SEVENTH MEETING
BUILDING PRIMARY HEALTH CARE FOR THE FUTURE

21–23 August 2023
Ulaanbaatar, Mongolia
Seventh Meeting - Building Primary Health Care for the Future

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MEETING REPORT

SEVENTH MEETING OF THE ASIA-PACIFIC PARLIAMENTARIAN FORUM ON GLOBAL HEALTH
BUILDING PRIMARY HEALTH CARE FOR THE FUTURE

Hosted by:
STATE GREAT KHURAL (PARLIAMENT) OF MONGOLIA

With support from:
WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Ulaanbaatar, Mongolia
21–23 August 2023

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NOTE

The views expressed in this report are those of the participants of the Seventh Meeting of the Asia-Pacific Parliamentarian Forum on Global Health 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 Seventh Meeting of the Asia-Pacific Parliamentarian Forum on Global Health in Ulaanbaatar, Mongolia from 21 to 23 August 2023.
SUMMARY

The Seventh Meeting of the Asia-Pacific Parliamentarian Forum on Global Health (the Forum) was convened in Ulaanbaatar, Mongolia, from 21 to 23 August 2023. The meeting was chaired by Honourable Zandanshatar Gombojav, Chairman of the State Great Hural (Parliament) of Mongolia, with the support of the World Health Organization (WHO) Regional Office for the Western Pacific. The meeting aimed to enhance the role of parliamentarians in building primary health care (PHC) for the future and was attended by 37 parliamentarians representing 14 countries.

Parliamentarians received evidence and guidance on the status of PHC in the Asia-Pacific region, the need for PHC reform to address present and future health needs, and potential entry points and pathways for countries to take. While the region has made significant improvements in health outcomes such as life expectancy, premature mortality, and maternal and child mortality over the last two decades, these gains have not been distributed equitably across populations and there are existing and new challenges impeding progress towards the Sustainable Development Goals.

Parliamentarians discussed their unique contexts, while recognizing the common challenges they face in responding to similar demographic, epidemiological and social trends that are threatening the sustainability of health systems. They provided examples of reforms underway in their countries, and shared insights on how to leverage their parliamentary functions in support. While there is no single pathway to PHC reform, parliamentarians emphasized the need to realign health financing to increase investment in PHC and reduce the financial pressure on health systems through transitioning from a focus on hospital-based and curative services to promotion and prevention. They also emphasized their role in bridging communities with government, including advocating for the health needs of their constituencies while empowering their participation in health decision-making and service delivery.

Meeting the health needs of the future will require innovations that can accelerate progress on PHC. Countries in the Asia-Pacific region are embracing health innovations to help address persistent challenges and improve the quality, efficiency and impact of PHC systems. Parliamentarians shared examples of digital technologies, such as telemedicine and health information systems, being used to expand access to PHC services and coordinate continuous interactions between people and their families with the health system. Policy and governance innovations are also being applied to strengthen the enabling environment for PHC and facilitate specific reforms.

Parliamentarians discussed strategies to find entry points and pathways to reform in policy areas affecting PHC that are politically complex and involve multiple sectors and stakeholders, including noncommunicable diseases, climate change, human resources for health and health financing. Strategies included using their leadership to drive national strategies that promote systemic reforms across multiple sectors. Parliamentarians indicated interest in practical tools that could assist them in making the case for reforms that promote PHC, including highlighting the benefits to other sectors and policy areas.

Field visits showcased PHC systems in Mongolia, particularly how policy reforms and investment in mobile technologies have expanded access to comprehensive PHC services across a vast geographic area that is one of the least densely populated in the world.

Parliamentarians adopted the Ulaanbaatar Communique, urging fellow parliamentarians to recognize PHC as an inclusive, effective and efficient way to enhance physical and mental well-being and achieve universal health coverage. Prioritizing PHC is essential to secure the financial sustainability of health systems and is a critical investment in the health, social and economic development of countries. Parliamentarians also requested WHO to provide guidance and technical assistance to Member States.
to undertake PHC reforms and build PHC for the future, develop and share knowledge products, and continue to strengthen engagement with parliamentarians, including through the Forum.

1. INTRODUCTION

The Asia-Pacific Parliamentarian Forum on Global Health (the Forum) is a platform for parliamentarians to exchange ideas, build political will, enhance capacities and foster collaboration in driving sustainable action for health. Parliamentarians – through their core functions of law-making, budgeting, government oversight and representation of constituencies – can play an important role in shaping health priorities and driving actions at global, regional, national and local levels. These functions also offer opportunities to foster multisectoral action and engage in international partnerships.

Established in 2015 with technical support from the World Health Organization (WHO) Regional Office for the Western Pacific and other partners, the Forum is open to the 30 countries comprising the Member States of the WHO Western Pacific Region and the Association of Southeast Asian Nations (ASEAN). The Forum is a core part of WHO’s strategy to engage political leaders and work beyond the health sector to advance health under the Sustainable Development Goals (SDGs).

Primary health care (PHC) provides the best approach to ensure the sustainability and equity of health systems, and is essential for making progress towards universal health coverage (UHC) and the SDGs. The Regional Framework on the Future of Primary Health Care in the Western Pacific, adopted by Member States at the 73rd session of the Regional Committee for the Western Pacific in 2022, calls for a paradigm shift in terms of how PHC systems are designed, funded, managed and delivered, and urges countries to strengthen PHC systems, foster high-level commitment and intersectoral collaboration, and invest adequate resources for PHC. Parliamentary and political leadership will be an essential catalyst to prioritize PHC on the reform agenda and build partnerships beyond the health sector.

1.1 Meeting organization

The Seventh Meeting of the Forum was held in Ulaanbaatar, Mongolia, from 21 to 23 August 2022. Parliamentarians came together to discuss pathways and innovations for strengthening PHC, experiences championing and supporting PHC reforms, and opportunities for promoting PHC beyond the health sector. The State Great Khural (Parliament) of Mongolia hosted the meeting with support from the WHO Regional Office for the Western Pacific.

The meeting was attended by 37 parliamentarians from 14 countries, including Cambodia, Fiji, Kiribati, the Lao People’s Democratic Republic, Malaysia, Mongolia, Palau, the Philippines, Republic of Korea, Samoa, Solomon Islands, Tonga, Tuvalu and Viet Nam.

1.2 Meeting objectives

The objectives of the meeting were:

- to provide up-to-date, evidence-based entry points and pathways to strengthen PHC policy for the future based on the Regional Framework for the Future of Primary Health Care in the Western Pacific;
- to invite and share parliamentarians’ country experiences to champion and support PHC reform through their core functions, leveraging local opportunities;
- to present and share innovations in the promotion of PHC, including technology, financing models and partnerships addressing challenges in PHC; and
• to consider and share opportunities for parliamentarians to promote PHC beyond the health sector, including through partnerships at the global, regional, national and local levels.

2. PROCEEDINGS

2.1 Opening ceremony

The Seventh Meeting of the Forum was jointly opened by the Chair, Honourable Zandanshatar Gombojav, Chairman of the State Great Khural (Parliament) of Mongolia, and Honourable Dongkun Shin, delegate of the President of the Asia-Pacific Parliamentary Forum on Global Health and Chair of the Health and Welfare Committee, National Assembly of the Republic of Korea. Honourable Gombojav formally welcomed delegates to Mongolia. He emphasized that the ultimate goal of any country’s development is for the health and well-being of the population, and that doing so through PHC is the most efficient approach. Honourable Gombojav stressed that political leadership, innovation and whole-of-society partnerships were needed to advance PHC and address the challenges facing health systems. Honourable Shin highlighted that PHC provides care in the community as well as care through the community, and emphasized the role of parliamentarians in representing communities, and service as a link between communities and government.

Honourable Hima Ikimotu Douglas, Speaker of the Niue Assembly, and Honourable Sodnom Chinzorig, Member of Parliament and Minister of Health, State Great Khural of Mongolia, welcomed participants. Noting the diversity of countries represented, Honourable Douglas stressed that, for all their differences, they had more in common, including their people’s desire to be healthy and happy, and not to have to choose between health and financial stability. He urged parliamentarians to draw on one another’s wisdom and experience to build healthier, fairer societies through PHC. Honourable Chinzorig briefly introduced the experience of Mongolia and called for parliamentarians to support reforms to restructure PHC to improve access, especially for prevention and early detection of diseases.

