National Health Plan, for which operationalization is supported by the ongoing development of national and subnational road maps for digital health strategy. As for legislative reforms, the Public Health Act and the establishment of health system governance and service delivery are being reviewed to assess if any amendments are needed.

**Dr Graham Harrison,** Coordinator, Health Systems, WHO Representative Office in the Philippines

- **Progress:** The UHC Law has been implemented in the Philippines for the past three years in select provinces and cities nationwide, focusing on technical and managerial integration (first phase of transition). In terms of financing services, the Department of Health and local government units (LGUs) fund population-based services, while PhilHealth (national health
insurance) funds individual services. In 2022, the Government covered 44.8% of total health expenditure, leaving high OOP of 44.7%, which has doubled since 2014.

- **Challenges:** The allocation of health expenditure in LGUs is highly reliant on political decisions as there is no fixed budget. For the health workforce, there is a significant deficit of supply in various cadres, especially in rural health units. Despite this, migration of health workers overseas continues to rise. One underlying factor is the low production of health workforce, as evidenced by the high attrition rates in enrolment among physicians (74.05%) and nurses (85.67%) from the past decade.

- **Opportunities and enablers:** Strong legislative reforms accelerate UHC progress. These include: (1) strengthening regulatory capacity with risk-based regulation on primary care providers; (2) investing in advocacy and tools to engage local governments; (3) capacity-building for integrated services, particularly PHC; and (4) improving human resources for health.

In summary, across the six country presentations, progress has been made in the UHC SCI, with the highest gains in RMNCH. However, financial protection continues to worsen, as evidenced by high OOP expenditure on health, mostly driven by costs of essential medicines. The increased political commitment across the countries was noted, with examples including health reforms at systems and programmes levels particularly in terms of financing and governance.

The country presentations were followed by interventions and questions from participants. Based on countries’ priorities and needs, various opportunities for potential WHO country support emerged, such as provision of technical assistance on planning, implementing and monitoring ongoing and future policies for UHC. This can help mitigate disjointed efforts at the country level, such as lack of coherence in policy development and implementation. Examples of current country initiatives that are supported by WHO include PHC reform and the UHC road map in Cambodia; the Human Resources for Health Development Strategy by 2030 in the Lao People’s Democratic Republic; health financing in Mongolia; health workforce and health information systems in PICs; and social determinants of health and health technology assessment in the Philippines. Other possible forms of support are capacity-building, platforms for inter-country discussions and network-building among Member States and experts. Most useful would be cross-sharing of experiences and best practices from other countries, both within and beyond the Region.
Country support should be guided by the relevance of interventions and approaches given the specific contexts on the ground. This means critically considering whether external policy frameworks or advice from experts are the most strategic action, and whether these can be adapted to local contexts. Decisions can be guided by the following questions: (1) How do we interpret the data and frame the results in a way that captures those in the periphery (e.g. unreach populations)? (2) What engagement do we get from other sectors? (3) What is the impact on health outcomes and other areas?

2.2.4 Working better together in supporting countries towards UHC
A panel discussion among technical units from the WHO Western Pacific Regional Office explored the ways to provide unified support that seeks to improve synergies on the ground.

WHO Regional Office for the Western Pacific Technical Divisions panellists from right to left:

Dr Rajendra Yadav, Coordinator, Integrated Communicable Diseases, Division of Programmes for Disease Control
Ms Sally Jane Edwards, Coordinator, Health and Environment, Division of Healthy Environments and Populations
Dr Geraldine Hill, Coordinator, Essential Medicines and Health Technology, Division of Health Systems and Services
Mr Roland Dilipkumar Hensman, Health Information and Intelligence, Data, Strategy and Innovation Group
Dr Xi Yin, Coordinator, NCD Prevention and Health Promotion, Division of Healthy Environments and Populations
Mr Ben Lilley, Technical Officer, Health Law and Ethics, Division of Health Systems and Services
Ms Jiani Sun, Technical Officer, Antimicrobial Resistance, Division of Programmes and Management
Ms Qiu Yi Khut, Technical Officer, Country Health Emergency Preparedness and IHR, Division of Health Emergencies Programme (joined virtually, top right)

Country support from the Western Pacific Regional Office:
• In general, country support from the Regional Office is guided by the corresponding regional frameworks or action agenda of individual technical units, which embodies the collaborative approaches at regional and country levels. Common requests by Member States include support across the continuum of policy development – from planning and advocating to implementing and assessing, all of which underpins multi-stakeholder engagement including communities. Examples have included support on tobacco and alcohol control policies, health service law in Solomon Islands, digital health strategy in the Lao People’s Democratic Republic, big data for health blueprint development in Mongolia, procurement policies and supply chain management in PICs, healthy ageing and futures thinking in the Philippines, building resilient and
environmentally sustainable facilities in Fiji and other PICs, and health emergency preparedness in the Western Pacific and South-East Asian countries.

- **Providing country-specific and needs-based support requires stronger coordination and streamlined actions from various sectors at regional, national and subnational levels. A systems approach is promoted to co-create solutions with key actors on the ground to capture the insights of end users. This results in a holistic picture of what works best, what did not work well and what can be done to address the challenges.**

**Challenges:**

- Inconsistent political commitment brought on by changing leadership gravely affects the implementation of long-term interventions, such as developing national health strategy or road maps. In some countries, capacity in the ministry of health is also limited, such as the level and depth of understanding of key factors, or the technical programme agendas.
- Efforts to advocate and implement broad and cross-cutting agendas – such as UHC, reaching the unreached (RTU) and climate change – often face constraint when it comes to coordination since governments usually have no specific units mandated to deliver these agendas.
- Adapting the outdated legal and strategy frameworks, especially from outside the Region, poses challenges when introducing new ways of working to meet the current and emerging health demands. However, with the rapidly evolving health landscape, it is an opportune time to embrace solutions with positive deviance from well-established and yet outdated frameworks to ensure the most useful interventions for communities and individuals.

