MEETING REPORT

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

Convened by:

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NOTE

The views expressed in this report are those of the participants of the Seventh Meeting of the Technical Advisory Group on Universal Health Coverage in the Western Pacific Region and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Seventh Meeting of the Technical Advisory Group on Universal Health Coverage in the Western Pacific Region in Manila, Philippines from 25 to 26 April 2024.
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Delivery of health care / Health information systems / Universal health insurance
SUMMARY

The Seventh Meeting of the Technical Advisory Group on Universal Health Coverage (UHC TAG) in the WHO Western Pacific Region was held in Manila, Philippines from 25 to 26 April 2024. With the theme “Country Focus and Impact: Accelerating UHC to Achieve the Health Sustainable Development Goal (SDG) by 2030”, the meeting gathered 127 representatives from 24 Member States, UHC TAG and TAG Alliance members, WHO staff and development partners. The meeting aimed to discuss UHC progress and challenges, identify cross-programmatic enablers and innovative approaches and recommend policy solutions towards achieving UHC and health-related SDGs by 2030.

WHO Member States, UHC TAG experts and partners agreed that advances in the following four areas are crucial in accelerating UHC progress in the Region.

1. **Transformative primary health care (PHC) for UHC**: Emphasized the need for a shared vision, PHC-focused workforce, robust digital infrastructure, strong community engagement and evidence-based investments.
2. **Sustainable funding and financial protection**: Stressed the importance of equitable health spending, efficient resource mobilization and innovative financing mechanisms.
3. **Building a future-ready health workforce**: Highlighted the necessity for a well-distributed, high-quality workforce aligned with health needs.
4. **Leveraging digital health and technology**: Recognized the potential of digital health to expand service coverage, improve quality and address workforce shortages.

Participants discussed the importance of creating an enabling environment for UHC. This action includes fostering political commitment and advocacy, utilizing WHO's adaptable guidance and frameworks, strengthening research and data collection for informed decision-making, and revitalizing partnerships with private and non-health sectors to leverage resources and effectively address social determinants of health, including climate change.

The meeting underscored the importance of continuous efforts to synergize cross-programmatic work, taking a systematic approach under UHC. It highlighted the necessity of adaptable, resilient, and equitable health systems to address current and future health challenges, emphasizing strong government leadership, sustainable funding, an empowered workforce, and the effective use of digital health technologies.

Member States may consider the following:

1. Conduct in-depth analyses of UHC facilitators and barriers.
2. Strengthen PHC with a focus on prevention and community engagement.
3. Leverage political economy considerations to secure health investments.
5. Explore digital health interventions tailored to country needs.

The WHO Secretariat is requested to do the following:

1. Foster political engagement and advocate for UHC through regional and country-level dialogues.
2. Support capacity-building for government officials and a health workforce focused on PHC.
3. Establish platforms for knowledge sharing and strategic collaboration.
4. Provide comprehensive policy guidance and coordinated technical assistance.
5. Foster partnerships and facilitate collaboration among TAGs.
6. Consider establishing a platform for pooled procurement of medicines and medical products.
1. INTRODUCTION

1.1 Meeting organization

The Seventh Meeting of the Technical Advisory Group on Universal Health Coverage (UHC TAG) in the Western Pacific Region was held from 25 to 26 April 2024 in Manila, Philippines, in a hybrid format under the theme "Country Focus and Impact: Accelerating UHC to Achieve the Health Sustainable Development Goal (SDG) by 2030."

The 127 participants included representatives from 24 Member States, UHC TAG and TAG Alliance members, WHO staff from headquarters, the Regional Office for the Western Pacific and 13 country offices, development partners and experts. The list of participants is available in Annex 1.

The two-day meeting focused on the current status of UHC progress, future health threats and potential options for fast-tracking UHC progress within the dynamic and diverse context of the Region. The programme offered dynamic and participatory sessions and activities, including plenaries, panel discussions, group work, moderated discussions using live polls, the Fourth TAG Alliance meeting, side events featuring UHC Country Diagnostics posters, and facilitated experience-sharing and knowledge exchange among Member States. The programme of activities is available in Annex 2.

1.2 Meeting objectives

The objectives of the meeting were:

(1) to discuss UHC progress and challenges in the Region and its countries, building an understanding of the current situation and relevant priorities;
(2) to identify cross-programmatic enablers, strategies and innovative approaches informed by country experiences to transform health systems for UHC; and
(3) to recommend policy and programmatic solutions towards achieving UHC and the health SDG by 2030.

