MEMBER STATE CONSULTATION ON THE DRAFT REGIONAL ACTION FRAMEWORK ON RETHINKING HEALTH FINANCING FOR UNIVERSAL HEALTH COVERAGE AND SUSTAINABLE DEVELOPMENT

23–24 April 2024
Manila, Philippines
MEETING REPORT

MEMBER STATE CONSULTATION ON THE DRAFT REGIONAL ACTION FRAMEWORK ON RETHINKING HEALTH FINANCING FOR UNIVERSAL HEALTH COVERAGE AND SUSTAINABLE DEVELOPMENT

Convened by:

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NOTE

The views expressed in this report are those of the participants of the Member State Consultation on the Draft Regional Action Framework on Rethinking Health Financing for Universal Health Coverage and Sustainable Development 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 Member State Consultation on the Draft Regional Action Framework on Rethinking Health Financing for Universal Health Coverage and Sustainable Development in Manila, Philippines from 23 to 24 April 2024.
SUMMARY

Universal health coverage (UHC), meaning all people have equitable access to quality health care without suffering financial hardship, is recognized globally as an important goal of sustainable development. Effective health financing is crucial to making progress towards this goal. Although countries and areas of the World Health Organization (WHO) Western Pacific Region have made considerable strides in health financing for UHC in the past two decades, many challenges remain, such as rising financial hardship from out-of-pocket spending on health. There are also new challenges related to population ageing, increasing disease burdens, health security, climate change and a worsening macro-economic outlook that will impact health financing.

With these goals and challenges in mind, and in alignment with the forthcoming regional vision for WHO in the Western Pacific, as well as the call for shifts in economic thinking outlined in the final report of the WHO Council on the Economics of Health for all, *Health for All – transforming economies to deliver what matters*, the WHO Regional Office for the Western Pacific is developing a new regional action framework on health financing. Building on the feedback from an expert consultation held in December 2023, a draft framework document was developed and presented at the Member State Consultation on the Draft Regional Action Framework on Rethinking Health Financing for Universal Health Coverage and Sustainable Development, held 23–24 April 2024, in Manila, Philippines, in hybrid format.

The framework aims to take stock of how health financing has developed in recent decades in the Region, identify new and remaining challenges and propose strategic actions that address these challenges, as well as to support Member States’ efforts to continue progressing towards UHC and well-being. The proposed actions cover five action domains, including: (1) more public financing; (2) more equitable and efficient spending; (3) financing transformative primary health care (PHC); (4) building an enabling environment through improved governance; and (5) financing for health beyond the health sector. The Consultation generated consensus among participants on the broad scope and direction of the Framework. Comments and suggestions for improvements received at the Consultation will be incorporated into the framework document before the final draft is circulated to Member States ahead of the seventy-fifth session of the Regional Committee for the Western Pacific in October 2024.
1. INTRODUCTION

1.1 Meeting organization

The Member State Consultation on the Draft Regional Action Framework on Rethinking Health Financing for Universal Health Coverage and Sustainable Development was held on 23 and 24 April 2024 in hybrid format in Manila, Philippines. It was attended by 48 participants from 24 countries and areas of the World Health Organization (WHO) Western Pacific Region, as well as 33 WHO Secretariat members, representatives and observers from WHO development, research and academic partners. A list of participants is available in Annex 1.

The aim of the meeting was to present and obtain feedback from Member States on the draft regional action framework on health financing. It was preceded by an expert consultation held in December 2023, during which input for the framework was gathered from invited experts with extensive experience from health financing policy development at country, regional and global levels. Based on this input, a draft framework was prepared and shared with participants ahead of the consultation.

Dedicated sessions covered the situation analysis, framework overview, each of the five proposed action domains, as well as considerations for the implementation of these actions. Most sessions included presentations, group discussions, plenary discussions and reflections from technical advisers. The full meeting programme is provided in Annex 2.

1.2 Meeting objectives

The objectives of the meeting were:

(1) to validate the situation analysis and obtain inputs from Member States for improvement on the draft regional action framework on rethinking health financing for universal health coverage (UHC) and sustainable development in the Western Pacific Region; and

(2) to build consensus on the strategic directions and main elements of the draft regional action framework among Member States in the Region.