**Enablers and opportunities:**

- Creating high-impact support that leads to better outcomes and efficient use of resources is driven by: (1) strong capacity at WHO country offices and counterparts in ministries of health who can steer legislative or health system reforms; (2) country champions that increase political buy-in; and (3) multisectoral partnerships including communities and civil organizations. While most of WHO’s ongoing country support had been reprioritized due to the demands of COVID-19 response, new health emergency interventions enabled stronger engagement with sectors beyond health and have been accelerated by uptake of digital technology and innovations.

**Work in synergy across technical units in the Regional Office:**

- There are initiatives to improve a collaborative and inclusive approach by engaging different units in progressing one technical agenda. Examples include the coordination mechanism for antimicrobial resistance (AMR) strategies and the Task Team for developing the UHC Implementation Guide. However, there are no coordination mechanisms yet that operate systematically across the Organization. There is a budding initiative to bring together all WHO Regional Office units to synergize programmes in supporting countries to discuss technical issues and the broader environment, such as the political economy. Such collaborative efforts can yield mutual benefits to the different technical programmes in the Regional Office, as well as in countries.

**Collaboration of TAGs in the Western Pacific Region and WHO Secretariat for country support:**

- During TAG meetings, the expert members guide discussions and provide recommendations to countries and WHO. They also provide strategic advice on developing regional frameworks, action agenda and identifying regional priorities. The challenge lies in adapting the recommendations into concrete actions given the competing country priorities and capacities to implement new policies and programmes.

2.3 What is the future direction and priority areas of the UHC TAG with a greater country focus on providing policy and technical advice towards advancing UHC?
Informed by the discussions on the UHC context at global, regional and national levels, this session aimed to collectively set the future direction and identify strategic priorities of the UHC TAG.

2.3.1 UHC TAG journey
Ms Sunju Lee, Technical Officer, UHC, DSI, Regional Office for the Western Pacific
- The UHC TAG was established in response to the recommendations made during the sixty-sixth session of the Regional Committee in 2015, at which the draft *Universal Health Coverage: Moving Towards Better Health – Action Framework for the Western Pacific Region* was endorsed. The TAG was requested “to provide a regional platform for sharing experiences, joint learning and reviewing UHC progress”.
- During the first phase of the UHC TAG (2016–2019), meeting discussions focused on unpacking the UHC framework’s 15 action domains under the five essential attributes of high-performing health systems. This reinforced the actions in developing a country’s own UHC road map.
- In the second phase (2000–2022), the adoption of the *For the Future* vision outlined “taking a systems approach with UHC as the foundation” as one of operational shifts to future-proof health systems. This gave rise to the UHC box concept which puts advancing UHC as a shared responsibility of actors in the domains of data, programmes and health systems. Further, the TAG Alliance was established in 2020 as the coordination mechanism that brings together all the seven TAGs in the Region under the shared vision of UHC. In 2022, the Sixth UHC TAG Meeting focused on tackling the development of a pragmatic tool that can support Member States on implementing their UHC road map.
- In the third phase (2023–2026), the focus is on creating greater country impact given the backdrop of the COVID-19 pandemic recovery and taking actions to accelerate UHC as it is now past the halfway mark to the SDG deadline of 2030.

2.3.2 Interventions from former UHC TAG members and adviser: Learning from the past and harnessing opportunities
This session aimed to share lessons learnt from past engagements of the UHC TAG, and to leverage the present opportunities to enhance engagements with WHO, Member States and partners in creating country impact for UHC.

- **Professor Gillian Biscoe**, the current and former UHC TAG Chairperson, underscored that the UHC TAG journey has cumulative learning outcomes that have progressed through time. However, with the broad and cross-cutting nature of UHC, many meeting achievements are not measurable and concrete, such as countries’ deepened understanding of the new UHC concept, advocating to Member States on the importance of coordination mechanisms and identifying strategic shifts to transform health systems. One of the key challenges is ensuring continuity of collaboration and learning with Member States since nominated country representatives usually change annually.

*Sharing of insights by the former UHC TAG members and adviser.*
*From right to left: Professor Vivian Lin, Professor Soonman Kwon and Professor Gillian Biscoe*
The impetus is to concentrate efforts in aligning country support to the dynamic needs and national health priorities. In this regard, the three questions to ask are: What have you got? What do you need? How can we help?

**Professor Soonman Kwon**, former temporary UHC TAG adviser and current UHC TAG member shared the advantages and disadvantages of UHC as an overarching agenda. Since it is a broad concept, it can foster collaboration across sectors and different actors in the health system realm. However, this can also diffuse the focus of UHC, causing ambiguity for stakeholders. While it encompasses all health programmes and health system components, it is often left as nobody’s core business in most countries. Nevertheless, the UHC agenda cultivates space to coordinate different functions to have coherent and systems thinking. To realize the goal of creating greater country impact, it is time to shift the UHC TAG’s work from “know-how” to “know-do”.

**Professor Vivian Lin**, former and current UHC TAG member echoed similar challenges in implementing UHC TAG recommendations. More specifically are: (1) being unable to secure the same representative from Member States to ensure continuity of discussions and outcomes, (2) lack of follow-up on the progress of recommendations, (3) lack of good data, and (4) inadequate linkages of the UHC agenda to various health programmes.

To maximize interactions and learning in UHC TAG meetings, the Secretariat can explore convening pre-meetings for presenting country issues, creating a gallery showcasing Member States’ best practices, establishing a help desk or support group with experts and Member States, and holding side meetings on pressing health issues.