Dr Socorro Escalante, WHO Representative to Mongolia, delivered congratulatory remarks on behalf of the WHO Secretariat. Dr Escalante expressed WHO’s appreciation to Mongolia for hosting the meeting despite being unable to host in 2020 when the meeting was postponed due to the COVID-19 pandemic. Dr Escalante stressed that the fundamental principles of PHC espoused in the Declaration of Alma-Ata in 1978 – reaffirmed by the global healthy community in Astana in 2018 – resonate just as strongly today. She highlighted that while the region has made impressive gains in life expectancy, maternal and child deaths, and immunization through PHC, progress has not occurred equitably across countries and populations. Participants were asked to draw on the spirit of solidarity present at Alma-Ata and Astana and lend their leadership to advocate for PHC reform to meet the existing and emerging health challenges in the region.

2.2 Session 1: Primary health care: why it matters

2.2.1 Overview presentation

Mr Lluis Vinals Torres, acting Director of Health Systems and Services, WHO Regional Office for the Western Pacific, introduced the concept of PHC endorsed by Member States in the Regional Framework on the Future of Primary Health Care in the Western Pacific and presented evidence on why it is an urgent priority in the region. He outlined the key attributes of a modern, comprehensive PHC system, one that is: people- and community-centred; continuous with lifelong engagement; equitable and high-quality; integrated; and innovative. Mr Torres explained that PHC reform and
investment is essential to address the current health challenges in the region – including a shifting disease burden, workforce and skills gaps, fragmentation in service delivery and rising health costs, driven in many countries by financing skewed towards hospital-based or specialist care – as well as to meet future needs. He explained that failure to act would threaten the financial sustainability of health systems and lead to greater inequity. Parliamentarians can play a vital role, particularly in supporting strategic actions regarding PHC financing and creating an enabling and supportive environment for PHC.

2.2.2. Parliamentary panel and plenary discussion
Parliamentarians shared models of PHC in their countries, the pressures they are facing due to changing sociodemographic and health contexts, and how they are adapting in response. As the first level of contact for individuals, families and communities, PHC is a fundamental component of health systems in the region. Parliamentarians emphasized that PHC systems in the region are a force for improving physical and mental well-being, and for enhancing health system resilience to shocks and crises. As such, it was asserted that it is essential for PHC to be made universally accessible and in a manner that is acceptable and appropriate to individuals and communities, in the spirit of self-reliance and self-determination.

PHC services in the region are delivered through a range of settings, including nursing clinics, community health centres, community hospitals and national referral hospitals. Parliamentarians stated that there is a need to invest in and strengthen facilities, particularly at the community level, to promote health throughout the life course while flexibly responding to changing local health needs. Shortages of sufficient skilled health workers was highlighted as a particular constraint in many countries. Parliamentarians emphasized that PHC workforces need to increasingly develop multidisciplinary capacities to build connections between health and other service networks, and to address broader determinants of health.

Parliamentarians agreed that they had particularly important roles to play in mobilizing political will and resources for PHC reforms. They highlighted the need to drive the implementation of national strategies, and to support evidence-generation to inform continuous improvement and innovation. By connecting government with their constituencies, parliamentarians can also promote public participation and help empower individuals and communities to take control of their health. Parliamentarians called on one another to promote action beyond the health sector and broker multisectoral collaboration and international partnerships.

2.3 Session 2: Primary health care in the region: where we are and entry points for reform

2.3.1 Overview presentation
Dr Soonman Kwon, Professor, Seoul National University, presented on PHC reforms occurring in the region and potential entry points for countries to consider. Dr Kwon outlined some of the key considerations and challenges in PHC reform, including organization of service delivery, funding, provider payments and incentives, strategic purchasing and medicines. He explained that medicines are often an overlooked area in PHC reform, but expenditure on medicines is a major source of out-of-pocket expenditure; many low- and middle-income countries struggle with low availability and affordability of medicines for noncommunicable diseases (NCDs). Technological advancements, including the rapid uptake of telemedicine during the COVID-19 pandemic, offer opportunities for countries to strengthen PHC through enhancing overall efficiency and equity of service delivery, reducing unnecessary utilization of specialist and hospital care, and improving the continuum of care. Dr Kwon noted the complex political economy of PHC reform, and asked parliamentarians to consider
their role in generating political commitment, improving governance and maximizing windows of opportunity for policy change.

2.3.2 Parliamentary panel and plenary discussion

Parliamentarians shared information about PHC systems in their countries, reforms underway and potential pathways for the future. While all countries are unique, they are experiencing similar social, demographic and epidemiological trends that provide a strong case for PHC reform. A significant challenge shared by all countries in the region is a shifting burden of disease towards NCDs, which have become the major contributor to morbidity and mortality in the region. Addressing the risks posed by NCDs will require a reorientation of PHC services towards prevention and the continuum of care. Failure to do so will threaten the financial sustainability of health systems and have wider social and economic impacts. Yet, parliamentarians shared that NCD service coverage is decreasing in some countries.

Parliamentarians identified several potential entry points for reform based on their experiences. These included actions to address health financing and investment, such as increasing the overall funding envelope for PHC; advocating and aligning donor resources to PHC; and implementing effective performance-based incentives for PHC. Improving the management of PHC systems was also considered a priority, including through improving availability of medicines and medical supplies, strengthening data management and health information systems, and developing capacities for supervision, change management, and monitoring and evaluation. One country shared an example of how government salaries were introduced for community health workers to expand the health workforce at the community level.

Parliamentarians shared examples of how PHC reforms had been framed and positioned within national policy agendas, including as a core strategy to achieve broader health goals such as UHC. Legislative interventions, including constitutional changes to recognize the right to health, have also been key in placing PHC high on the reform agenda and facilitating specific reforms, such as addressing risk factors contributing to rising NCDs.

2.4. Session 3: Accelerating PHC reform through health innovation: value, governance, financing, measurement

2.4.1 Overview presentation

Dr Kidong Park, Director of the Data, Strategy and Innovation group, WHO Regional Office for the Western Pacific, presented on how innovation is essential to meet current and future health challenges, and can be harnessed to accelerate PHC reform. He contended that while the COVID-19 pandemic stimulated the adoption of innovations in the health sector, there is a need to evaluate their ongoing effectiveness and sustainability. Dr Park offered a definition of health innovation as “the creation and implementation of novel processes, products, programmes, policies or systems that transform or improve health and equity”, emphasizing three core tenets – novelty, process and impact. He explained how innovations around emerging digital technologies – such as artificial intelligence, process automation and geographic information systems – and policy enablers – such as public–private partnerships and regulatory sandboxes – could facilitate actions in the entry points for PHC reform. Key to harnessing the potential of innovation will be establishing governance systems, providing long-term sustainable financing, building capacities to drive innovation, and measuring health innovation to make evidence-based adjustments.
2.4.2 Parliamentary panel and plenary discussion
Parliamentarians shared experiences from their countries in harnessing innovation to advance PHC, and insights on how parliamentarians could support innovation. Countries in the region are increasingly looking to innovation to drive progress on PHC and overcome health system challenges. Innovations are being applied across a range of system functions and programmes in the region.

Parliamentarians shared how innovations in communications and information systems are being used to improve access to medical information, improve electronic health records, and scale up telemedicine services. Scaling up telemedicine is a key part of many countries’ strategies to enhance access to quality health services, particularly in countries with geographically dispersed populations. Digital technologies are also being used to coordinate interactions between patients and providers, such as through referrals, managing appointments and facilitating follow-up. Parliamentarians also shared examples of how innovations are being used to improve surveillance for early detection and outbreak management.