2. PROCEEDINGS

2.1 Opening session

The Director for Programme Management at the WHO Regional Office for the Western Pacific, Dr Susan Mercado, welcomed participants and gave opening remarks. She highlighted the remarkable progress the Region has made to improve access to health care, but also remaining and emerging challenges. She emphasized that addressing these challenges requires more – and more equitable and effective – public spending on health, a renewed focus on primary health care (PHC), investments in enabling systems and society-wide action to address social determinants of health.

Dr Masahiro Zakoji, acting Coordinator of the Health Policies and Services unit, WHO Regional Office for the Western Pacific, presented the objectives of the consultation, after which Ms Ding Wang, Health Economist, WHO Regional Office for the Western Pacific, described the process for developing the framework and gave an overview of the agenda. This was followed by an introduction of the participants of the consultation. The session ended by electing office-bearers to lead the proceedings for the remainder of the consultation. Mr Idrish Khan from Fiji and Ms Laurita Mendoza from the Philippines were elected as Chair and Vice-chair, respectively.
2.2 Situation analysis on health financing progress and challenges in the Western Pacific

Dr Xu Ke, Senior Health Financing and Expenditure Analyst, WHO headquarters, presented an overview of global health expenditure patterns as well as key choices that countries must make in relation to various aspects of health financing policy. Key messages included that in order to make progress towards UHC, countries should rely primarily on domestic public financing; spend funds equitably, efficiently and aligned to population needs; minimize out-of-pocket spending (OOPS); and ensure that private spending and investments do not undermine UHC goals. Dr Xu further emphasized that transitions from donor funding require careful planning beyond just securing domestic funding, and that addressing health challenges requires whole-of-society approaches, including financing outside the health sector.

Ms Wang went on to present the situation analysis of the draft framework, highlighting the following key messages:

- The Region is highly diverse in terms of geography, socio-political systems, economic development, culture and health financing characteristics. Countries and areas have vastly different starting points and face different challenges; therefore, it is not possible to prescribe a one-size-fits-all model for health financing.
- Overall, the Region has made significant progress in terms of expanding service coverage (Sustainable Development Goal [SDG] indicator 3.8.1), but financial protection (SDG indicator 3.8.2) has worsened in most non-Pacific countries in the Region while evidence in the Pacific is lacking. The presentation unpacked underlying bottlenecks that hamper UHC progress, such as low prioritization of health in government spending and gaps in health financing policies, which cause inefficiency, inequity and drive OOPS.
- Many of the key challenges that the Region is facing are not being adequately addressed. These challenges include the growing burden of noncommunicable diseases (NCDs) and multimorbidities, partly related to ageing populations; health risks related to climate change; health security threats; and an increasingly challenging macroeconomic environment.
- There is a growing consensus that taking a Health for All approach requires wholistic approaches involving policy considerations and financing decisions beyond the health sector, but that tangible progress is lacking.

The presentation was followed by reflections from Professor Soonman Kwon from the School of Public Health at Seoul National University, who moderated the table discussions and report-back to the plenary. Themes highlighted in the plenary included the growing role of the private sector and its implications for health financing, including how to engage the private sector in service delivery at a reasonable cost; the need for better delineation of financing responsibilities between governments and social health insurance schemes; geographical challenges leading to indirect costs of accessing health care; operational bottlenecks that cause low budget execution, and in turn, budget reductions; fragmentation funding in donor-dependent countries; the need for improving efficiency of spending; and political influence on prioritization of health in government spending.

2.3 Overview of the draft regional framework

Ms Wang presented the rationale for developing a regional action framework, namely, to build political commitment around UHC, take stock of health financing developments in the Region, incorporate emerging themes on economics for Health for All, and to identify strategic actions that countries may take to make further progress towards UHC and well-being. Further, she gave a high-level overview of the five action domains proposed in the draft framework. The session ended with Ms Alia Luz,
Technical Officer, Regional Office for the Western Pacific, giving instructions pertaining to the group discussions for the subsequent sessions focusing on each of these action domains.

2.4 Action domain 1: More public money for health

The session started with a presentation of the action domain by Mr Jonatan Davén, Consultant, WHO Regional Office for the Western Pacific, who reiterated the importance of public health spending for improving both access to services and financial protection. The presentation noted the vast difference in levels of per-capita spending in the Region, which is in many cases lower than the global averages for the respective income groups. Further, the composition of revenue sources for health spending indicates that challenges vary between countries, with many Pacific countries and areas being highly dependent on donor funding, whereas high OOPS is a major driver of financial hardship in Asian middle-income countries. Finally, Mr Davén presented the draft strategic actions under this domain: (1) increasing prioritization of health in government budgets; (2) safeguarding budgets for core health functions; (3) ensuring sustained revenue generation in social health insurance (SHI) systems (where applicable); (4) avoiding over-reliance on OOPS and private voluntary health insurance; and (5) improving the sustainability of development assistance.

