EXPERT CONSULTATION ON THE DRAFT REGIONAL ACTION FRAMEWORK: RETHINKING HEALTH FINANCING FOR UNIVERSAL HEALTH COVERAGE AND SUSTAINABLE DEVELOPMENT IN THE WESTERN PACIFIC REGION

11–12 December 2023
Manila, Philippines
WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

MEETING REPORT
EXPERT CONSULTATION ON THE DRAFT REGIONAL ACTION FRAMEWORK: RETHINKING HEALTH FINANCING FOR UNIVERSAL HEALTH COVERAGE AND SUSTAINABLE DEVELOPMENT IN THE WESTERN PACIFIC REGION

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NOTE

The views expressed in this report are those of the participants of the Expert Consultation on the Draft Regional Action Framework: Rethinking Health Financing for Universal Health Coverage and Sustainable Development 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 Expert Consultation on the Draft Regional Action Framework: Rethinking Health Financing for Universal Health Coverage and Sustainable Development in the Western Pacific Region in Manila, Philippines from 11 to 12 December 2023.
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Keywords:

- Healthcare financing
- Regional health planning
- Sustainable development
- Universal health insurance
SUMMARY

As the deadline of 2030 fast approaches for achieving the Sustainable Development Goals (SDGs), World Health Organization (WHO) Member States must strive to continue expanding the availability of health services and ensure that their populations do not suffer financial hardship when accessing these services. With these goals in mind, and in alignment with the visions outlined in For the Future: Towards the healthiest and safest Region, as well as the call for shifts in economic thinking outlined in Health for All – transforming economies to deliver what matters – the final report of the WHO Council on the Economics of Health for All – the WHO Regional Office for the Western Pacific is developing a new regional action framework titled Rethinking Health Financing for Universal Health Coverage and Sustainable Development in the Western Pacific Region. It will be submitted for endorsement by Member States at the seventy-fifth session of the WHO Regional Committee for the Western Pacific in 2024.

As part of the process to develop the regional action framework, an expert consultation was convened in Manila on 11 and 12 December 2023 to solicit input from invited experts with extensive experience from health financing policy development at country, regional and global levels.

The meeting highlighted areas of progress, such as significant health expenditure growth enabled by favourable economic development and improved service and population coverage, but also remaining and emerging challenges, including worsening catastrophic health expenditure, lack of progress with strategic purchasing, escalating costs, worsening macro-fiscal outlooks for several Member States, and neglecting the financing of important public health functions, such as health promotion and health emergency preparedness.

Experts agreed that the new regional action framework should build upon the strong foundations of WHO’s health financing framework, augmenting the existing analytical frame to address the persistent and emerging challenges facing the Region. Further, it was agreed that it is critical to consider the diversity of the Region and to recognize that no one-size-fits-all model will be practical. Important themes and priorities for the health financing regional action framework will be to increase public financing for health; align health financing policies and systems to service delivery goals and objectives; continue to pursue implementation of established best practices based on the WHO health financing framework; maximize synergies between health, the economy and sustainable development; and invest in enabling systems and capacity development to ensure the success of health financing reforms.

It is recommended that WHO continue to develop the regional action framework in a consultative manner. Experts as well as Member States are recommended to work closely with WHO to ensure that the regional action framework adequately addresses the needs and priorities of countries and areas of the Western Pacific Region.
1 INTRODUCTION

1.1 Meeting organization

The Expert Consultation on the Draft Regional Action Framework: Rethinking Health Financing for Universal Health Coverage and Sustainable Development in the Western Pacific Region was held on 11 and 12 December 2023 in hybrid mode, with the majority of participants attending in person at the Admiral Hotel in Manila, Philippines, and others attending virtually. The aim of the meeting was to seek technical input from invited health financing and systems experts to inform the development of a regional action framework for health financing in the Western Pacific Region.

The meeting was attended by a diverse group of 15 experts with global, regional and country-level experience in health financing; one observer from the National Health Insurance Service of the Republic of Korea; and 15 members of the Secretariat from the World Health Organization (WHO) Regional Office for the Western Pacific Region, Western Pacific country offices and WHO headquarters (see full participant list in Annex 1). Most sessions consisted of an introductory presentation setting the scene, facilitated group discussions, followed by summarizing of the group discussions during the plenary session. (The programme of activities is available in Annex 2.)