Parliamentarians pointed out that not all health innovations are technology driven. As an example, innovative approaches to support decentralized PHC services include the establishment of “super health centres” in provincial centres, investment in school-based oral public health programmes, establishing nursing training centres in provincial areas, investment in portable medical diagnostics, and increasing use of mobile clinics to reach hard-to-reach populations. Parliamentarians also described how PHC required new ways of working across sectors and with partners, including through the development of multisectoral strategies to address population health challenges and partnerships with the private sector to expand access to laboratory, radiological, ambulatory and other services. Parliamentarians had an important role in championing and advocating for the development of strategies to guide investment in digital health and other innovations to ensure efficiency and sustainability.

2.5 Session 4: Entry points and pathways for primary health care reform through parliamentary actions
Session 4 incorporated breakout group discussions to provide an opportunity for delegates to take a deeper dive into an area of PHC and share experiences and strategies for finding entry points and pathways for reform. Parliamentarians split into four groups moderated by a technical subject matter expert.

The first group discussed leveraging PHC to address the increasing disease burden from NCDs. Parliamentarians reported that the high burden of NCDs across countries is a major issue to be addressed, and that there is a need to expand access to comprehensive NCD services at the primary level. Observing that current policy interventions targeting risk factors may be less effective among young generations, parliamentarians recommended increased focus on policies that promote healthy lifestyles among young people. Cultural practices and community structures were considered strengths that could be leveraged to promote healthy choices and facilitate policy interventions, particularly in Pacific island countries and areas (PICs). Parliamentarians also felt there was a need for greater leadership and multisectoral cooperation to coordinate national plans and strategies, and were interested in practical tools that could assist them in using their functions to influence and improve accountability over government decisions impacting health.

Parliamentarians in the second group shared tools and strategies on using their functions to build climate resilience and sustainability of their primary health systems. There was broad agreement that all
countries are being impacted and that while the region is responding, there are markedly different levels of preparedness and, in line with the principles of climate justice, more needs to be done. Parliamentarians recognized that there will be an immediate cost to addressing the climate crisis and investing in climate-resilient PHC systems. While emergency responses can stimulate increased capacity and investment, this needs to be converted into systemic improvements. Parliamentarians acknowledged their role in providing leadership, particularly to drive national strategies that address both climate change and health, and to support intersectoral action.

The third group explored strategies to support a fit-for-purpose PHC workforce. Priority issues identified by parliamentarians included workforce shortages; maldistribution, particularly between rural and urban areas; quality and qualifications of health-care workers; and international migration driven by many factors including low remuneration and poor working conditions in some countries. Parliamentarians identified numerous strategies that had been used to strengthen the PHC workforce, and reported that bundling interventions as part of a systemic approach – such as increased salaries, improvements to working conditions and career support – can multiply impact and yield greater policy success. They suggested that better data on human resources for health, including on existing gaps, would help in securing political commitment for increased investment. Parliamentarians agreed that legislative interventions are a potentially powerful tool; examples include implementing qualifying exams for registration or licensing, continuing professional development requirements and payment mechanisms, such as incentives for performance and provision of PHC services.

Parliamentarians joining the fourth group discussed how they could use their functions to realign financing for PHC to improve the sustainability of health systems. Countries face different challenges in financing PHC depending on their context. For example, some PICs struggle to adequately fund PHC amid the growing cost of overseas medical referrals. However, there was broad recognition that most financing systems need to transition from a focus on hospital-based to preventive care. Parliamentarians felt lack of funding at the PHC level is contributing to quality issues, which leads many people to skip primary services and go directly to hospitals, further increasing the cost to the health system and undermining PHC. Parliamentarians discussed how their different parliamentary systems and position within them impact the opportunities available to them to influence change; they agreed that they each have unique opportunities to champion reforms.

2.6 Field visit programme

On the second day of the meeting delegates were given the opportunity to participate in field visits to experience and learn more about PHC reforms being implemented in Mongolia, including people-centred PHC service delivery models and the use of mobile technologies to reach hard-to-reach populations. Field visits were made to communities in Tuv Province, which surrounds Ulaanbaatar, with half of the delegates visiting communities in Sergelen Soum and the other half communities in Zuun Mod Soum.

Delegates visited PHC facilities and learnt how they coordinate PHC services and continuous, lifelong engagement for people and their families. Health workers at the facilities explained how those in the community are registered and unique patient identifiers used to track and coordinate their interactions with the system. They also showcased the range of services available at the PHC level and how it is networked to other levels of the health system to support continuous, lifelong care. Delegates discussed the policy reforms that enabled improvements at the PHC level, including salary incentives for health-care workers and social health insurance reforms.
Delegates were also invited into the homes of herder families to witness how PHC services are tailored and delivered to a hard-to-reach community. Families and health-care workers shared how the health needs of the community are changing, particularly due to ageing and rising NCDs. Health workers showcased how mobile technologies were being deployed and scaled up to enable outreach services in the home. Delegates learnt about the enablers both within the health system and in other sectors that supported the use of mobile technologies, including unique patient identifiers, mobile data coverage, information exchange and training of health workers. Delegates were also formally greeted and welcomed into the community by local government officials, who shared their role in facilitating PHC systems, including through local planning and investment.

Delegates then attended an official reception dinner and cultural programme hosted by Honourable Zandanshatar Gombojav.

2.7 Opening of day 3

Dr Zsuzsanna Jakab, Acting WHO Regional Director for the Western Pacific, and Dr Poonam Khetrapal Singh, WHO Regional Director for South-East Asia, opened the third day of the meeting. Dr Jakab stressed that PHC services are an essential foundation of health systems, yet often lack sufficient attention and resources when compared to hospital and curative services. She highlighted that PHC was an efficient means to improve immunization coverage, promote maternal and child health, and address rising NCDs. Dr Jakab emphasized that strengthening PHC is an urgent priority to meet the future demands of health systems in response to demographic and epidemiological shifts. She concluded by highlighting the role of parliamentarians in shaping a healthier future for their constituencies.

Dr Khetrapal Singh emphasized the need to reorient health systems towards quality, accessible and comprehensive PHC as the most efficient route to achieving UHC. She explained that the COVID-19 pandemic had demonstrated the critical importance of strong PHC systems, and that it is imperative that it remain in focus. She also highlighted the role parliamentarians can play and asked delegates to consider how they may use their core functions to support PHC reforms.

2.8 Session 5: What’s new: highlighting parliamentarian engagements for global health in the region

Parliamentarians and regional health institutions provided an update on parliamentary engagements for global health in the region since the last meeting in 2022.

Honourable Younsuk Choi, Member, National Assembly of the Republic of Korea, and Dr Seemoon Choi, Planning Manager, Korean Parliamentary Forum on Global Health, presented on the Health Security Workshop for members and parliamentary advisers of the National Assembly held on 11–12 July 2023 in Seoul with the support of WHO. Parliamentarians and advisers received updates on global and regional architecture for promoting health security, and shared insights and experiences with parliamentarians from Austria and New Zealand on dealing with health security crises. There are plans to offer the workshop to other members of the Forum.

Honourable Chinburen Jigjidsuren, Member, State Great Hural of Mongolia, and Dr Snehal Bhagat, Asia Pacific Regional Coordinator, Global TB Caucus, presented on regional parliamentarians’ efforts to end tuberculosis (TB). The Global TB Caucus includes members in over 150 countries working to collectively and individually accelerate progress against TB. Recent activities in the Asia-Pacific region
include advocacy and engagement in G20 events in India and Indonesia, and hosting the Asia-Pacific TB Summit 2023 that resulted in a regional declaration calling for greater research and development; roll-out and access to new vaccines, diagnostics, treatment and care; and facilitating side meetings between health and finance ministers at the G20 Health Ministers meeting. The network’s ongoing advocacy has contributed to increased regional and domestic resource mobilization for TB.