The presentation was followed by group discussions and report-back in a plenary discussion, moderated by Dr Eduardo Banzon, Principal Health Specialist, Asian Development Bank. Key messages from the discussions included:

- The domain is useful and its inclusion in the framework is supported, as it will help countries advocate for additional funding; however, it is important for the domain to also provide practical guidance for how health ministries can make a stronger case to their finance counterparts and legislatures for increased health budgets.
- It is important that the domain is considered together with domain 2 (efficiency and equity), as increasing health budgets without strong plans can lead to inefficiency. Furthermore, unless the health sector can demonstrate that funds are spent effectively, it is very difficult to advocate for more funds.
- Many countries have problems with low budget execution, which often leads to budget reductions.
- Sustainability and predictability of development assistance is critical, as it is an important source of funds for many countries in the Region. Effectiveness and alignment of development assistance to domestic priorities are also important and this could be covered under other action domains.

2.5 Action domain 2: More equitable and efficient health spending

Dr Lachlan McDonald, Consultant, Regional Office for the Western Pacific, presented an overview of this action domain, emphasizing how the UHC goals are strongly rooted in equity and how, given increasingly constrained budgetary space, efficiency is critical as it enables one to do more within the available resource envelope. Further, he highlighted how health spending in the Region is sometimes inefficient and inequitable due to fragmented funding pools, lack of strategic purchasing and resource allocation, gaps in the package of services funded by the public sector, high costs of overseas medical referrals and suboptimal procurement practices. The growth of private providers also drives up health system costs for both governments and households. The strategic actions proposed under this domain were: (1) consolidating and harmonizing funding pools; (2) purchasing services more strategically; (3) refining benefit packages; (4) ensuring that co-payments do not cause financial hardship;
(5) steering private providers towards contributing to UHC; (6) reducing procurement costs through centralized procurement; and (7) investing in digital health tools that improve access and efficiency.

The presentation was followed by group discussions and report-back in a plenary discussion, moderated by Dr Xu. Key messages from the discussions included:

- There was broad consensus on the importance of improving the equity and efficiency of health spending and that it should remain one of the action domains in the framework. It was proposed that the domain also cover how financial incentives may affect the quality aspect of health services.

- Some of the actions in this domain require more clarity and nuance. Examples of actions that need to be explained better were merging or harmonizing of schemes and centralized or pooled procurement. Certain health financing concepts may also need to be explained in a glossary.

- Fragmentation is not only a problem in SHI systems but also exists within health budgets, through vertical funding streams, and in settings where development assistance is not integrated with domestic health expenditure.

### 2.6 Action domain 3: Financing transformative PHC for UHC: now and into the future

Ms Wang explained how various developments in the Region, such as the growing NCD burden, ageing populations, health security threats and environmental health risks, will drive up health-care costs and threaten the sustainability of health systems unless countries reorient their health systems towards PHC. However, in most countries in the Region, PHC remains under-emphasized and underfunded. This is the case for both individual-based services, where the primary care is often bypassed for more costly specialist care, and for population-based public health functions, which are often neglected in health financing decisions. The strategic actions proposed under this domain were: (1) increasing the prioritization of PHC within health budgets; (2) creating incentives to use and deliver health care at the appropriate level of care; (3) identifying and funding the most cost-effective interventions for ageing and NCDs; (4) providing adequate funding for health security; (5) improving the climate resilience of health systems; and (6) investing in the health workforce for PHC.

The presentation was followed by group discussions and report-back in a plenary discussion, moderated by independent Consultant Dr Phyllida Travis. Key messages from the discussions included:

- Although it partly overlaps with other domains, there is strong merit in having a domain on PHC, as it is a strategic shift that is acutely needed in the Region. The focus on financing could be strengthened in this domain.

- Decentralization is a critical aspect of financing PHC in many countries in the Region. The financial responsibilities of central governments, subnational governments and, where applicable, SHI agencies, are often diluted and fragmented. Accordingly, it is important for countries to clearly define the responsibilities of the respective stakeholders for raising and allocating revenue for PHC. Particular guidance may be needed on financing of population-based public health activities, which are often neglected in the Region.