The post-COVID-19 era catalysed exploring and scaling up innovative solutions and sustainable investments for UHC and health security. Both interlinked agendas require systems thinking to connect and align various health system components from design to implementation. Further, multi-source data in countries during heightened public health emergencies can bring about comparative analytical work to better inform decisions and monitor progress.

### 2.3.3 UHC TAG future direction and priority setting: Group discussions and plenary

Building on the presentation and reflections on the UHC TAG journey, participants had in-depth discussions during the three breakout sessions about the UHC TAG’s future directions and priorities. To gain diverse perspectives, each group comprised a mix of experts, Regional Office divisions and WHO country office staff. Outcomes of the breakout discussions were presented and synthesized in the plenary session.

**UHC TAG’s future direction**

Participants examined the vision and future of UHC TAG support. Common themes raised during the discussion set the vision (2023–2026) of UHC TAG, which is “to serve as a responsive, multidisciplinary expert advisory body committed to creating country impact and advancing UHC by providing strategic advice and pragmatic solutions in collaboration with WHO and Member States”.

**Expectations from the UHC TAG**

Participants, especially those from the Western Pacific Regional Office and country offices, shared their expectations from the UHC TAG in supporting countries. In general, the UHC TAG must:

- fully understand the diverse priorities and contexts of individual countries;
- advise WHO and Member States aligned with their respective expertise;
- foster a systems approach by uniting various programme agendas towards the common goal of UHC; and
- facilitate the exchange of ideas and best practices among Member States based on their
experiences.

**UHC TAG’s strategic priorities**
Building on the vision and roles of the UHC TAG, priority activities to translate these into actions were explored by the participants, summarized below:

- Provide strategic advice on requests for technical support and capacity-building for UHC at subregional and national levels. Be agile and responsive to emerging country needs, especially during public health emergencies.
- Create country support groups composed of clusters of countries facing shared challenges and needs, along with relevant UHC TAG experts and WHO regional and country offices.
- Advocate the UHC agenda to policy-makers by increasing engagement with various country stakeholders, including senior leaders.
- Contribute to developing practical and technical tools and guidelines to support countries in delivering their priority interventions for UHC.

**Potential challenges and mitigation measures for implementing the recommendations**

- Uncertainty and polarization of the political economy greatly affect the ownership and sustainability of interventions. Hence, securing political buy-in has been a constant struggle that is further exacerbated by changing counterparts in the ministries of health. This could be circumvented by eliciting support from a group of leaders rather than an individual senior leader, and by having simple and enabling UHC legislations. In terms of stepping up UHC advocacy efforts, putting the senior experts and senior management of WHO in the forefront of policy dialogues with senior policy-makers might be strategic in strengthening cooperation.
- Deficits in human resources in WHO country offices are a common challenge in facilitating support from the UHC TAG and the Regional Office. This highlights the need to efficiently use resources, synergize and coordinate WHO’s work with countries, including streamlining logistics and administrative processes.
- There is a lack of sustained interactions between UHC TAG members with WHO and Member States. Hence, TAG members requested the Secretariat to convene regular and engaging consultations with countries.
- Countries lack capacity to implement and monitor complex policies and programmes, especially those that require a systems approach to address interconnected challenges. Leadership and management training and support on legal frameworks for long-term policies can be explored.
2.4 UHC TAG and TAG Alliance discussion: What are we doing/can do to have greater country impact?

The panellists for this session were representatives from the TAGs for the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED); Climate Change, the Environment and Health (CCE); NCDs; RTU; and UHC. The TB TAG was represented by a member of its corresponding WHO Secretariat. The session provided a platform for the TAGs to exchange insights on what has been done to guide reshaping and/or implementing health agendas in countries, and how technical programmes and country-level support can be synergized through TAG mechanisms. This was followed by interventions and questions from UHC TAG members and other participants to deepen their understanding of the interlinkages between the different TAG agendas.

2.4.1 Updates on activities of each TAG

Professor Maxine Whittaker, RTU TAG
- RTU TAG functions as a review, advisory and evaluative body that is heralded as an “activist and opportunist” TAG. Recently, an RTU TAG meeting was convened to discuss the implementation of the Regional Framework for Reaching the Unreached in the Western Pacific (2022–2030). TAG members also contribute to developing the structure for monitoring and evaluating progress in implementing the framework. The RTU TAG also supports the development and evaluation of communication packages with a tailored approach based on the varying needs of country stakeholders.
- It provides a platform for consultations with communities and TAG members to share and discuss knowledge and experience on reaching a wide range of communities to inform theme of the potential support from the Western Pacific Regional Office and other TAGs.
- It also convenes virtual events based on current issues, such as how to address inclusiveness.

Dr Jeffery Cutter, APSED TAG
- The APSED TAG meeting was held in July 2023 to finalize the draft Asia Pacific Health Security Action Framework, which was endorsed at the 74th session of the WHO Regional Committee. Thereafter, the impetus of the TAG is to implement the framework in countries, as well as roll out surveys on the progress of previous TAG recommendations.

Professor Yun-Chul Hong, CCE TAG
- The four priority areas of support for the CCE TAG are: (1) advocacy for health co-benefits of climate actions; (2) building climate-resilient and environmentally sustainable health systems; (3) monitoring and evaluating climate change impact and environmental hazard; and (4) improving water, sanitation and hygiene including the coverage of health-care waste management in the Region.
Dr Annette David, NCD TAG
- The NCD TAG’s work has been focused on the development and implementation of the Regional Action Framework for Noncommunicable Disease Prevention and Control in the Western Pacific. This aligns with the global action plans and reinforces the foundational roles of UHC and PHC. Efforts to integrate UHC and NCDs received more investments during the COVID-19 response which led to opportunities for stronger coordination.