Honourable Isaia Vaipuna Taape, Minister of Health and Member, Parliament of Tuvalu, and Dr Akeem Ali, Head of the WHO Asia-Pacific Centre for Environment and Health, discussed how parliamentarians can support the achievement of co-benefits for climate change, the environment and health, including through multisectoral governance and political leadership. Dr Ali discussed the ways in which PHC could be impacted by climate change and the environment, the co-benefits of taking action to promote a healthy climate and environment, and examples of how countries are working to achieve climate-resilient, low-carbon health care. Honourable Taape shared the perspective of a health minister of a country for whom climate change poses an imminent and existential threat, and highlighted actions parliamentarians had supported, including enacting the Climate Change Resilience Act 2019, which provides health a seat at the table of the national advisory council that guides the development of national policies and strategies. Honourable Taape asked delegates to carefully consider the opportunities they have to bring sectors together and to advocate for domestic and global climate action to safeguard health and well-being.

Honourable Battumur Baagaa, Member, State Great Hural of Mongolia; Mr Andrew Black, Team Lead – Development Assistance, WHO Framework Convention on Tobacco Control; and Ms Johanna Jung, Policy Analyst, Health and Development, United Nations Development Programme, presented on parliamentary actions for tobacco control, including the Parliamentary Caucus for Tobacco Control. The Caucus is a platform for parliamentarians and staff to foster cooperation and exchange, share best practice examples, and access resources tailored to parliamentarians. Honourable Baagaa shared recent parliamentary actions from Mongolia, and how the issue can be strategically framed as a budgetary measure to reduce health costs associated with tobacco use.

2.9 Closing and next steps for the Asia-Pacific Parliamentarian Forum on Global Health

2.9.1 Presentation and announcement of Ulaanbaatar Communique

Mr Ben Lilley, Technical Officer, Health Law and Ethics, WHO Regional Office for the Western Pacific, presented the draft Ulaanbaatar Communique on behalf of the Forum Secretariat, which had been circulated to delegates on day 1 of the meeting for comments and input. Honourable Dongkun Shin, delegate of the President of the Asia-Pacific Parliamentarian Forum on Global Health, opened the floor for plenary discussion. Participants unanimously endorsed the Ulaanbaatar Communique as presented.

Honourable Zandanshatar Gombojav, Chair of the Seventh Meeting of the Forum, formally announced the adoption of the Ulaanbaatar Communique by the Forum.

2.10 Closing remarks

The Forum was closed with formal remarks from Dr Zsuzanna Jakab, Acting WHO Regional Director for the Western Pacific, and Honourable Zandanshatar Gombojav, Chair of the Seventh Meeting of the Forum.
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

Parliamentarians attending the Seventh Meeting of the Forum, in the Ulaanbaatar Communique, adopted the following conclusions:

1. welcomed the opportunity to meet in person in Ulaanbaatar to discuss their roles as parliamentarians and their individual and collective contributions to building strong and sustainable health systems focused on PHC;
2. recognized that PHC is an inclusive, effective and efficient way to enhance people’s physical and mental health, as well as social well-being, and is the cornerstone of a sustainable health system for health security, UHC and health-related SDGs;
3. encouraged innovation and ideas and recognized their potential to accelerate PHC reform with a supportive financial, governance and policy environment;
4. expressed concern that progress on certain health outcomes in the region has not been distributed equitably within and across countries and that many health systems may not have the capacity to deliver for present or future health needs;
5. acknowledged that many people and communities face barriers to accessing needed health services at the primary level due to lack of access, cost, perceptions of poor quality and lack of trust;
6. noted that the health needs of our populations are changing due to social and demographic transitions, increasing demands on our health systems;
7. recognized that achieving patient-centric, high-quality and effective PHC will require a paradigm shift in the way PHC systems are designed, funded, managed and delivered;
8. recognized that PHC systems must be resilient and serve as the first line of defence against public health threats;
9. emphasized that prioritizing PHC is essential to secure the financial sustainability of health systems and is a critical investment in the health, social and economic development of the countries served;
10. recognized that PHC requires whole-of-society and whole-of-government strategies that engage and empower communities, and that PHC reforms would yield compound benefits around outcomes in other sectors;
11. expressed appreciation to the State Great Hural of Mongolia, with support from the Mongolian Ministry of Health, for hosting the Seventh Meeting and demonstrating national and regional leadership in building PHC for the future; and
12. acknowledged the technical leadership of WHO in making PHC one of the top priorities for health and well-being in the Asia-Pacific region and around the world.

3.2 Recommendations

3.2.1 Recommendations for fellow parliamentarians

Parliamentarians attending the meeting urged fellow parliamentarians to consider the following:

(1) advocate for renewed focus on the economic, social and environmental determinants of health in all relevant portfolios, policies and projects to improve health outcomes and health equity, recognizing it as an investment in social and
economic well-being;
(2) encourage and promote a supportive environment for innovation, sustainable financing and strong governance to transform existing health systems towards PHC;
(3) promote legal and regulatory changes to drive and guide PHC reforms, including strengthening health governance and coordination, supporting community participation, engaging the private sector, improving the quality of care and promoting services for vulnerable groups;
(4) seek opportunities individually or collectively to advance the aim of the Asia-Pacific Parliamentarian Forum on Global Health, demonstrating regional leadership in advocating for stronger PHC;
(5) advocate for increased national appropriations for public health functions and realignment of health financing to reduce the financial pressure of health on populations and make health systems financially sustainable for the future;
(6) represent the interests of constituencies to ensure that the needs of all are met and to ensure inclusive participation, especially groups like women and children, in PHC services;
(7) engage in international partnerships, platforms and coalitions, including the Asia-Pacific Parliamentarian Forum on Global Health, to share experiences between countries and strengthen international cooperation for PHC;
(8) provide oversight and scrutiny to maintain government accountability and transparency in the implementation of policies for strengthening PHC; and
(9) advocate for strengthening parliamentary processes and institutions, such as committees, for the consideration and scrutiny of PHC across policies.

3.2.2 Recommendations for WHO Secretariat
Parliamentarians attending the meeting requested the Forum Secretariat and the WHO Regional Office for the Western Pacific to do the following:

(1) provide guidance and technical support to countries as needed and requested in their efforts to undertake PHC reforms and build PHC for the future;
(2) develop and share knowledge products and practical examples for parliamentarians in leveraging their functions to provide national and regional leadership in PHC reform, and in other functions, such as making the case for health as a smart investment; and
(3) continue to strengthen engagement with parliaments, including through the Asia-Pacific Parliamentarian Forum on Global Health, to enhance the role of parliamentarians in providing leadership for building strong and sustainable health systems focused on PHC.
ANNEXES

Annex 1. List of participants

Cambodia

- Hon. Yuthy TEP, Member of Parliament, The Senate of the Kingdom of Cambodia
- Choeun PEK, Staff of Foreign Affair Policy and Human Rights Bureau, The Senate of the Kingdom of Cambodia
- Bunchhen PAK, Vice-Chief of Bilateral Office of International Relations, The National Assembly of the Kingdom of Cambodia

Cook Islands

- Hon. Te-Hani Alexandra BROWN, Associate Minister of Health, Parliament of the Cook Islands
- Hon. Toanui ISAMAELA, Member of Parliament, Parliament of the Cook Islands

Fiji

- Hon. Ratu Atonio Rabici LALABALAVU, Minister for Health and Medical Service, Parliament of the Republic of Fiji
- Hon. Penioni RAVUNAWA, Member of Parliament, Parliament of the Republic of Fiji
- Abele SAKULU, Deputy Secretary General, Parliament of the Republic of Fiji
- Sefanaia Navuda TUDONU, Director Corporate Services, Parliament of the Republic of Fiji

Kiribati

- Hon. Kautu TENAUA, Member of Parliament, Parliament of Kiribati
- Hon. Tekiau ARETATETA, Member of Parliament, Parliament of Kiribati
- Koru Tione TEBAKABO, Senior Staff, Parliament of Kiribati

Korea, Republic of

- Hon. Dongkun SHIN, Chair of Health Committee, National Assembly of Republic of Korea
- Hon. Hyungyoung SHIN, Member of Parliament, National Assembly of Republic of Korea
- Hon. Jungsook SUH, Member of Parliament, National Assembly of Republic of Korea
- Hon. Younsuk CHOI, Member of Parliament, National Assembly of Republic of Korea
- Seemoon CHOI, Planning Manager, Korean Parliamentarian Forum on Global Health
- Hyewon JUNG, Researcher, Korean Parliamentarian Forum on Global Health
- Jong-koo LEE, Professor, Seoul National University
- Juhwan OH, Professor, Seoul National University
- Hwa Young LEE, Professor, The Catholic University of Korea
- Yuri LEE, Professor, Myongji College