1.2 Meeting objectives

The objectives of the meeting were:

(1) to identify persistent health system issues and the priority thematic areas that require renewed health financing reforms in the Region, building a comprehensive understanding of the main drivers of the current situation;

(2) to inform the development of the draft regional action framework aimed at bolstering health financing policies and systems for universal health coverage in the Western Pacific; and

(3) to generate concrete technical feedback, substantiate the preliminary content, and contribute to generating the recommendations in the draft framework.

2 PROCEEDINGS

2.1 Opening session

Mr Lluis Vinals Torres, Director, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, opened the meeting and welcomed all participants. He gave a presentation outlining the purpose of developing a new health financing regional action framework, the objectives and structure of the meeting, and the envisaged development process for the framework.

It was emphasized that the framework is predominantly to be seen as an agenda-setting document to guide priorities and directions for health financing reforms for the Western Pacific Region in the next decade. The purpose of developing a new framework is to take stock of health financing in the Region and build on global and regional evidence to identify actions that Member States can take to ensure that health financing supports the achievement of universal health coverage (UHC) and the Sustainable Development Goals (SDGs).
2.2 Situation analysis: where are we with health financing in the Region?

Ms Wang Ding, Health Economist, Health Policy and Service Design, Division of Health Systems and Services, Regional Office for the Western Pacific, presented on health expenditure trends and patterns, the macro-economic outlook, UHC progress and progress with health financing reforms in the Western Pacific Region from 2000 to 2020, highlighting the following key messages:

- The Region is highly diverse with regard to income level, demographics, health expenditure levels and composition, UHC progress and health systems architecture; therefore, one-size-fits-all solutions are not realistic.
- There have been considerable changes in terms of demographics and disease profiles since 2000, notably a shift from communicable diseases towards noncommunicable diseases (NCDs), which is a trend that is expected to continue in coming decades.
- The Region has generally experienced strong economic growth for the past two decades, which has enabled significant increases in health expenditure – both public and private (mainly out-of-pocket [OOP]) spending. However, the macro-economic outlook is now more constrained, which will likely limit the space for further health expenditure growth.
- In terms of UHC progress, most countries have seen improvements in service coverage but worsening of financial hardship from health expenditure. OOP spending remains high as a share of total health expenditure in many countries, particularly developing Asian countries.
- Several countries, particularly Pacific island countries and areas, have relatively high dependency on external donor funding, which often creates challenges, such as fragmentation, sustainability and competing interests.
- Many countries in the Region have embarked on ambitious health financing reforms, which has resulted in improved population coverage. However, many challenges remain, including funding fragmentation, lack of strategic purchasing, high OOP spending, public financial management bottlenecks and lack of evidence-based priority-setting.

The group discussions that followed focused on whether the analysis presented appropriately described the situation in the Region and whether there are major gaps in the analysis, as well as what best practices, lessons learnt, potential threats and opportunities can be highlighted in the framework. The feedback from discussions highlighted the following:

- **Reflections on the analysis presented:** Participants broadly agreed with the situational analysis and found it relevant and useful. However, it was emphasized that expenditure trends only capture part of the story and need to be complemented by other analyses to give a more complete picture. Another limitation of the analysis is that the heterogeneity of the Region makes it difficult to analyse trends and benchmark countries by income group. Weighted averages are also difficult given that very large countries tend to dominate the trends whereas small countries become virtually insignificant to the averages. Potentially useful additions to the situational analysis might include formal and informal economic shares, the status of the private sector and oversight, share of public spending on subsidizing the poor, and the actual impact of earmarking revenues for health.

- **Financial protection:** The growth in catastrophic health expenditure is concerning but also difficult to interpret as it may in some cases reflect increased disposable income and consumer preferences. Country experiences also show that what matters for financial protection is not only absolute levels of OOP spending, but also the design and implementation of public financing policies, such as resource allocation between primary care and hospitals, the design of benefit package and entitlement policies, etc. More granular data on catastrophic health expenditure (for example, across income quintiles) are required, and measurements on foregone care need to be developed and collected. Countries must also do their own analyses to understand the drivers of financial hardship experienced by their populations.