Dr Rajendra Yadav, Coordinator, Integrated Communicable Diseases, WHO Secretariat, on behalf of the TB TAG
- UHC and PHC are core to TB TAG discussions and in the Western Pacific Regional Framework to End TB: 2021–2030. TB is already a well-established programme in countries; hence, engagement and buy-in from government counterparts – national TB programmes and laboratory managers – do not pose much of a challenge. So far, TB TAG members have had missions to eight low- and middle-income countries to support them in reviewing UHC attributes such as access, quality and affordability of services to patient and providers.

2.4.2 What is useful for TAGs to support countries?
- Review relevant documents such as strategic plans, agendas and frameworks during the planning stage; applying an inclusive lens can lead to synergistic efforts.
- Share relevant reports and assessments of each TAG, to minimize risks of duplicating or siloed work in supporting countries on the ground.
- Consider inter-TAG joint country missions to capitalize on the diverse and complementary expertise of members. A taskforce on specific health issues can be established to steward planning and roll-out of projects. An example is tackling diabetes prevention and control through NCD, UHC and RTU TAGs.
- Showcase country experiences, particularly from low- and middle-income countries, to portray different contexts in resource-constrained settings. This entails reliable and practical narratives on what has been done, what did and did not work, and how findings improved the interventions.

2.4.3 What is needed?
- Periodically take stock of TAG Alliance activities and act on emerging opportunities.
- Create a shared communication platform for all TAG members and the expanded WHO Secretariat to increase visibility, advocacy and coordination of TAGs’ activities, as well as ensuring up-to-date and accessible resources.
- Establish platforms for regular consultations and workshops with countries to stay abreast of the dynamic priorities and challenges, and co-create practical, implementable and evidence-based solutions with national stakeholders.
2.5 What are the recommendations for the UHC tools and the focus of Seventh UHC TAG towards increasing country impact?

2.5.1 UHC Implementation Guide

This session aimed to elicit inputs from the participants for improving the quality and value of the UHC Implementation Guide. The draft document was circulated to all participants prior to the meeting.

Professor Stephen Duckett, Member, UHC Implementation Guide Project Team

- The overview of the UHC Implementation Guide was presented, starting with the rationale for its development, which is driven by Member States’ requests for pragmatic guidance in advancing UHC. The UHC Implementation Guide was conceptualized with the aim to support countries in designing and realizing health system transformation towards UHC. It demonstrates effective implementation strategies in both linear and non-linear approaches based on demands, policy environment and maturity of a country’s ongoing interventions for UHC. It will also provide a set of resources aligned with the existing WHO guidelines, weaving synergies across agendas.
• Recognizing the fact that each country’s UHC journey is not linear, the main caveat in developing the UHC Implementation Guide is to cater to different audiences and country contexts. Both are affected by heterogeneous priorities, populations, stage of implementation and constraints within and across countries. Thus, the specificity and breadth of recommended strategies must be carefully considered and draw on diverse perspectives. This is addressed by engaging multidisciplinary senior experts in the project team and creating a WHO Task Team composed of representatives from all Regional Office technical divisions and six WHO country offices.

• Draft version 1 of the UHC Implementation Guide was a three-part document. Part 1 was the *Quick Start Guide* that outlines the implementation approach with two levels of leadership, three core functions, four practices and five systems changes to deliver quality and equitable health services. Part 2 focused on *Priority policy areas* highlighting country interventions that might be pursued to implement UHC. This included but was not limited to financing, governance and leadership; human resources for health; integrated services; and health information systems. Lastly, Part 3 was titled *Getting successful implementation* and identified the contexts, challenges, resources and solutions that ensure successful implementation of UHC initiatives.

• It was reiterated that the presented contents are works in progress and that feedback from TAG experts, the broader staff in the Regional Office and country offices would be reflected in the next iterations of the UHC Guide.

**Inputs from plenary and group discussions**

Participants were invited to briefly share insights and raise questions followed by group discussions to provide inputs on (1) specific topics requiring improvement in the draft and (2) how the UHC Implementation Guide can be rolled out to support realizing regional and country health goals. The synthesis of discussions for each group were then presented at plenary.

In summary, the overarching feedback from participants was:

• The perceived added value of the UHC Implementation Guide is in its aim to be pragmatic rather general technical guidance. It can serve as a tool for policy-makers to have an overview of the key aspects of interconnected factors and programmes in advancing UHC. It can facilitate creating a policy space to trigger conversations with decision-makers and partners. However, clarity is needed on the targeted level of primary and secondary audiences, which determines the topics, scope and delivery of information.

• The structure and flow of contents can be improved for better coherence. While having a three-part document is helpful in terms of length, sections should be well aligned and woven together. Document packaging must also be in an appealing format to capture the interest of policy-makers, such as having a series of briefing notes per technical topic or having policy briefs focusing on impact.

• Ensuring the alignment of the UHC Implementation Guide with the existing WHO frameworks and action plans on different programmes was a consistent message since the tool is envisioned to be instrumental in augmenting coordinated support of WHO and UHC TAG to countries.
Suggestions were made to place greater emphasis on how to deliver interventions in key UHC areas such as sustainable financing, integrating data, fit-for-purpose workforce, etc., which will be supplemented by links to related tools and resources. This should also be corroborated by country cases on their lessons learnt, good practices and strategies.

In the future roll-out of the UHC Implementation Guide, recommendations are: (1) to establish a mechanism and systematic process that engages the Regional Office, WHO country offices and Member States for periodic consultations and other needs; (2) to conduct workshops or capacity-building at subregional level on how to implement priority interventions; (3) to develop a digital version of the tool in addition to printed format; and (4) to invest in materials for advocacy and dissemination such as infographics and policy briefs.

Group discussions on the draft UHC Implementation Guide.

2.5.2 Seventh UHC TAG Meeting

This session aimed to develop recommendations on the proposed theme, objectives and expected outcomes of the Seventh UHC TAG meeting, informed by the discussions over the past one and a half days.