- PHC is not always well defined at the country level and expenditure is often spread across multiple funders and providers. This makes it difficult to quantify PHC budgets and track expenditure. Budget structures and financial systems may need to be amended and clearer definitions of PHC developed, to allow for better monitoring of and budgeting for PHC.

- It was proposed that the actions on climate resilience of health systems be moved to domain 5.
2.7 Action domain 4: Building a conducive enabling environment

Dr McDonald provided an overview of this domain, emphasizing how effective health financing is dependent on critical enablers such governance and institutional capacity, public financial management (PFM) and information systems. Further, there are notable weaknesses in these areas across the Region, which have held back progress in health financing. The strategic actions proposed under this domain were: (1) strengthening governance functions to ensure transparency, accountability and inclusive participation; (2) building institutional capacity across the spectrum of health financing actors; (3) strengthening PFM capacity and processes; and (4) generating better and more timely data to inform policy development, make the case for public spending and monitor the effectiveness of health spending.

The presentation was followed by group discussions and report-back in a plenary discussion, moderated by Professor Kwon. Key messages from the discussions included:

- Participants agreed on the importance of this domain and found all the proposed strategic actions relevant for the Region. However, some actions could be reworded to be more specific and easily understandable, particularly those focusing on governance and PFM.
- More emphasis could be placed on community engagement and managing perceptions and expectations when seeking buy-in for health financing policies and reforms.
- While it was agreed that generating high-quality and timely data is critical, emphasis should also be given to using the data, as this will also create stronger incentives for improving data collection.

2.8 Action domain 5: Promoting health for all as a central goal of economic and social policy

The presentation by Mr Davén focused on how economic growth, while being positive for health in aggregate, has also created some unintended challenges, such as environmental (including climate-related) risk factors, lifestyle and consumption changes driving NCDs, and occupational injuries and diseases. The downstream effect of these challenges will place ever-growing demands on the health sector unless addressed holistically. Accordingly, the WHO Council on the Economics of Health for All, in its final report makes the case for elevating health as a central goal of economic policy, and for actions to address social determinants of health to be seen as an investment – not a cost. As this topic is relatively new to the health financing debate, there are still questions around how to best incorporate it into the framework. The following proposed strategic actions were presented: (1) promoting greater intersectoral collaboration and financing; (2) using fiscal measures to incentivize healthier consumption; (3) generating more evidence on the relationships between health, the economy and social well-being; (4) investing in community institutions to promote health; (5) exploring the use of social prescribing; (6) elevating links between climate and health in political agendas; and (7) investing in the decarbonization of health systems.

The presentation was followed by group discussions and report-back in a plenary discussion, moderated by Professor Jeremy Lim, Director/Associate Professor, Saw Swee Hock School of Public Health, National University of Singapore. Key messages from the discussions included:

- The participants agreed on the importance of addressing factors outside the health sector that have an impact on health financing and UHC. However, the boundaries for the domain can be made clearer and it was suggested that it is limited to actions pertaining to financing. Some strategic actions within the domain also need to be made clearer and the link to the One Health approach can also be strengthened.
• Given the interrelationship between health and other sectors described in the presentation, there are significant potential investments outside the health sector that could benefit both health and the other sector(s) involved. Such co-benefits can be emphasized more strongly in the framework.
• It is important that the health implications of all proposed major government investments and policies are carefully analysed and considered before these are approved and implemented.
• As climate change is largely caused outside the health sector, the main responsibility for mitigation does not sit with the health sector. However, all sectors, including health, must play their part in mitigation. Further, given the threat to health that climate change poses, particularly in the Western Pacific Region, the health sector should – to the extent possible – lead by example.

2.9 Moving forward

Ms Luz summarized the final chapter of the draft framework, which focuses on how the Region can move towards implementation of the strategic actions. She emphasized the need for Member States to tailor the actions to their contexts based on country-level diagnostics and priorities, carefully plan and sequence reform processes based on domestic political dynamics, and continue engaging in global and regional financing and peer-learning initiatives. WHO’s role is to support Member States through high-level technical guidance, tailored country support, facilitating peer learning and advocating for investing in health. Finally, existing monitoring and evaluation mechanisms can be leveraged to keep track of progress on health financing in the Region.