- **Efficiency and value for money:** Given that the economic outlook has worsened for many countries, the focus on efficiency and priority-setting will remain important for the Region. This imperative is augmented by the looming challenges of population ageing and NCDs, which will put additional pressure on health systems.
• **Strategic purchasing:** The concept itself is well accepted by most government health financing counterparts in the Region and remains valid, but progress is lacking. This is partly due to capacity constraints and insufficient systems and data, but in some cases also due to lack of political will to implement these. Capacity-building and experience-sharing at both the theoretical and operational levels are required to move the reform agenda forward in this field.

• **Financing of primary health care (PHC) needs attention:** Although there is robust evidence and broad political support for investing in PHC, in most countries this has not sufficiently translated into concrete actions. The health systems in the Region exhibit a pronounced hospital-centric orientation – a result of prolonged investments and political choices spanning several decades. Consequently, these dynamics have fostered entrenched care-seeking behaviours among patients, posing challenges in effecting corrective measures. Addressing this will entail the establishment of strong primary care service provision and robust referral systems, which are currently lacking in many countries.

• **The political economy lens:** It is important to recognize that UHC and PHC are political agendas and ensuring alignment across different stakeholders is fundamental. It is also recognized that ensuring the voice of the people is heard when policy and financing decisions are taken is critical. This could entail providing people with data that are easy to understand and developing appropriate mechanisms to support civil society and other relevant groups to disseminate such information.

• **Emerging challenges and priorities requiring multisectoral approaches:** There are several new and emerging areas that will require increased attention on both health systems and other sectors, including financing, going forward. These include climate change and other environmental challenges, as well as health emergency preparedness, which will all require both mitigation and adaptation/preparedness measures. The additional needs related to ageing populations will also require considerable attention, including long-term care and integration of health care with social care functions.

• **Investment in enabling systems:** Although financing patient care is always going to be a priority, it is important not to neglect investments in enabling systems, such as digital health, public financial management (PFM), governance and innovation.

• **Need for better collection and use of data:** Timely, actionable and high-quality evidence is critical to obtaining a robust understanding of the situation in countries and areas, and to inform health financing policy. There are limitations in the data that are currently used – for example, national health accounts, household surveys and government budget publications. The framework may offer an opportunity to do things differently by making recommendations for better and more timely data collection, and new and innovative collection methods, such as high-frequency surveys. Examples of areas where better data are required include PHC spending, financial hardship (including foregone care), health-care utilization, impact of spending (particularly on prevention) and burden of disease. There is also a need to strengthen analytical capacity and methods – for example, to combine expenditure and non-financial data to apply a better equity and efficiency lens.

• **Other topics:** Other topics discussed in the session included donor sustainability and alignment, insufficient involvement and regulation of private health care in support of UHC objectives, and examples of best practices from the Region, such as annual health financing data analysis (Indonesia); fixed, low co-payments for health-care utilization (Malaysia); and successful cases made to increase financing for health (China, Mongolia and the Philippines, among other countries).

2.3 **Examining existing health financing recommendations: what works, and what needs to be updated?**

Professor Soonman Kwon from the School of Public Health of Seoul National University gave a presentation reflecting on classical health financing messages and recommendations, such as increasing public financing, reducing OOP spending, reducing fragmentation through better pooling and greater use of strategic purchasing to achieve greater value for money. He further highlighted some emerging
global themes, such as PFM, the importance of PHC, the political economy of health financing reforms, the limits of social health insurance models and governance. The presentation also touched on some specific issues of particular importance in the Western Pacific Region, including ageing populations, worsening financial protection and suboptimal roles and functioning of the private health sectors.

The experts were asked to discuss how the global evidence has applied in the regional contexts, what areas with slow progress deserve more attention, and what has enabled or hindered health financing reforms in countries. The feedback from the group discussions included the following:

- WHO’s existing health financing analytical framework, as well as the classical recommendations associated with it, remain largely relevant for the Region and should form a central part of the regional action framework.