Dr Rajesh Narwal, Coordinator, UHC, DSI, Regional Office for the Western Pacific

- In achieving SDG target 3.8, most countries with available data (96 out of 138) are off-track in either service and financial coverage or both. In the Western Pacific Region, financial protection continues to regress and inequities are intensifying.
- The Regional Office is taking opportunities to strengthen coordination of technical agendas towards UHC through the roll-out of new regional frameworks (e.g. APSED, PHC, RTU, NCD, etc.), the development of the UHC Implementation Guide, country cooperation strategies, and capitalizing on the multidisciplinary members of the newly reconstituted TAGs in the Region.
- The themes of the annual UHC TAG meetings were revisited, with the first phase focusing on the equity and quality attributes of service delivery, financing and governance, followed by a systems approach of working with the backdrop of COVID-19 response and recovery. Now that most countries are lagging in achieving targets past the halfway point of the SDG 2030 timeline, the new direction is to step up actions in providing tailored support to countries. Hence, the proposed theme for the Seventh UHC TAG Meeting is “Country focus and impact: accelerating UHC to achieve the health SDG”.

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• The proposed objectives were to assess country progress, share country experiences and strategies, and identify and recommend solutions to common barriers. Expected outcomes would be the identification of country needs and policy recommendations for country support. This is proposed to be delivered through interactive technical and group sessions, as well as side events.
• The meeting is proposed to be convened in April 2024 in Manila, Philippines, with an aim to engage senior policy-makers from the 37 countries and areas in the Region, UHC TAG and TAG Alliance members, WHO staff from all levels of the Organization, and development partners.

Participants shared their insights and questions that contributed to clarity on refining the initial thinking on the meeting.

• An expert raised what the success of the Seventh UHC TAG Meeting would look like and how it can relate to succeeding TAG meetings. The DSI Director responded that first is the reconfirmation of countries of their UHC commitment given the lagging progress, and second is to leverage on the political momentum for UHC from global to national levels towards achieving the SDG 2030 targets.
• Another expert shared that there is a risk in solely relying on published reports on UHC progress to inform decisions on how to support countries. For example, the UHC indicator on financial protection (SDG 3.8.2) does not capture the real situation on the ground, which could obscure vision in identifying the right intervention. In response to this, the DSI Director shared the ongoing initiatives to bridge data gaps such as the development of a regional report on UHC and health-related SDGs. This is supplemented by the creation of UHC country profiles that include qualitative data such as access, equity and quality of services.
• In terms of optimizing time and opportunities in engagement, it was suggested to have country field visits as part of the UHC TAG meeting, such as visits to LGUs that are models of UHC implementation.

Open discussions on the initial thinking for the theme and objectives of the Seventh UHC TAG Meeting.

2.5.3 Closing session
The meeting concluded with an intensive exchange of insights, experiences and recommendations on advancing UHC through TAG mechanisms and collaborative works between WHO and Member States.

The closing remarks were delivered by Dr Kidong Park on behalf of Dr Zsuzsanna Jakab, who expressed her deep gratitude for the dedication and solidarity of all participants in progressing UHC. She recognized all the ongoing and planned joint endeavors of the UHC TAG, Regional Office divisions and country offices in the Western Pacific to create country impact. This highlights that to have one expertise is crucial in developing effective solutions, but not enough to co-creating long term and sustainable interventions. UHC is a shared responsibility and success is only possible if various programmes, government sectors, communities and partners work harmoniously. The meeting contributed to sharpening the focus and momentum to improving the health and well-being of individual and communities in the Region.

Dr Kidong Park expressed his thanks to all participants, who showed laudable efforts in making the meeting a success in achieving the outcomes and guiding the next actions for the road ahead in countries’ UHC journey.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

- The global UHC monitoring report released in September 2023 portrayed an alarming picture of inter- and intra-country variations, increasing inequities, stagnant progress in health service coverage for NCDs and a lack of up-to-date, reliable data in the Western Pacific Region. At this halfway point on the SDG 2030 timeline, this situation requires ambitious, urgent and coordinated action to bring about a paradigm shift towards needs-based and integrated health service delivery that focuses on the continuum of care.
- The UHC TAG will serve as a responsive, multidisciplinary expert advisory body committed to creating country impact and advancing UHC by providing strategic advice and pragmatic solutions in collaboration with WHO and Member States. The UHC TAG must:
  - fully understand the diverse priorities and contexts of individual countries;
  - advise WHO and Member States aligned with their respective expertise;
  - foster a systems approach by uniting various programme agendas towards the common goal of UHC; and
  - facilitate the exchange of ideas and best practices among Member States based on their experiences.
- Strategic priorities for the UHC TAG include the following:
  - Provide strategic advice on requests for technical support and capacity-building for UHC at subregional and national levels. Be agile and responsive to emerging country needs, especially during public health emergencies.
  - Create country support groups composed of clusters of countries facing shared challenges and needs, along with relevant UHC TAG experts and WHO regional and country offices.
  - Advocate the UHC agenda to policy-makers by increasing engagement with various country stakeholders, including senior leaders.
  - Contribute to developing practical and technical tools and guidelines to support countries in delivering their priority interventions for UHC.
- Based on the experiences of other TAGs, the UHC TAG needs to play a more proactive role in engaging with WHO and Member States to advance UHC; for example, by convening consultations, workshops and country support visits. While the UHC TAG recommendations are helpful, greater impact will require country engagement and co-creating evidence-based tailored solutions with key stakeholders.
- Participants affirmed the value and relevance of developing the UHC Implementation Guide as a pragmatic tool to progress a country’s priority policy interventions. Key points of
improvement were also identified.