2. PROCEEDINGS

2.1 Opening session

Dr Susan Mercado from the WHO Regional Office opened the meeting on behalf of the WHO Regional Director, Dr Saia Ma’u Piukala, by warmly acknowledging the diverse expertise and dedication present, united under the goal of Health for All. She expressed concern that most of the countries in the Region are off track in achieving the health SDG, while highlighting the Region’s diversity in population, land mass and economies, as well as the variation in health challenges and their scale and scope. Against the backdrop of the 2023 United Nations High-Level Meeting on UHC and the upcoming regional health vision, she emphasized that UHC is the top priority of the new Regional Director. She urged participants to share their candid insights and requests, highlighting that the WHO Regional Office for the Western Pacific is the only regional office with a specialized TAG on UHC and the TAG Alliance mechanism.

Professor Gillian Biscoe, the UHC TAG chairperson, underscored compounded challenges at the regional and country levels, acknowledging the importance of efforts in developing country-level UHC progress analysis. She reinforced the urgency of developing stronger, faster strategies and expressed confidence that the meeting would guide and drive actions to achieve the goal based on the country context.

Dr Bruce Aylward of WHO headquarters asserted that UHC remains a significant global challenge, with the promise of UHC made seven years ago still far from being achieved. Despite progress in 40 countries, global advancements towards UHC have been minimal. The COVID-19 pandemic exacerbated and exposed health system fragilities, highlighting their low readiness for future pandemics.
He elaborated the WHO Fourteenth General Programme of Work (GPW14), a new health strategy aimed at accelerating UHC progress and reinvigorating the SDGs by focusing on health equity, system strengthening, resilience and the 3Ps (promote, provide and protect) with a central focus on UHC.

Dr Kidong Park from the WHO Regional Office outlined the session objectives and agenda of the two-day meeting. He also introduced the 12 multidisciplinary UHC TAG members and participants, requesting they say “health for all” in their respective mother languages to reaffirm our shared goal for the meeting.

2.2 Session 1. Midway to 2030: Where are we not, and why?

Dr Pavel Ursu of WHO headquarters provided global UHC diagnostics and projection.

- **2023 UHC Global Monitoring Report**: Billions worldwide are left behind in the journey to UHC. Despite notable improvements in service coverage, catastrophic health spending has worsened globally. By 2021, 123 countries had high service coverage index scores, up from 47 countries in 2000. However, the pace of expansion has slowed since 2015, with no change since 2019. Furthermore, the proportion of the global population with catastrophic out-of-pocket (OOP) health spending has continuously increased since 2000. Ninety-six countries have experienced little improvement or worsening catastrophic OOP health spending. Overall, the world is off track to reach the SDG targets by 2030.

- **Projection of UHC progress**: WHO headquarters, in collaboration with regional offices, is developing a projection of UHC progress. These are beneficial for context-specific country analyses and identifying options for targeted acceleration strategies.

- **Key factors for advancing UHC progress**: Strong political commitment, a comprehensive service package and limited out-of-pocket spending, particularly for the poor, are crucial. Equally important is investing in the collection and analysis of primary and disaggregated data on UHC and employing data-driven approaches. Data provide a foundation for country-specific assessments and the planning and implementation of actions to achieve UHC. This approach can be achieved by sharing data, strengthening country-level health information systems, and leveraging digital health solutions.

Dr Rajesh Narwal from the WHO Regional Office shared a presentation on looking beyond the UHC numbers in the Western Pacific Region.

- **UHC progress**: The Western Pacific Region has seen significant improvements in UHC service coverage, rising from 49 in 2000 to 79 in 2021. Remarkable progress has been made in infectious diseases and maternal, newborn and child health (RMNCH), while progress in noncommunicable diseases (NCDs) has stagnated since 2010. Financial protection remains a challenge. Catastrophic health expenditures have doubled, affecting nearly 20% of the population. This number is the highest among all WHO regions, with medicines and outpatient visits as the primary drivers of OOP health spending.

- **Facilitators and barriers to regional UHC progress based on UHC Country Diagnostics**:
  - **Health financing**: Expansion of social insurance systems in some countries, including China, Japan, New Zealand, the Republic of Korea, Singapore and Viet Nam, and innovative taxes, such as the Philippines’ "Sin Tax", have significantly bolstered health financing. However, a lack of sustainable national public funding leads to high OOP payments. Moreover, Pacific island countries and areas (PICs) still struggle with donor dependency and inadequate national budgets.
  - **Human resources for health**: Increasing health professionals in China and Viet Nam was an enabler of UHC. Community health workers have played a vital role in rural and remote settings, as seen in Fiji and Vanuatu. However, acute workforce shortages, maldistribution of health professionals and international migration remain persistent challenges, especially in PICs.
  - **Service delivery**: The expansion of digital health, including telemedicine, has improved service access for vulnerable groups in Australia, the Republic of Korea and Singapore.
Primary health care (PHC) initiatives in Fiji, Kiribati and Nauru have enhanced accessibility through free services. However, service fragmentation between PHC and hospital care, lack of electronic health records, unregulated private sector growth and NCD management issues adversely affect UHC progress. Additionally, overseas referrals amplify service access issues and financial strain in PICs.