- The experts further agreed that although there is robust evidence and broad political support for reorienting health systems towards PHC, this has not sufficiently translated into actions, partly due to the influence of powerful stakeholders such as hospital groups and specialist doctors. Another reason is that the definition of PHC is not always clear and each country needs to delineate the scope of PHC that is appropriate to its own context. However, there are some countries, such as New Zealand and Singapore, where pilot programmes have been implemented to incentivize PHC, which can be further studied.

- There is a gap between evidence and action in terms of policies on medicines, and countries should ensure that the most cost-effective medicines are publicly funded and that cost-ineffective medicines are phased out of benefit packages. Such mechanisms are established in some high-income countries but not so much in the developing world. However, there are also some positive examples where WHO is working with countries (for example, Cambodia) to support the establishment of a volume and financial model for the essential medicines list (EML) to ensure that the highest-priority medicines are available at facility level, rather than expanding the number of products on the EML.

- Continued discussions from the previous session highlighted that some aspects of political economy – such as bureaucracy and competing interests, for example, between ministries of health and social health insurance funds – have been obstacles to progress.

- PFM bottlenecks have been a limitation. For example, fiscal constraints have limited budgetary space to increase public spending (and thereby reduce OOP spending) and the situation is often worsened further by poor budget execution.

2.4 Financing for health and beyond: greater social spending for a healthier, safer and greener Region

Mr Jonatan Davén, Consultant, Health Policy and Service Design, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, presented on the multidirectional relationships between health, the economy and sustainable development. These relationships are receiving increasing attention globally, as evidenced by the final report of the WHO Council on the Economics of Health for All, which calls for a shift in economic thinking to place physical and mental well-being and health as a central goal of the economy. This is in recognition that financing for health goes beyond the health sector as health outcomes are also a product of a wide range of social, economic and environmental determinants, for which the health sector itself does not have the primary responsibility. Furthermore, the health sector is also increasingly positioned as a key economic sector, through the direct and indirect effects of its activities on economic growth and development. Finally, climate change was discussed as one of the emerging challenges for the health sector, and funding will be required for both adaptation and to reduce the health sector’s own climate footprint. Some examples were shared on how countries and regions have analysed these relationships and translated them into policies and reforms.

In the group discussions, the experts were asked to reflect on the presentation and to what extent the regional action framework should propose actions beyond the health sector, as well as discuss whether there are any best practices in terms of fostering cross-sectoral collaboration in this regard. The experts were also asked to discuss how the global political momentum in this area can be translated into concrete actions. Key take-away messages from the group discussions include:
The extent to which recommendations beyond the health sector should be made in the framework: There was broad consensus that the relationship between health and the economy is undeniable and important, but there were different views on the extent to which this should be covered in the regional action framework. Some experts argued that it is difficult to craft concrete actions in these areas and that it could make the scope of the framework too broad, taking focus away from core health financing recommendations. Others argued that, given the momentum this topic is currently gaining globally, it would be a missed opportunity not to give it attention in the framework. Specifically, climate change, given its global importance, may need to be explicitly featured in the framework, and it is to be further discussed whether to include it as a stand-alone action domain, or integrated into other sections. As a general principle, it was agreed that the recommendations should be primarily focused on what can be actionable or triggered by the main target audiences of the framework.

Best practices and lessons learnt for cross-sectoral collaboration: Some country examples were shared in the presentation and during the group discussion. New Zealand has been implementing what it calls “well-being budgets” for the past years, wherein budgets are evaluated against a broad range of living standards indicators beyond the traditional macro-fiscal measurements. Mongolia has introduced SDG-budgeting, whereby additional funds, when available, are allocated to budget areas and projects based on their contribution towards the SDGs; this resulted in an increase in funding for PHC. In Malaysia, where road accidents contribute significantly to the burden of disease, the Ministry of Health met with the police and transport ministries to explore ways to address this, and although there was some initial “protection-of-turf”-reactions, it eventually resulted in fruitful discussions. The Philippines is implementing “programme convergence budgeting”, which is an approach whereby government budgets for key programmes and projects are coordinated holistically across departments and agencies working towards common goals.