Lao PDR

- Hon. Mayfong MAYXAY, Member of Parliament, National Assembly of Lao PDR
- Alavanh PHANTHAVONG, Director General of Social Affairs Department, National Assembly of Lao PDR
Mongolia

- Hon. Zandanshatar GOMBOJAV, Speaker, State Great Hural (Parliament) of Mongolia
- Hon. Chinzorig SODNOM, Minister of Health, State Great Hural (Parliament) of Mongolia
- Hon. Anujin PUREV-OCHIR, Chair of the Standing Committee on Social Policy, State Great Hural (Parliament) of Mongolia
- Hon. Temuulen GANZORIG, Chair of the Budgetary Committee, State Great Hural (Parliament) of Mongolia
- Hon. Tsogtbaatar DAMDIN, Member of Standing Committee on Security and Foreign Policy, State Great Hural (Parliament) of Mongolia
- Hon. Sarangerel DAVAAJANTSAN, Member of Parliament, State Great Hural (Parliament) of Mongolia
- Hon. Oyunchimeg MUNKHUU, Member of Parliament, State Great Hural (Parliament) of Mongolia
- Hon. Jargalmaa BADARCH, Member of Parliament, State Great Hural (Parliament) of Mongolia
- Hon. Odontuuya SALDAN, Member of Parliament, State Great Hural (Parliament) of Mongolia
- Hon. Chinburen JIGJIDSUREN, Member of Parliament, State Great Hural (Parliament) of Mongolia
- Hon. Battumur BAAGAA, Member of Parliament, State Great Hural (Parliament) of Mongolia

Niue

- Hon. Hima Ikimotu DOUGLAS, Speaker, House Assembly of Niue
- Hon. Florence Maureen VILITAMA, Member of Parliament, House Assembly of Niue

Papua New Guinea

- Hon. Lino TOM, Minister for Health, National Parliament of Papua New Guinea
- Hon. Maso Mai HEWABI, Member of Parliament, National Parliament of Papua New Guinea
- Hon. Wake Goruson GOI, Member of Parliament, National Parliament of Papua New Guinea

Samoa

- Hon. Maulolo Tavita AMOSA, Member of Parliament, Legislative Assembly
- Hon. Niuava Eti Gie MALOLO, Member of Parliament, Legislative Assembly
- Erosi Vesi Parvaisa Handel KORIA, Manager of Community Relations, Legislative Assembly

Solomon Islands

- Hon. Lilly Mafane MAEFAI, Member of Parliament, National Parliament of Solomon Islands
- Salome PILUMATE, Secretary for the Parliamentary Health Committee, National Parliament of Solomon Islands

Tonga

- Hon. Saia Ma'u PIUKALA, Minister for Health, Legislative Assembly of Tonga
- Hon. Lord TUIVAKANO, Member of Parliament, Legislative Assembly of Tonga
Tuvalu

- Hon. Isaia Vaipuna TAAPE, Minister for Health, Palamene o Tuvalu (Parliament of Tuvalu)
- Hon. Monise Tuivaka LAAFAI, Member of Parliament, Palamene o Tuvalu (Parliament of Tuvalu)

Vanuatu

- Milenka Nellie CALO, Secretariat Staff, Parliament of the Republic of Vanuatu

Viet Nam

- Hon. Hoàng Mai NGUYEN, Vice Chair of Social Committee, National Assembly of Viet Nam
- Hon. Cường LE VAN, Member of Parliament, National Assembly of Viet Nam
- Hon. Van TRAN THI, Member of Parliament, National Assembly of Viet Nam
- Vu Thị Binh MINH, Head of Social Department, National Assembly of Viet Nam
- To Khuong DUY, Officer of Social Department, National Assembly of Viet Nam
# Programme

## [Day 1] Monday, 21 August 2023

Chinggis Khaan Hall, State Palace of Mongolia

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0750-0800</td>
<td>Transfer from Novotel to the State Palace of Mongolia (By Bus)</td>
</tr>
<tr>
<td>0800-0830</td>
<td>Registration</td>
</tr>
<tr>
<td>0830-0925</td>
<td><strong>Opening Ceremony</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Master of Ceremony:</strong> Mr Lluis VINALS TORRES</td>
</tr>
<tr>
<td></td>
<td>Acting Director, Division of Health Systems and Services, WPRO</td>
</tr>
<tr>
<td>5min</td>
<td>Opening Remarks</td>
</tr>
<tr>
<td></td>
<td>Hon Zandanshatar Gombojav, Chairman of the State Great Hural</td>
</tr>
<tr>
<td></td>
<td>(Parliament) of Mongolia; Chair of the 7th APPFGH meeting</td>
</tr>
<tr>
<td>5min</td>
<td>Opening Remarks</td>
</tr>
<tr>
<td></td>
<td>Hon Dongkun Shin, Delegate of the President of the Asia-Pacific</td>
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<tr>
<td></td>
<td>Parliamentarian Forum on Global Health; Chair of the Health and</td>
</tr>
<tr>
<td></td>
<td>Welfare Committee, National Assembly, Republic of Korea</td>
</tr>
<tr>
<td>5min</td>
<td>Welcome Remarks</td>
</tr>
<tr>
<td></td>
<td>Hon Hima Ikimotu Douglas, Speaker of the House Assembly of Niue</td>
</tr>
<tr>
<td>5min</td>
<td>Welcome Remarks</td>
</tr>
<tr>
<td></td>
<td>Hon Sodnom Chinzorig, Member of Parliament and Minister of</td>
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<tr>
<td></td>
<td>Health, State Great Hural of Mongolia</td>
</tr>
<tr>
<td>5min</td>
<td>Congratulatory Remarks</td>
</tr>
<tr>
<td></td>
<td>Dr Socorro Escalante, WHO Representative to Mongolia</td>
</tr>
<tr>
<td>15min</td>
<td>Introduction of Participants</td>
</tr>
<tr>
<td></td>
<td>All Members of Parliament</td>
</tr>
<tr>
<td>10min</td>
<td>Programme Overview</td>
</tr>
<tr>
<td></td>
<td>Mr Lluis Vinals Torres, Acting Director of Health Systems</td>
</tr>
<tr>
<td></td>
<td>and Services, WPRO</td>
</tr>
<tr>
<td>5min</td>
<td>Group Photo</td>
</tr>
<tr>
<td>0925-0940</td>
<td>Break</td>
</tr>
<tr>
<td></td>
<td><strong>Chair:</strong> Hon Zandanshatar Gombojav</td>
</tr>
<tr>
<td></td>
<td>Chairman of the State Great Hural (Parliament) of Mongolia;</td>
</tr>
<tr>
<td></td>
<td>Chair of the 7th APPFGH meeting</td>
</tr>
<tr>
<td>0940-1045</td>
<td><strong>Session 1 – Primary Health Care: Why It Matters?</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Moderator:</strong> Dr Juliet Rumball-Smith</td>
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<tr>
<td></td>
<td>Director of Intelligence, National Public Health Service, New Zealand</td>
</tr>
</tbody>
</table>

*There has been mixed progress on achieving Universal Health Coverage in the region. While the service coverage for Reproductive Maternal Neonatal and Child Health (RMNCH) along with infectious diseases have increased, the coverage for non-communicable diseases (NCDs) has not followed suit. Health-related financial protection has also stalled. This comes at a time when the disease burden has shifted from infectious diseases to NCDs, which now contribute to the majority of morbidity and mortality in the region. With varying health capacities across the region, expenditures remain concentrated on curative and not preventive services. Ageing populations, increasing healthcare costs, continued health security threats and environmental impact pose additional challenges. With the increasing NCD burden and gaps in system capacity, the current model of care provision is not sustainable. There are wider political and social*
Implications for governments unable to fulfil the health needs of their populations and their commitments to the wellbeing of their people.