- Aligned with the UHC TAG’s future direction, it is proposed to organize the Seventh UHC TAG Meeting with the theme: “Country focus and impact: accelerating UHC to achieve the health SDG”. The meeting should involve more interactive, deep-dive discussions and tailored guidance on accelerating UHC progress. The meeting should assess countries’ progress, share good practices, promote collaboration and identify mechanisms to resolve challenges. The expected meeting outcomes include clearly identified country UHC needs, areas of technical assistance and policy recommendations, and potential country support strategies for advancing UHC.

3.2 Recommendations

3.2.1 Recommendations for WHO

WHO is requested to do the following:

1. Increase UHC TAG engagement with country stakeholders to gain a deeper understanding of Member States’ specific priorities, shifting UHC TAG support from “know-how” to “know-do” to co-create solutions.

2. Identify and facilitate cross-programme projects that engage all seven TAGs in the Region to increase synergies and amplify country impact. Consider creating subgroups of multidisciplinary experts and conducting inter-TAG country missions.

3. Refine the draft UHC Implementation Guide, incorporating the inputs of experts and WHO regional and country offices, and consult Member States before finalization. Ensure wide dissemination, including strategic communication, for better understanding and uptake of the UHC Implementation Guide by policy-makers. Conduct workshops with countries that are interested in adapting the guidance.

4. Augment UHC initiatives and coordinated support to countries, including planning, implementing and monitoring joint initiatives, through TAG mechanisms and collaboration between WHO Western Pacific Regional Office technical units and country offices.

5. Convene UHC TAG meetings in more innovative and strategic ways that can maximize interactions among Member States, experts and partners, including having subregional meetings for targeted outcomes based on common country needs.
ANNEXES

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

MEMBERS OF THE TECHNICAL ADVISORY GROUP FOR UNIVERSAL HEALTH COVERAGE

Professor Gillian Biscoe, Adjunct Professor, School of Medicine, University of Tasmania, Sandy Bay, Australia

Ms Vicki Ann Bennett, Head of Meta Data, Health Information and Classification Unit, The Australian Institute of Health and Welfare, Canberra, Australia

Professor Xiaoyun Liu, Professor and Deputy Director, China Center for Health Development Studies, Peking University, Beijing, People's Republic of China

Professor Vivian Kwan-wen Lin, Executive Associate Dean, Li Ka Shing Faculty of Medicine, University of Hong Kong, Pokfulam, Hong Kong

Dr Mari Nagai, Deputy Director, Bureau of International Health Cooperation, National Center for Global Health and Medicine (NCGM), Tokyo, Japan

Dr Noor Hisham Abdullah, Independent Consultant, Putrajaya, Malaysia

Professor Jaime Z Galvez Tan, Chairman, Health Futures Foundation Inc, Unit 6, 4th floor, The One Executive Bldg, Nayiong, Quezon City, Philippines

Professor Soonman Kwon, Professor, School of Health Economics and Policy, Seoul National University, Seoul, Republic of Korea

Dr Derrick Mok Kwee Heng, Deputy Director-General of Health (Public Health Group), Ministry of Health, Singapore

Dr Michael Borowitz, Non-Executive Director, The National Institute of Health and Care Excellence, London, United Kingdom

Dr Jenny Stephens, Director of Public Health, Ministry of Health, Port Vila, Vanuatu

Dr Khanh Phuong NGUYEN, Deputy Director, Health Strategy and Policy Institute, Ministry of Health, Hanoi, Viet Nam

MEMBERS OF THE TAG ALLIANCE

Professor Maxine Whittaker, Chairperson, Technical Advisory Group on the Reaching the Unreached in the Western Pacific Region (RTU TAG) and Co-Director, WHO Collaborating Centre for Vector Borne and Neglected Tropical Diseases, James Cook University, Townsville, Australia

Dr Annette David, Chairperson, Technical Advisory Group on Noncommunicable Diseases in the Western Pacific Region (NCD TAG) and Chairperson, Guam State Epidemiological Outcomes Workgroup, Guam Behavioral Welness Center, Tamuning, Guam
Adj A/Prof Jeffery Cutter, Chairperson, Technical Advisory Group on Asia Pacific Strategy on Emerging Diseases and Public Health Emergencies (APSED TAG) and Senior Consultant (Public Health Group), Ministry of Health, Singapore

Professor Yun-Chul Hong, Chairperson, Technical Advisory Group on Climate Change, the Environment and Health in the Western Pacific Region (CCE TAG) and Director, Institute of Environmental Medicine, College of Medicine, Seoul National University, Seoul, Republic of Korea

UHC IMPLEMENTATION GUIDE PROJECT TEAM

Dr Josephine Aumea Herman, Director of Pacific Health, Waitemata District Health Board, Auckland, New Zealand

Professor Stephen Duckett, Honorary Enterprise Professor, University of Melbourne, Melbourne, Australia

Mr Josh Stuchbery, Managing Director, Lantern Corporation, Melbourne, Australia

SECRETARIAT

Dr Zsuzsanna Jakab, WHO Acting Regional Director for the Western Pacific

Dr Bruce Aylward, Assistant Director General, Universal Health Coverage, Life Course, WHO Headquarters

Dr Rudi Eggers, Director, Integrated Health Service, WHO Headquarters

Dr Kidong Park, Director, Data, Strategy and Innovation Group, World Health Organization Regional Office in the Western Pacific, Manila

Dr Rajesh Narwal, Coordinator, Universal Health Coverage, Data, Strategy and Innovation Group, World Health Organization Regional Office in the Western Pacific, Manila

Ms Sunju Lee, Technical Officer, Universal Health Coverage, Data, Strategy and Innovation Group, World Health Organization Regional Office in the Western Pacific, Manila

Ms Ma-Ann Zarsuelo, Consultant, Universal Health Coverage, Data, Strategy and Innovation Group, World Health Organization Regional Office in the Western Pacific, Manila

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Ms Fanette Brandalac, Technical Officer, Strategic Dialogue, Data, Strategy and Innovation Group, World Health Organization Regional Office in the Western Pacific, Manila