Making the economic case for increased government spending on health: Quantifying the economic benefits of government health expenditure (for example, daily-adjusted life years [DALYs] and employment creation) can help in advocating for additional budgets when engaging with finance ministries. For capital investments, estimating the broader economic benefits and multiplier effects can be used as motivations for budget allocations for health infrastructure programmes. Infrastructure financing is something that is often neglected in WHO-led health financing discussions, which tend to focus on financing of services. Some experts felt that the economic arguments for health need to be balanced with arguments for health as a human right. It was also noted that investing in health is not limited to the health sector, but includes addressing social determinants of health in areas such as water and sanitation, nutrition, education and road safety, etc.

Translating these messages into concrete policy actions: As these topics are complex and have gained momentum on the global agenda relatively recently, more thought is needed into how this political momentum can be translated into specific actions to be recommended in the framework. However, some ideas were shared, including:

- Using strategic purchasing, benefits design and facility accreditation systems to incentivize the creation of climate-friendly and climate-resilient facilities and services.
- Promoting the introduction and scaling up of taxes related to health and the environment (for example, tax on gambling) to disincentivize unhealthy consumption and to raise revenues, which can be allocated to health. However, it was noted that there are also dangers in relying on these for health sector funding.
- Advocating for placing health and well-being as central goals for economic policy and budgets, including strategic engagement with ministries of finance and planning to maximize the health impact of budget allocations.
- Increased use of social prescribing and incentivizing these through provider payment mechanisms.
- Seeking to access funding from global climate change funds and financing instruments to support climate mitigation and adaptation within the health sector.
Commissioning studies to quantify the economic contribution of the health sector, similar to those published by the European Health Observatory.

- Capital investments, including in the health sector, should be climate friendly as far as possible and also consider other environmental issues, such as pollution as well as water, sanitation and hygiene.

### 2.5 What should a future-proof and well-functioning health financing ecosystem look like?

In the introductory presentation, Mr Vinals Torres provided a recap of the key messages emerging from the first day of the consultation, namely:

- Although financial protection is complex and often difficult to interpret, it is still very relevant for the Region.
- The voice of the people and the social contract is important.
- Financing of non-clinical areas such as public health and emergency preparedness must not be neglected.
- Ageing is a major challenge to health sectors that will resonate with the political leadership in many Member States.
- Climate change needs to be explicitly addressed in the framework.
- Financing for health beyond the health sector will be important, but specific recommendations still need to be identified.

The presentation further introduced the objectives for the session, namely to generate consensus on the vision for future health systems in the Region and to solicit ideas for the high-level domains into which the recommended actions should be structured.

The group discussions focused on whether the framework should have a set timeframe, where countries should be on health financing within this timeframe, the strategic statements of the framework, what desirable attributes for health financing would be ideal for this future, what high-level action domains should be and who the target audience should be beyond ministries of health.

There was no separate report back from the group discussions as the groups instead reported back in the following session.

### 2.6 How can we formulate a practical action framework?

The group discussions from the previous session continued with a shifted focus towards identifying specific actions and recommendations, how the framework can be useful for the whole Region despite its considerable heterogeneity, and how to support and monitor the implementation of the recommendations.

The groups generally agreed that it is important for the framework to target audiences beyond just health ministries, and that ministries of finance are a particularly important stakeholder group given their central role in health financing and financing for health. Many key health financing objectives – including health taxes, strategic purchasing, pooling, etc. – are contingent upon the support of finance ministries. Other possible audiences are planning ministries, social development ministries, parliamentarians, donors and civil society.

Although different options for how to structure the recommendations into four to five action domains were proposed, there was generally a consensus around the important themes to be covered, which are summarized below.