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15min</td>
<td>Overview Presentation</td>
<td>Mr Lluis VINALS TORRES, Acting Director, Division of Health Systems and Services, WPRO</td>
</tr>
<tr>
<td>5min</td>
<td>Parliamentary Panel</td>
<td>Hon Lord TUIVAKANO, Member of Parliament, Legislative Assembly, Tonga</td>
</tr>
<tr>
<td>5min</td>
<td>Parliamentary Panel</td>
<td>Hon Cường LE VAN, Member of Parliament, National Assembly, Vietnam</td>
</tr>
<tr>
<td>5min</td>
<td>Parliamentary Panel</td>
<td>Hon Niuava Eti Gie MALOLO, Member of Parliament, Legislative Assembly, Samoa</td>
</tr>
<tr>
<td>5min</td>
<td>Parliamentary Panel</td>
<td>Hon Jungsook SUH, Member of Parliament, National Assembly, Republic of Korea</td>
</tr>
<tr>
<td>5min</td>
<td>Parliamentary Panel</td>
<td>Hon Mayfong MAYXAY, Member of Parliament, National Assembly, Lao PDR</td>
</tr>
<tr>
<td>5min</td>
<td>Parliamentary Panel</td>
<td>Hon Hima Ikimotu DOUGLAS, Speaker of the House Assembly of Niue</td>
</tr>
<tr>
<td>20min</td>
<td>Plenary Discussion</td>
<td></td>
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</tbody>
</table>

**1045-1115**  Morning Tea

**1115-1220**  Session 2 – Primary Health Care in the Region: Where We Are and Entry Points for Reform

Moderator: Dr Akeem ALI
Head of WHO Asia-Pacific Centre for Environment and Health in WPRO

There are examples of countries within Asia-Pacific and across other regions that have embarked on reforms to improve the performance of their respective primary health care systems. These include changes in the provider payment arrangements, developing a health benefit package and enacting reforms to health laws. The entry points to primary health care reforms could be external to the health sector, such as election manifestos of political parties or decentralization measures.

In order to undertake these reforms, there are essential and critical steps involving parliaments and parliamentarians, which include developing and approving budgets, debating and passing legislation on human resource for health, and discussing health policies and legislation, including those affecting entitlements.

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15min</td>
<td>Overview Presentation</td>
<td>Dr Soonman KWON, Professor, School of Public Health, Seoul National University, Republic of Korea</td>
</tr>
<tr>
<td>5min</td>
<td></td>
<td>Hon Yuthy TEP, Member of Parliament, Cambodia</td>
</tr>
<tr>
<td>5min</td>
<td></td>
<td>Hon Maulolo Tavita AMOSA, Member of Parliament, Samoa</td>
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<tr>
<td>5min</td>
<td></td>
<td>Hon Lilly Mafane MAEFAI, Member of Parliament, Solomon Islands</td>
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<tr>
<td>5min</td>
<td></td>
<td>Hon Monise Tuivaka LAFAFI, Member of Parliament, Tuvalu</td>
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<tr>
<td>5min</td>
<td></td>
<td>Hon Penioni RAVUNAWA, Member of Parliament, Republic of Fiji</td>
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<tr>
<td>5min</td>
<td></td>
<td>Hon Maso Mai HEWABI, Member of Parliament, Papua New Guinea</td>
</tr>
<tr>
<td>20min</td>
<td>Plenary Discussion</td>
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</tr>
<tr>
<td>Time</td>
<td>Event</td>
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<tr>
<td>1220-1230</td>
<td>Transfer to Novotel (by bus)</td>
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<tr>
<td>1230-1300</td>
<td>Lunch at Ballroom, Novotel (4F)</td>
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<tr>
<td>1340-1350</td>
<td>Transfer to the State Palace of Mongolia (by Bus)</td>
<td></td>
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</tbody>
</table>

**1350-1445  Session 3 - Accelerating PHC reform through health innovation: value, governance, financing, measurement**

**Moderator:** Dr Socorro ESCALANTE  
WHO Representative to Mongolia

Health innovation is the creation and implementation of novel processes, products, programmes, policies or systems that lead to transformations or improvements in health and equity. Much of the progress in PHC historically has been driven by innovation. But the rapidly changing demographic pattern, disease burden, as well as the need of health and well-being, and the pandemic, have heightened the vulnerabilities of already fragile PHC systems. To regain momentum and actively tackle persistent challenges and emerging threats while accelerating PHC reform for a stronger system, we need more and better health innovation. And this is where governments in the region can play a leadership role and offer lessons for the world: set the value and direction for innovation, strengthen innovation governance, provide sustainable financing for innovation, and measure the health impact of innovation. With these four pillars of action, PHC reform can be accelerated by more and better health innovations.

<table>
<thead>
<tr>
<th>Duration</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>10min</td>
<td><strong>Overview Presentation</strong></td>
</tr>
<tr>
<td></td>
<td>Dr Kidong PARK, Director of Data, Strategy and Innovation, WPRO</td>
</tr>
<tr>
<td>5min</td>
<td><strong>Parliamentary Panel</strong></td>
</tr>
<tr>
<td></td>
<td>Hon Saia Ma’u PIUKALA, Minister for Health, Member of Parliament, Legislative Assembly, Tonga</td>
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<td></td>
<td>Hon Hyunyoung SHIN, Member of Parliament, National Assembly, Republic of Korea</td>
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<td></td>
<td>Hon Tsogtbaatar DAMDIN, Member of Parliament, State Great Hural (Parliament) of Mongolia</td>
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<td>Hon Lino TOM, Minister for Health, Papua New Guinea</td>
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<tr>
<td></td>
<td>Hon Wake Goruson GOI, Member of Parliament, National Parliament of Papua New Guinea</td>
</tr>
<tr>
<td>20min</td>
<td><strong>Plenary Discussion</strong></td>
</tr>
<tr>
<td>1445-1515</td>
<td><strong>Afternoon tea</strong></td>
</tr>
</tbody>
</table>

**1515-1720  Session 4 – Entry Points and Pathways for Primary Health Care Reform through Parliamentary Actions**

**Moderator:** Dr Kidong PARK  
Director of Data, Strategy and Innovation, WPRO

Based on feedback from previous meetings, the forum has introduced a new session format for this year - breakout group discussions. This format allows parliamentarians to interact and engage with each other in a less formal setting than the plenary. It will also be helpful in covering a wide range of topics that are important for PHC reform, while participants with similar contexts and interests can have more in-depth sharing and learning from each other.

There are four groups in total. Participants will be provided in advance with a brief introduction of each breakout group and asked to choose their preferred group to attend. Each group discussion will be facilitated by Technical Experts. After the breakout group discussion, each group will present their findings and learning at the plenary for further discussion.
### Breakout Group Discussion

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>60min</td>
<td>Break</td>
<td></td>
</tr>
<tr>
<td>45min</td>
<td>Plenary Presentations and Discussion</td>
<td></td>
</tr>
</tbody>
</table>

#### Group 1. Leveraging PHC to address the increasing disease burden from NCD
**Facilitator:** Dr Donald WILSON, Associate Dean Research, College of Medicine, Nursing and Health Science, Fiji National University, Fiji
**Room:** Chinggis Khaan Hall

#### Group 2. Health impacts of climate change and building resilience through PHC
**Facilitator:** Dr Akeem ALI, Head of WHO Asia-Pacific Centre for Environment and Health in WPRO
**Room:** Constitution Hall

#### Group 3. Human resources for PHC: enabling regulation and policy support
**Facilitator:** Dr Tran Thi Mai OANH, Director, Health Strategy and Policy Institute, Viet Nam
**Room:** Janjin D. Sukhbaatar Hall

#### Group 4. Sustainable financing for PHC: what to look for in the budget?
**Facilitator:** Dr Soonman KWON, Professor, School of Public Health, Seoul National University, Republic of Korea
**Room:** Ikh Zasag Hall