Ms Mengji Chen, Technical Officer, Innovation and Research, Data, Strategy and Innovation Group, World Health Organization Regional Office in the Western Pacific, Manila

Mr Lluis Vinals Torres, Coordinator Health Policy and Services Design, Division of Health Systems and Services, World Health Organization Regional Office in the Western Pacific, Manila

Mr Ben Lilley, Technical Officer, Health Law and Ethics, Division of Health Systems and Services, World Health Organization Regional Office in the Western Pacific, Manila

Dr Geraldine Hill, Coordinator, Essential Medicines and Health Technologies, Division of Health Systems and Services, World Health Organization Regional Office in the Western Pacific, Manila

Dr Rajendra Yadav, Coordinator Integrated Communicable Diseases, Division of Programmes for Disease Control, World Health Organization Regional Office in the Western Pacific, Manila

Dr Kalpesh Rahevar, Medical Officer End-TB, Division of Programmes for Disease Control, World Health Organization Regional Office in the Western Pacific, Manila

Ms Sally Jane Edwards, Coordinator, Health and the Environment, Division of Healthy Environments and Populations, World Health Organization Regional Office in the Western Pacific, Manila

Dr Xi Yin, Coordinator Prevention of Noncommunicable Diseases, Division of Healthy Environments and Populations, World Health Organization Regional Office in the Western Pacific, Manila

Ms Qiu Yi Khut, Technical Officer, WHO Health Emergencies Programme in the Western Pacific

Ms Jiani Sun, Technical Officer, Antimicrobial resistance, Division of Programme Management, World Health Organization Regional Office in the Western Pacific, Manila

Dr Masahiro Zakoji, Technical Officer, Health Policy and Services Design, Division of Health Systems and Services, World Health Organization Regional Office in the Western Pacific, Manila

Dr Debbie Muirhead, Health Economist, World Health Organization Representative Office in Cambodia

Dr Tomoko Onoda, Coordinator, World Health Organization Representative Office in Cambodia

Dr Vanpheng Sirimongkhone, Technical Officer, World Health Organization Representative Office in Lao People’s Democratic Republic

Ms Priya Mannava, Technical Officer, World Health Organization Representative Office in Papua New Guinea

Dr Graham Perry Harrison, Coordinator, Health Systems, World Health Organization Representative Office in the Philippines

Dr GAO Jun, Team Coordinator, World Health Organization Representative Office in South Pacific
## Annex 2. Programme of Activities

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<th>Time</th>
<th>Activities</th>
<th>Speaker (Moderator)</th>
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<td><strong>Day 1: (Thursday 28 September 2023)</strong></td>
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<tr>
<td><strong>Introduction</strong></td>
<td><strong>Opening session</strong></td>
<td><strong>Moderator:</strong> Dr Rajesh Narwal, Coordinator, Universal Health Coverage, Data, Strategy and Innovation (UHC/DSI), WPRO</td>
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<tr>
<td>9:00 – 9:45</td>
<td>Welcome remarks</td>
<td>Dr Zsuzsanna Jakab, Acting Regional Director, WPRO</td>
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<tr>
<td></td>
<td>Opening remarks: Global UHC updates</td>
<td>Dr Bruce Aylward, Assistant Director - General, Universal Health Coverage - Life Course, WHO HQ</td>
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<td></td>
<td>Opening remarks and setting the scene for the meeting</td>
<td>Dr Kidong Park, Director, DSI, WPRO</td>
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<td></td>
<td>Opening remarks: UHC TAG perspective</td>
<td>Professor Gillian Biscoe, Universal Health Coverage Technical Advisory Group (UHC TAG) Chairperson</td>
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<td></td>
<td>Getting to know the new UHC TAG members</td>
<td>UHC TAG members</td>
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<td>9:45 – 10:15</td>
<td>Group photo and coffee break</td>
<td>UHC Secretariat</td>
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<tr>
<td><strong>What are the UHC progress and challenges in the Region and globally, within the context of recovery from COVID-19 pandemic?</strong></td>
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<td>10:15 – 10:55</td>
<td><strong>UHC progress, challenges and opportunities</strong></td>
<td><strong>Moderator:</strong> Ms Vicki Ann Bennett, UHC TAG Member</td>
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<td></td>
<td>Global perspective</td>
<td>Dr Rudi Eggers, Director, Integrated Service Delivery, Universal Health Coverage – Life Course, WHO HQ</td>
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<td></td>
<td><strong>Regional</strong> perspective: Western Pacific Region</td>
<td>Dr Rajesh Narwal, Coordinator, UHC/DSI,</td>
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<td></td>
<td>Interventions and questions</td>
<td>All participants</td>
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<tr>
<td>Time</td>
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<td>10:55 –12:00</td>
<td>Country perspectives</td>
<td>Moderator: Professor Soonman Kwon, UHC TAG Member</td>
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<td>Session 1: Cambodia, Lao PDR and Mongolia</td>
<td>Dr Tomoko Onoda, Coordinator, WCO Cambodia Dr Vanhpheng Sirimongkhoun, Technical Officer, WCO Lao People’s Democratic Republic Dr Erdenechimeg Enkhee, National Professional Officer, WCO Mongolia</td>
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<td>Interventions and questions</td>
<td>All participants</td>
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<td>12:00 -13:00</td>
<td>Lunch</td>
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<td>13:00 -14:00</td>
<td>Country perspectives</td>
<td>Moderator: Dr Jaime Galvez Tan, UHC TAG member</td>
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<td>Session 2: Fiji, Papua New Guinea and Philippines</td>
<td>Dr Gao Jun, Coordinator, WCO South Pacific Ms Priya Mannava, Technical Officer, WCO Papua New Guinea Dr Graham Harrison, Coordinator, WCO Philippines</td>
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<td></td>
<td>Interventions and questions</td>
<td>All participants</td>
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<td>14:00-15:00</td>
<td>Working better together in supporting countries towards UHC</td>
<td>Moderator: Dr Kidong Park, Director, DSI</td>
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<td></td>
<td>Panel discussion</td>
<td>Ms Sally Jane Edwards, Coordinator, HA/E/DHP Dr Geraldine Hill, Coordinator, EMT/DHS Mr Ben Lilley, Technical Officer, HLE/DHS Ms Qiu Yi Khut, Technical Officer, CPI/WHE Mr Roland Dilipkumar Hensman, HII/DSI Dr Rajendra Yadav, Coordinator, ICD/DDC Dr Xi Yin, Coordinator, PND/DHP</td>
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<td></td>
<td>Interventions and questions</td>
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<td>15:00-15:15</td>
<td>Mobility and coffee break</td>
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What are the future directions and priority areas of UHC TAG with a greater country-focus on providing policy and technical advice towards advancing UHC?