#### 2.6.1 Continue to implement existing global health financing recommendations

The participants agreed on the following recommended actions to be covered in the framework:

- Raising revenue and greater prioritization of health through building the economic case for investing in health as well as innovative financing mechanisms, such as health taxes.
- Building health financing systems based on prepaid compulsory financing schemes that are sustainable, equitable and efficient, and providing financial protection especially for the poor and vulnerable.
- Continuing to pursue strategic purchasing, while recognizing that many countries must first build enabling environments for strategic purchasing to be effective, including institutions, information systems, managerial capacity and provider autonomy, etc.
2.6.2 Areas where new and renewed evidence and thinking are required

The participants agreed that there are areas where new or renewed thinking are required, including:

- Financing PHC, including defining the scope of PHC, tracking PHC expenditure (including OOP spending at PHC level) and using financing policy levers to reorient health systems from curative services to PHC.
- Ensuring that health financing is aligned to the health systems and health service needs of the future, including ageing, long-term care, climate change and pandemic preparedness.
- The importance of highlighting non-clinical health functions that are often neglected, such as public health, health promotion, pandemic prevention and health emergency preparedness.
- Addressing PFM bottlenecks to ensure efficiency, improve budget execution and increase fiscal space.

2.6.3 Financing for health and sustainable development beyond the health sector

The following points were made in regard to health and sustainable development beyond the health sector:

- The theme of financing for health beyond the health sector is an important topic, but still somewhat vague in terms of its practical implications. More thinking is required to define practical recommendations in this area, but it is likely that the coordination role of ministries of health will be critical.
- There is a need for better evidence and data collection to enable informed planning and policy development.
- There is also a need to ensure that the private sector contributes to UHC, including through improved regulation of the sector and by purchasing services from private providers by public purchasers.

2.6.4 Plenary discussion

After the report back from the group discussions, the session moved to a plenary discussion, where the following reflections and advice to WHO relevant to the development of the framework were noted:

- It is interesting to note that although the groups worked independently from each other, there were many common themes, indicating that there is a relatively high degree of consensus among the experts. This is helpful for the writing team in identifying the key messages for the framework.
- The communications lens is important to have in mind when writing the framework. It should be written in an intuitive way that is easy to understand for all target audiences. It should be closely aligned to how policy-makers perceive their main challenges in order to gain political traction. It may be worth producing different formats of the framework (for example, longer and shorter versions) with different target audiences in mind. It is also important to plan how to market the document after it is finalized and published; involving WHO country offices for this purpose will be useful.
- There are pros and cons to having an explicit time frame for the framework. A preferable option is to aim for a longer time frame (for example, 10 years) as this would ensure continuity beyond the SDGs (by 2030) and enable the framework to be more ambitious as capacity constraints can be addressed within a decade. The time lag of data availability (sometimes up to four years) is also important to consider when setting a time frame as it will affect when the policy impact of the framework – and health financing developments in the Region generally – can be evaluated.
- Countries in the Region are at very different stages of development and hence the one-size-fits-all model will not work. The framework may need to include something about country capacity maturity assessments and perhaps even tailor some of the recommendations to different levels of health system maturity. The health financing progress matrix could be a starting point for this.
• The main role of the framework is agenda setting. It should be prescriptive in terms of the direction towards which health financing reforms should move, and create the policy space for countries to develop their own strategies and processes for moving in that direction.

• WHO is generally moving away from set benchmarks for health expenditure levels, as it is context dependent and there is no “magic number”. However, some countries have been asking for benchmarks to use as an advocacy tool for more funding in discussions with finance ministries. If some form of expenditure benchmark is included in the framework, it is important that this be contextualized as there is huge variation in health system performance at any given spending level.

• It is important for the framework to bring something new to the table and not just rehash the traditional health financing concepts and recommendations. There must be some element of fresh and radical thinking – for example, recommendations that health ministries should pay for non-clinical services, such as financial incentives to buy healthier food, or social prescribing.

• Peer learning between countries is very useful and is something that WHO will continue to facilitate.

• The writing team still needs to determine the best ways to structure the themes and recommended actions into action domains. Various options were proposed but a potential list of broad domains emerging from the discussions could be the following:
  o Securing and raising revenue for health and prioritizing public health financing in the face of an economic slowdown.
  o Continuing to pursue the existing health financing global recommendations, supported by best practices and evidence from the Region.
  o Aligning health financing to service delivery goals, objectives and emerging priorities, such as PHC, NCDs, ageing and neglected public health functions,
  o Investing in enabling systems and capacity development to support health financing reforms,
  o Financing for health and beyond the health sector.