### Chinggis Khaan National Museum/Shangri-La Hotel

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1720-1725</td>
<td>Transfer to Chinggis Khaan National Museum</td>
</tr>
</tbody>
</table>
| 1725-1815| Private Tour of Chinggis Khaan National Museum
  - Chinggis Khan National Museum was established in 2019 by the decision of Prime Minister U. Khurelsukh. The museum displays more than 10,000 original exhibits, from the founder of the Hun Empire, the first nomadic state, Modun Shanyu, to the beginning of the 20th century, the activities of the kings and nobles of the Mongolian states, the artifacts they enjoyed and used, and major real events. [https://chinggismuseum.com/en](https://chinggismuseum.com/en) |
| 1815-1830| Transfer to Shangri-La Hotel               |
| 1830-2100| Welcome Reception hosted by WHO Western Pacific Regional Office |
| 5min     | Welcome Toast and Remarks                  | Dr Socorro ESCALANTE, WHO Representative to Mongolia |
[Day 2] Tuesday, 22 August 2023
Tuv Province

<table>
<thead>
<tr>
<th>0830-1550</th>
<th>Field Visit Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants will visit Soum Health Centre in Sergelen Soum and Altanbulag Soum of Tuv province to learn about Mongolia’s integrated PHC services delivered at the village level, including financing models and efforts to improve accessibility. Participants will also visit selected households to learn how Mongolia is utilising mobile technologies to advance PHC services for reaching the unreached.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Group 1 and 2: Sergelen Soum, Tuv Province</th>
<th>Group 3 and 4: Altanbulag Soum, Tuv Province</th>
</tr>
</thead>
<tbody>
<tr>
<td>0830-1010 Transfer to Sergelen Soum in Tuv Province</td>
<td>0830-1000 Transfer to Altanbulag Soum in Tuv Province</td>
</tr>
<tr>
<td>1010-1100 Visit Soum Health Centre</td>
<td>1000-1100 Visit Soum Health Centre</td>
</tr>
<tr>
<td>1110-1220 Visit selected households and demonstration of M-Health</td>
<td>1110-1220 Visit selected households and demonstration of M-Health</td>
</tr>
<tr>
<td>1220-1250 Transfer to Jargalan Valley, Ulaanbaatar</td>
<td>1220-1250 Transfer to Jargalan Valley, Ulaanbaatar</td>
</tr>
<tr>
<td>1250-1350 Lunch at the &quot;Chinggi Khaan Khuree&quot; tourism complex, Jargalan Valley, Ulaanbaatar</td>
<td></td>
</tr>
<tr>
<td>1350-1550 Transfer to Novotel</td>
<td></td>
</tr>
<tr>
<td>1550-1800 Break</td>
<td></td>
</tr>
</tbody>
</table>

ASEM

| 1800-1830 | Transfer to ASEM |
| 1900-2100 | Forum Reception |
| 5min Welcome Toast and Remarks | Hon Zandanshatar GOMBOJAV, Chairman of the State Great Hural (Parliament) of Mongolia; Chair of the 7th APPFGH meeting |
| 20min Cultural Programme | Traditional Mongolian Performance |
### [Day 3] Wednesday, 23 August 2023

**Chinggis Khaan Hall, State Palace of Mongolia**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Speaker/Attendee</th>
</tr>
</thead>
<tbody>
<tr>
<td>0840-0850</td>
<td>Transfer from Novotel to the State Palace of Mongolia (By Bus)</td>
<td><strong>Hon Dongkun SHIN</strong>&lt;br&gt;Deputy Chair of the Asia-Pacific Parliamentarian Forum on Global Health Committee, National Assembly, Republic of Korea</td>
</tr>
<tr>
<td>0900-0930</td>
<td><strong>Reflections on Field Visit</strong></td>
<td><strong>Moderator: Dr Socorro ESCALANTE</strong>&lt;br&gt;WHO Representative to Mongolia&lt;br&gt;<strong>Hon Poonam KHATRI SINGH</strong> (virtual), WHO Regional Director for South East Asia</td>
</tr>
<tr>
<td>10min</td>
<td>Reflections on PHC from WHO</td>
<td>Dr Zsuzsanna JAKAB, Acting WHO Regional Director for the Western Pacific&lt;br&gt;Dr Poonam KHATRI SINGH (virtual), WHO Regional Director for South East Asia</td>
</tr>
<tr>
<td>10min</td>
<td>Recap Presentation</td>
<td>Track 1: Mr Youngchan KIM, Parliament Engagement Consultant, Health Law and Ethics, WPRO&lt;br&gt;Track 2: Mr Ben LILLEY, Technical Officer, Health Law and Ethics, WPRO</td>
</tr>
<tr>
<td>10min</td>
<td>Plenary Discussion</td>
<td>Sharing feedback and lessons learned from parliamentarians about the field visit programmes</td>
</tr>
<tr>
<td>0930-1015</td>
<td><strong>Session 5 – What’s New: Highlighting Parliamentarian Engagements for Global Health in the Region</strong></td>
<td><strong>Moderator: Mr Lluis VINALS TORRES</strong>&lt;br&gt;Acting Director, Division of Health Systems and Services, WPRO&lt;br&gt;<strong>Dr Seemoon CHOI</strong>, Planning Manager, Korean Parliamentarian Forum on Global Health&lt;br&gt;<strong>Hon Younsuk CHOI</strong>, Member of Parliament, National Assembly, Republic of Korea</td>
</tr>
<tr>
<td></td>
<td>Since the last APPFGH meeting, parliamentarians in the region have been actively engaging in advancing global health. They have tackled crucial issues such as improving health security, controlling tobacco use, eradicating tuberculosis, and addressing the health impacts of climate change. This session aims to provide updates on these engagements and keep everyone informed.</td>
<td></td>
</tr>
<tr>
<td>10min</td>
<td>Activity Update and Parliamentary Panel</td>
<td><strong>Health Security Workshop for APPFGH Member Parliaments</strong>&lt;br&gt;- Dr Seemoon CHOI, Planning Manager, Korean Parliamentarian Forum on Global Health&lt;br&gt;- Hon Younsuk CHOI, Member of Parliament, National Assembly, Republic of Korea</td>
</tr>
<tr>
<td>10min</td>
<td>Regional Parliamentarians’ Efforts for Ending Tuberculosis</td>
<td><strong>Regional Parliamentarians’ Efforts for Ending Tuberculosis</strong>&lt;br&gt;- Dr Snehal BHAGAT, Asia Pacific Regional Coordinator, Global TB Caucus&lt;br&gt;- Hon Chinhburen JIGIJSUREN, Member of Parliament, State Great Hural (Parliament) of Mongolia</td>
</tr>
<tr>
<td>10min</td>
<td>Achieving co-benefits for climate change, environment and health: multisectoral governance and political leadership</td>
<td><strong>Achieving co-benefits for climate change, environment and health: multisectoral governance and political leadership</strong>&lt;br&gt;- Dr Akeem ALI, Head of WHO Asia-Pacific Centre for Environment and Health in WPRO&lt;br&gt;- Hon Isiaa VAIJAPA, Minister for Health, Member of Parliament, Parliament of Tuvalu</td>
</tr>
<tr>
<td>10min</td>
<td>Introducing the Parliamentary Caucus for Tobacco Control</td>
<td><strong>Introducing the Parliamentary Caucus for Tobacco Control</strong>&lt;br&gt;- Mr Andrew BLACK (virtual), Team Lead – Development Assistance, WHO Framework Convention on Tobacco Control&lt;br&gt;- Ms Johanna Jung (virtual), Policy Analyst, Health and Development, UNDP&lt;br&gt;- Hon Battumur BAAGAA, Member of Parliament, State Great Hural (Parliament) of Mongolia</td>
</tr>
</tbody>
</table>
### 1030-1130

**Next Steps for the APPFGH**

- **5min** Presentation of proposed Ulaanbaatar Communiqué and comments received  
  - **Forum Secretariat**

- **30min** Plenary Discussion  
  - **Hon Dongkun SHIN**, Delegate of the President of the Asia-Pacific Parliamentarian Forum on Global Health; Chair of the Health and Welfare Committee, National Assembly, Republic of Korea