After the presentation, participants discussed the presentation around their tables and Ms Luz facilitated the plenary feedback. Key messages from the discussions included:

• The purpose of this chapter needs to be clarified, so that it is not misinterpreted to constitute the main recommendations of the framework, as this would detract attention from the strategic actions proposed under the action domains.
• The wording of the considerations for Member States can also be refined. For example, the emphasis on reform should be softened, as the action domains are not only about reform but also practical actions that can be taken within the existing policy environment.
• The role of WHO can be made more specific in regard to health financing, and the specific roles and activities that the Organization carries out in the health financing space can be spelled out more clearly.
• There was a consensus that the framework should leverage existing monitoring and evaluation systems and processes, and not create additional reporting burdens for countries.

2.10 Closing session

Ms Wang gave a brief overview of the key takeaway messages from the consultation and next steps, including that the writing team will address the comments received in the draft document as appropriate, add country examples, and refine the presentation of the recommendations and actions. She emphasized that the feedback received during the consultation will be instrumental in ensuring that the framework is relevant and meaningful to Member States.

Dr Zakoji closed the meeting, thanking all the participants for their time and insightful comments during the consultation.
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

There was a consensus among the participants that there is a need for greater reliance on public spending on health systems, as well as for more efficient and equitable use of available funding. Further, participants agreed that health systems need to be reoriented towards PHC in order to be ready for both current and future challenges, and that health financing is critical to steer health systems in this direction. They also recognized that effective health financing is contingent on an enabling environment, which requires improved governance, PFM and information systems. Finally, it was recognized that protecting the sustainability of health systems also requires financing in other sectors to address the social and environmental determinants of health.

3.2 Recommendations

3.2.1 Recommendations for Member States

Member States are encouraged to do the following:

(1) Work with WHO to further refine the draft regional action framework, including by submitting written comments on the framework by the stipulated deadline and by contributing to country examples that can be highlighted in the framework as appropriate.

(2) Maintain their commitments to improving health financing policies and systems to advance the UHC agenda of improving equitable access to health services and reducing financial hardship.

3.2.2 Recommendations for temporary advisers, representatives and observers

Temporary advisers, representatives and observers are encouraged to do the following:

(1) Continue to support the framework development processes, including by submitting written comments on the framework by the stipulated deadline.

(2) Continue to work with WHO and Member States to advance health financing for UHC.

3.2.3 Recommendations for WHO

WHO is requested to do the following:

(1) Consider the feedback received during the Member State Consultation, as well as written comments received after the consultation, when refining and finalizing the draft framework.

(2) Support countries in implementing the proposed actions included in the final regional action framework once approved.

(3) Continue to provide advice and technical support to Member States.
ANNEXES

Annex 1: List of participants, temporary advisers, observers, and Secretariat

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## Annex 2. Programme of Activities

**WORLD HEALTH ORGANIZATION**

**REGIONAL OFFICE FOR THE WESTERN PACIFIC**

**BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL**

**MEMBER STATE CONSULTATION ON THE DRAFT REGIONAL ACTION FRAMEWORK ON RETHINKING HEALTH FINANCING FOR UNIVERSAL HEALTH COVERAGE AND SUSTAINABLE DEVELOPMENT**

**Manila, Philippines (Hybrid)**

**23–24 April 2024**

**ENGLISH ONLY**

### PROVISIONAL PROGRAMME OF ACTIVITIES

<table>
<thead>
<tr>
<th>Time</th>
<th>Activities</th>
<th>Responsible Person</th>
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<tbody>
<tr>
<td>Day 1: (Tuesday, 23 April 2024)</td>
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<td></td>
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<tr>
<td>08:30 – 09:00</td>
<td>Registration</td>
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<tr>
<td>09:00 – 10:00</td>
<td><strong>1.1 Opening session</strong></td>
<td>Moderator: Dr Masahiro Zakoji, Acting Coordinator, Health Policy and Service Design (HPS), WPRO</td>
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<td></td>
<td>• Welcome</td>
<td>Dr Susan Mercado, Director of Programme Management (DPM), WPRO</td>
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<tr>
<td></td>
<td>• Opening remarks</td>
<td>The WHO Secretariat</td>
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<tr>
<td></td>
<td>• Meeting objectives and overview</td>
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<tr>
<td></td>
<td>• Introduction of participants</td>
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<td></td>
<td>• Election of office bearers</td>
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<td></td>
<td>• Administrative announcements</td>
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<td></td>
<td>• Group photo</td>
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<tr>
<td>10:00 – 10:15</td>
<td>Break</td>
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</table>