2.7 Closing session

Ms Wang explained the next steps in the framework development process. The writing team from the WHO Western Pacific Region will regroup in the early part of 2024 and start drafting the framework, with the aim to have a draft ready in time to be shared ahead of the Member State Consultation to be held on 23 and 24 April 2024. The framework will then be presented to the seventy-fifth session of the Regional Committee for the Western Pacific in October 2024 for endorsement.

Mr Vinals Torres gave the closing remarks, expressing his appreciation for the wealth of knowledge shared by the participants as well as their enthusiasm throughout the meeting. He thanked all the participants, the WHO Secretariat and support teams for their time, valuable inputs and efforts to ensure the success of the meeting.

3 CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

The meeting provided useful guidance that will greatly assist the writing team in developing the draft regional action framework for health financing. There was generally broad consensus on the main principles and themes for the framework. Important take-away messages are that the framework offers an opportunity to influence the agenda and create a policy space for health financing reforms in the Region in the next decade. While building on and reiterating commitments to well-established health financing recommendations and best practices, it should also address persistent and emerging challenges and priorities in the Region, including climate change, NCDs, ageing populations and health
emergency preparedness, while capturing the synergies between health, the economy and sustainable development. Investments are also needed in enabling systems and capacity development to ensure the success of health financing reforms.

3.2 Recommendations

3.2.1 Recommendations for Member States

Member States are encouraged to consider the following:

(1) Work with WHO to develop the regional action framework, including through active participation in the Member State Consultation to be scheduled for April 2024.
(2) Maintain their commitments to improving health financing policies and systems to advance the UHC agenda of improving access to health services and reducing financial hardship.
(3) Advocate for and support greater and more sustainable public investment in health and well-being, within and beyond the health sector.

3.2.2 Recommendations for WHO

In developing the regional action framework, WHO is requested to do the following:

(1) Be cognizant of the inputs and advice received from the Expert Consultation and continue to engage and seek input from the experts as the draft framework evolves.
(2) Ensure that the regional action framework is developed in a consultative manner, considering feedback from Member States, including from representatives outside ministries of health, such as social health insurance agencies and ministries of finance.
(3) Support countries in implementing the proposed actions included in the final regional action framework once approved.
(4) Continue to provide advice and technical support to Member States.

3.2.3 Recommendations for temporary advisors

The temporary advisers who participated in the Expert Consultation are requested to do the following:

(1) Continue to support the development of the regional action framework by providing advice and feedback on drafts of the framework as and when requested by the writing team.
4 ANNEXES

4.1 Annex 1: List of temporary advisers, observers and secretariat

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## Annex 2: Meeting Programme