<p>| 15:15-15:50 | UHC TAG’s future direction and priority areas               | Moderator: Dr Mari Nagai, UHC TAG member                                           |
|            | UHC TAG journey                                            | Ms Sunju Lee, Technical Officer, UHC/DSI                                            |</p>
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<tr>
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<tr>
<td>15:50-17:00</td>
<td>– Interventions from former UHC TAG members/adviser: Learning from the past and harnessing opportunities</td>
<td>Professor Gillian Biscoe, Professor Soonman Kwon, Professor Vivian Lin</td>
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<td></td>
<td>– Introduction to group discussions</td>
<td>Dr Mari Nagai, UHC TAG member</td>
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<td></td>
<td>– Group discussions: UHC TAG priority setting</td>
<td>Participants: UHC TAG members, WPRO, WCOs, Group moderators: UHC TAG members</td>
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<td>Dr Noor Hisham Abdullah, Dr Khanh Phuong Nguyen, Dr Jenny Stephens</td>
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<td></td>
<td>Wrap up</td>
<td>Dr Rajesh Narwal, Coordinator, UHC/DSI</td>
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<tr>
<td>17:30-19:00</td>
<td>Reception</td>
<td>All participants</td>
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<td>Day 2: (Friday 29 September 2023)</td>
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<tr>
<td>9:00 – 9:45</td>
<td><strong>Takeaway Messages from Day 1</strong></td>
<td><strong>Moderator:</strong> Dr Derrick Heng, UHC TAG member</td>
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<td>– Recap: Strategic priorities in the Region</td>
<td>Ms Sunju Lee, Technical Officer, UHC/DSI</td>
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<td>Feedback from group discussions:</td>
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<td></td>
<td>– Presentations (group moderators)</td>
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<td></td>
<td>– Summary</td>
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<td>9:45-10:00</td>
<td>Coffee break</td>
<td>UHC Secretariat</td>
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<td>10:00-12:00</td>
<td><strong>UHC TAG and TAG Alliance Discussion:</strong> What are we doing/can do to have greater country impact?</td>
<td><strong>Moderator:</strong> Professor Gillian Biscoe, UHC TAG Chairperson</td>
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<td>All UHC TAG members</td>
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<td>TAG Alliance members: Dr Jeffery Cutter, APSED TAG</td>
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<td>Professor Yun-Chul Hong, CCE TAG</td>
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<td>Dr Annette David, NCD TAG</td>
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<td>Professor Mario Raviglione, TB TAG</td>
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<td>Professor Maxine Whittaker, RTU TAG</td>
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<td>WCOs and WPRO units</td>
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<td>12:00 - 13:00</td>
<td>Lunch</td>
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What are the recommendations for the UHC tools and the focus of Seventh UHC TAG Meeting towards increasing country impact?

<p>| 13:00- 13:40   | <strong>UHC Implementation Guide</strong>                                                | <strong>Moderator:</strong> Dr Mari Nagai, UHC TAG Member                                      |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Activities</th>
<th>Speaker/Moderator</th>
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<tr>
<td>13:40 - 14:45</td>
<td>Presentation: Report on the Draft UHC Implementation Guide, Interventions and Questions, Introduction to group discussions, Group discussions: Inputs to improve the Draft UHC Implementation Guide</td>
<td>Professor Stephen Duckett, Member, ‘UHC Implementation Guide’ Project Team, All participants, Dr Mari Nagai, UHC TAG Member, Participants: UHC TAG members, WPRO, WCOs, UHC Implementation Guide Project Team, Group moderators: UHC TAG members, Professor Gillian Biscoe, Professor Vivian Lin, Professor Xiaoyun Liu</td>
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<tr>
<td>14:45 - 15:15</td>
<td>Plenary, Feedback from group discussions, Presentations (group moderators), Summary</td>
<td>Moderator: Dr Kidong Park, Director, DSI</td>
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<td>15:15 - 15:30</td>
<td>Mobility and coffee break</td>
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<td>15:30 - 16:30</td>
<td>Seventh UHC TAG Meeting, Setting the scene and potential themes, Open Discussion, Summary</td>
<td>Moderator: Professor Vivian Lin, UHC TAG member, Dr Rajesh Narwal, Coordinator, UHC/DSI, Professor Vivian Lin, UHC TAG member</td>
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<td><strong>Wrap up and closing</strong></td>
<td><strong>Moderator: Dr Michael Borowitz, UHC TAG member</strong></td>
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<td>16:30 - 17:00</td>
<td>Recap of the Meeting of New UHC TAG Members, Closing remarks, Vote of thanks</td>
<td>Professor Gillian Biscoe, UHC TAG Chairperson, Dr Zsuzsanna Jakab, Acting Regional Director, WPRO, Dr Kidong Park, Director, DSI, WPRO</td>
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