- **10min** Announcement of Ulaanbaatar Communiqué  
  - **Hon Zandanshatar GOMBOJAV**, Chairman of the State Great Hural (Parliament) of Mongolia; Chair of the 7th APPFGH meeting

### 1130-1210

**Closing Ceremony**

- **25min** Round of Farewells  
  - By all Members of Parliament

- **5min** Closing Remarks  
  - **Dr Zsuzsanna JAKAB**, Acting WHO Regional Director for the Western Pacific

- **5min** Closing Remarks  
  - **Hon Dongkun SHIN**, Delegate of the President of the Asia-Pacific Parliamentarian Forum on Global Health; Chair of the Health and Welfare Committee, National Assembly, Republic of Korea

- **5min** Closing Remarks  
  - **Hon Zandanshatar GOMBOJAV**, Chairman of the State Great Hural (Parliament) of Mongolia; Chair of the 7th APPFGH meeting

### 1210-1220

- **Transfer to Novotel (by bus)**

### 1220-1430

- **Farewell Luncheon at Restaurant Du Vin, Novotel (2F)**
Annex 3. Concept Note

Overview

The Asia-Pacific Parliamentarian Forum on Global Health (“APPFGH” or “Forum”) is a platform for parliamentarians to exchange ideas, build political will, enhance capacities, and foster collaboration in driving sustainable action for health. Parliamentarians, through their core functions of law-making, budgeting, government oversight, and representation of constituencies, can play an important role in shaping health priorities and driving actions at global, regional, national, and local levels. These functions also offer opportunities to foster multisectoral action and engage in international partnerships.

Established in 2015 by the National Assembly of the Republic of Korea with the support of the World Health Organization (WHO), the Forum is open to the 30 countries comprising the WHO Western Pacific Region and ASEAN. The First Meeting of the Forum was held in Seoul 2015 on the theme of global health security; Second Meeting in Seoul 2016 on health in the Sustainable Development Goals (SDGs); Third Meeting in Tokyo 2017 on NCDs and healthy ageing; Fourth Meeting in Manila 2018 on Universal Health Coverage, Fifth Meeting in Nadi 2019 on climate change and health; Sixth Meeting in Seoul 2022 on health security and resilience. The Forum also met four times on a virtual ad hoc basis during the COVID-19 pandemic. The Seventh Meeting will be held in Ulaanbaatar, Mongolia, from 21 to 23 August 2023 on the theme of primary health care.

Strong Primary Health Care systems are necessary to meeting present and future health needs

The region has made significant improvements in health outcomes such as life expectancy, premature mortality, and maternal and child mortality over the last two decades. However, these have not been distributed equitably across populations and there are both existing and new challenges impeding progress towards the Sustainable Development Goals. While all countries in the region are unique, they are experiencing similar demographic, epidemiological, and social trends that will pose major challenges for health systems to meet current and future health needs.

- People in the Western Pacific Region face persisting inequities in accessing services – catastrophic health expenditure and financial protection have worsened over the past two decades.
- By 2050, the number of people aged over 65 in the Western Pacific Region will double and account for over 25% of the population.
- Noncommunicable diseases are increasing and already account for 80% of deaths, yet coverage for preventive and other NCD services has decreased.
- Progress on noncommunicable disease has stalled and pockets of conditions such as tuberculosis remain, particularly among subpopulations experiencing gaps in access.
- Climate change, environmental degradation and rapid urbanization are having far-reaching and multifaceted impacts on health, including in relation to food security, extreme weather events, pollution, and increased demand for essential infrastructure and services.
- Uncertain economic outlook globally and regionally, with uneven economic recovery from the impacts of COVID-19 and fluctuating

Figure 1 shows the change in contribution of the top 10 disease conditions to disability-adjusted life years (DALYs) (%) in the Western Pacific Region. The share of noncommunicable diseases such as cardiovascular diseases and neoplasms (cancers) has increased while there have been reductions in communicable, maternal, neonatal and nutritional diseases.
growth expected through 2024, coupled with rising health, economic and social costs driven by chronic disease and ageing populations.

The cost of inaction to societies and economies will be high: poorer health and economic outcomes, lost progress against the Sustainable Development Goals, higher cost of health care and services, and risk to the financial sustainability of health systems. Hospital-centric responses to increasing health needs will not be feasible or financially sustainable. Health systems will need to be reorganized through strengthening primary health care (PHC) systems focused on the most effective approaches that can be delivered efficiently. Currently, levels of PHC spending remain suboptimal and underreported.

**Redefining the scope of Primary Health Care for the Future**

Since world leaders, international organizations and health authorities gathered in Alma-Ata in 1978 and declared PHC as key to attaining health for all, PHC has been repeatedly reinterpreted and redefined. While many PHC systems have adopted a narrower interpretation, focusing mainly on episodic acute intervention, it is clear that a broader scope is required to meet present and future health needs and realize the opportunity to reduce health burdens through primary prevention and promotion, and addressing the broader determinants of health.
The Regional Framework on the Future of Primary Health Care in the Western Pacific, endorsed by Member States in 2022, redefines the scope of PHC as: comprehensive services, consisting of a community-based system with a continuum of services from health promotion to early detection to curative and rehabilitative care, delivered through multidisciplinary teams, in line with local needs and requiring the coordinated efforts of society. Key attributes of a modern, comprehensive PHC system are that it is:

- people and community-centred,
- continuous with lifelong engagement,
- equitable and high quality,
- integrated, and
- innovative.

This will require a paradigm shift in terms of how PHC systems are designed, funded, managed and delivered. It will mean building systems that not only treat ill health, but also maintain wellbeing. Countries offer different entry points to reform depending on context, including in improving models of service delivery, empowering individuals and communities, expanding the workforce and provider base, redesigning health financing and reducing bottlenecks, and creating an enabling environment through legal, policy and regulatory frameworks. Political leadership will be an essential catalyst to prioritize PHC on the reform agenda and build the partnerships necessary beyond the health sector.

![Figure 4 shows the scope, functions and attributes of a comprehensive PHC system and strategic actions for the future of PHC.](image)

**WHO WPRO Guidance to Member States: selected resource materials**

- Regional Framework on the Future of Primary Health Care in the Western Pacific (DRAFT – awaiting publication) (2022)
- Declaration of Astana: Global Conference on Primary Health Care (2018)

**Role of Parliamentarians in building primary health care for the future**
To help build primary health care for the future, Parliamentarians can play a critical role by:

- Leading and advocating for political commitment for PHC reform, and associated financial, legal, and administrative support systems
- Building networks and coalitions of parliamentary leaders and champions for PHC
- Engaging in partnerships at the global, regional, national and local level, including the APPFGH, to build PHC systems that support multisectoral action to systematically address the determinants of health
- Establishing supportive legal and regulatory frameworks to drive and guide action on PHC reform, including to support integrated participatory services, strengthen health services management and coordination, establish community participation and support the adoption of digital technologies
- Approving budgets and realigning health financing to reduce the financial pressure of health care on the population and ensure health systems are financially sustainable in the future, including by prioritizing public financing on PHC
- Supporting local innovation, partnerships and mobilization of resources for PHC in their constituencies
- Monitoring the development and implementation of relevant international instruments and national strategies and policies for PHC

Objectives for Seventh Meeting

1) To provide up-to-date evidence-based entry points and pathways to strengthen PHC policy for the future based on the Regional Framework on the Future of Primary Health Care in the Western Pacific;

2) To invite and share parliamentarians’ country experiences to champion and support PHC reform through their core functions leveraging local opportunities;

3) To present and share innovations in promotion of PHC, including technology, financing models, and partnerships addressing challenges in PHC;

4) To consider and share opportunities for parliamentarians to promote PHC beyond the health sector, including through partnerships at the global, regional, national and local level.

Participants

Eligible countries will be invited each to nominate two parliamentarians representing a standing health committee or a parliamentary body designated for Forum engagement. Invitations will be issued by the Chair and conveyed by WHO.