1. The provisional programme of activities is subject to change. Final copy will be communicated directly to the participants of the meeting.
<table>
<thead>
<tr>
<th>Time</th>
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<th>Responsible Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:15 – 12:00</td>
<td><strong>1.2 Situation analysis on health financing progress and challenges in the Western Pacific</strong>&lt;br&gt;• Global overview on health financing trends and policy development&lt;br&gt;• Unpacking UHC performance bottlenecks from a health financing lens – now and into the future&lt;br&gt;• Table discussions&lt;br&gt;• Reflections and summary</td>
<td>Member States Chairperson Presenter: Dr Ke Xu, Senior Health Financing and Expenditure Analyst, WHO HQ Ms Ding Wang, Health Economist, HPS, WPRO Facilitated by Temporary Advisors and WHO Secretariat</td>
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<tr>
<td>12:00 – 13:00</td>
<td>Lunch</td>
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<td>13:00 – 13:15</td>
<td><strong>1.3 Overview of the draft regional framework</strong>&lt;br&gt;• Bring it all together – high level action domains&lt;br&gt;• Group discussion arrangements and instructions</td>
<td>Member States Chairperson Presenter: Ms Ding Wang, Health Economist, HPS, WPRO Ms Alia Luz, Technical Officer, HPS, WPRO</td>
</tr>
<tr>
<td>13:15 – 14:45</td>
<td><strong>1.4 Action domain 1: More public money for health</strong>&lt;br&gt;• Presentation on the proposed actions&lt;br&gt;• Breakout group discussions&lt;br&gt;• Reporting back</td>
<td>Member States Chairperson Presenter: Mr Jonatan Daven, Consultant, HPS, WPRO Facilitated by Temporary Advisors and WHO Secretariat</td>
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<tr>
<td>14:45 – 15:00</td>
<td>Break</td>
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<tr>
<td>15:00 – 16:30</td>
<td><strong>1.5 Action domain 2: More equitable and efficient health spending</strong>&lt;br&gt;• Presentation on the proposed actions&lt;br&gt;• Breakout group discussions&lt;br&gt;• Reporting back</td>
<td>Member States Chairperson Presenter: Dr Lachlan McDonald, Consultant, HPS, WPRO Facilitated by Temporary Advisors and WHO Secretariat</td>
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<tr>
<td>16:30 – 17:30</td>
<td>Secretariat meeting (by invitation only)</td>
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<td>17:30 – 19:00</td>
<td>Reception</td>
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<tr>
<td>Time</td>
<td>Activities</td>
<td>Responsible Person</td>
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| Day 2: (Wednesday, 24 April 2023) | 09:00 – 10:30 2.1 Action domain 3: Financing  
**Transformative PHC for UHC: now and into the future**  
- Presentation on the proposed actions  
- Breakout group discussions  
- Reporting back | Member States Chairperson  
Ms Ding Wang, Health Economist, HPS, WPRO  
Facilitated by Temporary Advisors and WHO Secretariat |
|           | 10:30 – 10:45 Break |                                                                                     |
|           | 10:45 – 12:15 2.2 Action domain 4: Building a conducive enabling environment  
- Presentation on the proposed actions  
- Breakout group discussions  
- Reporting back | Member States Chairperson  
Dr Lachlan McDonald, Consultant, HPS, WPRO  
Facilitated by Temporary Advisors and WHO Secretariat |
|           | 12:15 – 13:15 Lunch |                                                                                     |
|           | 13:15 – 14:45 2.3 Action domain 5: Promoting health for all as a central goal of economic and social policy  
- Presentation on the proposed actions  
- Breakout group discussions  
- Reporting back | Member States Chairperson  
Mr Jonatan Daven, Consultant, HPS, WPRO  
Facilitated by Temporary Advisors and WHO Secretariat |
|           | 14:45 – 15:00 Break |                                                                                     |
|           | 15:00 – 16:00 2.4 Moving forward  
- Presentation on considerations for MS, WHO’s role and M&E  
- Table discussions  
- Reflections and summary | Member States Chairperson  
Ms Alia Luz, Technical Officer, HPS, WPRO  
Facilitated by Temporary Advisors and WHO Secretariat |
|           | 16:00 – 16:30 2.5 Closing  
- Final reflections and next steps  
- Closing remarks | WHO Secretariat  
Dr Masahiro Zakoji, Acting Coordinator, Health Policy and Service Design (HPS), WPRO |