<table>
<thead>
<tr>
<th>Time</th>
<th>Activities</th>
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<tbody>
<tr>
<td><strong>Day 1 (Monday, 11 December 2023)</strong></td>
<td></td>
</tr>
<tr>
<td>09:00 – 09:45</td>
<td>1. Opening session</td>
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<tr>
<td></td>
<td>• Welcome</td>
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<td></td>
<td>• Introduction of participants</td>
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<td>• Meeting objectives and agenda</td>
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<td>• Administrative announcements</td>
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<td>• Group photo</td>
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<tr>
<td>09:45 – 10:00</td>
<td>Coffee break</td>
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<tr>
<td>10:00 – 12:00</td>
<td>2. Situation analysis: where are we with health financing in the region?</td>
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<tr>
<td></td>
<td>• Setting the scene: Health financing profiles in the Western Pacific</td>
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<td></td>
<td>• Group discussions to 1) validate the narratives of the regional contexts; 2) identify relevant policy questions for health financing</td>
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<td>− Does the analysis capture the main health financing issues in the region? What might be missing?</td>
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<td>− Does the description of the region’s progress, challenges and priorities make sense, or would you frame it differently?</td>
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<td></td>
<td>− What are the best practices and lessons learnt from countries can be highlighted in the framework?</td>
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<td>− What could be the potential threats/opportunities on health financing policies in the near future?</td>
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<td>• Reporting back and summary</td>
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<tr>
<td>12:00 – 13:00</td>
<td>Lunch break</td>
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<tr>
<td>13:00 – 14:30</td>
<td>3. Examining the existing health financing policy recommendations: what works, and what to be updated?</td>
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<td>• Setting the scene: Overview of the collective knowledge on health financing policies</td>
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<td>• Group discussions to 1) discuss the relevance of existing recommendations in the region’s contexts; 2) identify areas where more attention/actions to be raised by the framework</td>
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<tr>
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<td>− How has the global evidence applied to the regional contexts?</td>
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<td>− What areas with slow progress deserve more attention (medicines, private sectors, PFM, purchasing, overall efficiency and fiscal sustainability, etc)?</td>
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<td>− What enabled/hindered health financing reforms in countries?</td>
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<tr>
<td>Time</td>
<td>Session</td>
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<tr>
<td>14:30 – 14:45</td>
<td>Mobility break</td>
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<tr>
<td>14:45 – 16:15</td>
<td>4. Financing for health and beyond: greater social spending for a healthier, safer, and greener region</td>
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<td>• Setting the scene: Health, economy, and social benefits</td>
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<td>• Group discussions to 1) discuss the relevance of existing evidence for the regional action framework; 2) identify priorities and actions to be included in the framework</td>
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<td>− To what extent can and should the regional health financing framework propose actions beyond the health financing domain?</td>
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<td>− What have been the best practices and lessons learnt in fostering cross-sectoral collaborations for investing in health and social development in countries?</td>
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<td>− How do we translate the high-level global messages and political momentum into concrete policy actions?</td>
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<td>• Reporting back and summary</td>
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<tr>
<td>16:15 – 16:30</td>
<td>Wrap up of Day 1</td>
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<tr>
<td>16:30 – 17:30</td>
<td>Rapporteurs’ meeting (by invitation only)</td>
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<tr>
<td>18:00 – 19:30</td>
<td>Reception</td>
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<tr>
<td><strong>Day 2 (Tuesday, 12 December 2023)</strong></td>
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<td>09:00 – 10:15</td>
<td>5. What should a future-proof and well-functioning health financing ecosystem look like?</td>
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<td>• Setting the scene: The future health systems in the Western Pacific Region</td>
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<td>• Group discussions to define the strategic goals, desired attributes and potential strategic action domains for the framework</td>
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<td></td>
<td>− How should we frame the strategic goals of the framework that speaks to the desired future health systems?</td>
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<td>− How to best structure the high-level action domains to reach these goals?</td>
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<td>− Who should be the targeted audience beyond MOHs (and ways to engage them)?</td>
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<tr>
<td>10:15 – 10:30</td>
<td>Mobility break</td>
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<tr>
<td>10:30 – 11:30</td>
<td>6. How can we formulate a practical action framework?</td>
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<td>• Continuation of previous discussions and/or move to</td>
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<td></td>
<td>• Group discussions to propose recommendations and actions</td>
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</tbody>
</table>
- Under the high-level action domains, what would be practical recommendations?
- How can this framework be useful to WPR countries and areas with great diversity?
- How can we support and monitor the progress of its implementation?

<table>
<thead>
<tr>
<th>11:30 – 14:00</th>
<th>Lunch break</th>
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<tr>
<td></td>
<td>12:30-13:30 Special side event</td>
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<td>Transportation will be provided between the meeting venue and WPRO campus</td>
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<tr>
<th>14:00 – 16:00</th>
<th>(continued) 6. How can we formulate a practical action framework?</th>
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<td>- Group discussions - assign experts according to their knowledge and background to work together on proposing specific strategic actions.</td>
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<td>- Discussions on overarching framework recommendations and preliminary outline</td>
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<tr>
<th>16:00 – 16:30</th>
<th>7. Closing session</th>
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<td></td>
<td>- Key messages and next steps for the development of the regional framework</td>
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</tbody>
</table>

| 16:30 – 17:30 | Rapporteurs’ meeting (by invitation only) |