- Economic, geographic and demographic considerations and climate change: Economic growth in Cambodia, the Lao People’s Democratic Republic and Viet Nam has positively impacted UHC progress. However, income inequity, unstable economies, geographic challenges (e.g. scattered populations) and rapidly ageing populations pose significant challenges. Moreover, climate change and health emergencies are major obstacles, particularly in PICs and tropical areas.

The presentation called for tailored interventions and robust strategies to address these challenges and accelerate UHC progress in the Region.

Before the seventh UHC TAG meeting, UHC Country Diagnostics were conducted following the recommendations from the UHC TAG to the WHO Secretariat. The primary objective was to inform and guide the prioritization and implementation of national and regional actions to advance UHC. This involved an in-depth analysis of the facilitators and barriers to each country’s UHC progress. At the seventh UHC TAG meeting, 27 country posters produced by the WHO Secretariat and a partner institution in consultation with Member States were displayed as a side event. See Fig. 1 for a visual summary of the opening session and session 1.

Fig. 1. Visual summary of the opening session and session 1

2.3 Session 2. Accelerating UHC progress: What next?

2.3.1 What is the future of health and how will it affect UHC?

Professor Vivian Lin, a UHC TAG member, shared her perspectives on “Health future – are our health systems prepared?”.

- Health issues and megatrends shaping our future: Key health issues include NCDs, such as mental health, emerging infectious diseases (e.g. pandemics and antimicrobial issues), environmental health emergencies, existing issues (e.g. tuberculosis [TB], HIV, malaria, maternal and child health, and vaccine-preventable diseases). Future health systems must
consider megatrends like climate change, ageing populations, increasing urbanization and migration, technological advancements, and social, political, economic and geopolitical polarization.

- **Learning from COVID-19:** The pandemic exposed flaws in health systems, including the vertical governance structure, a hospital-centred care model, workforce limitations and global inequities. The crisis also underscored the importance of managing the infodemic, where limited capacity for community engagement and education became evident.

- **Approaching the future:** Health systems should remember their core vision and definition, focusing on people rather than just building blocks. Recognizing various scenarios and considering intergenerational benefits is crucial for creating "glocal" futures. Building coalitions and increasing UHC literacy will help set the stage for change. Harnessing science, technology and communication effectively ensures preparedness and resilience in the post-COVID world.

**Country presentations: Shaping our future UHC journey**

Member State representatives shared strategies and interventions effective in shaping their country’s journeys to UHC by presenting and discussing three focus areas: (1) expanding service coverage using digital health, (2) improving efficiency and expanding financial coverage, and (3) reaching the unreached: addressing inequities to achieve UHC.

1. **Expanding service coverage using digital health**

Mongolia shared a presentation on their Government’s commitment to and initiative for adopting digital technologies to expand health service coverage.

- **e-Mongolia:** Mongolia's digital strategy, reflected in its long-term development policy "Vision-2050", aims to digitize up to 90% of government services by 2024 via the e-Mongolia platform. This platform, launched in 2019, integrates over 2000 government services, including key health services, such as health screenings, outpatient appointments and COVID-19 vaccinations. Integrating these services has facilitated better accessibility and efficiency, with more than 75% of the adult population using it daily. More health services are being integrated into the e-Mongolia platform, including prenatal care, e-prescription, child development monitoring and immunization.

- **Digital health initiatives:** The development and implementation of a comprehensive health insurance IT system has streamlined the claim review process and enhanced fraud detection through fingerprint authentication. The e-Mongolia platform also supports health insurance premium payments via a VAT return system, making the process more accessible to citizens. In addition, to address the fragmentation of the IT system within the health sector, the Ministry of Health has drafted a comprehensive action plan emphasizing governance, legal frameworks, infrastructure and capacity-building for the health workforce.

Tonga shared their experiences in leveraging digital health for service coverage expansion.

- **Tonga:** Tonga has been operating several digital health initiatives to enhance service delivery, particularly in remote areas. These initiatives include a COVID-19 monitoring system to track and contain outbreaks and the nationwide rollout of the National Health Information System across various health facilities to ensure seamless integration of services. The Ministry of Health has also upgraded its ICT infrastructure, including networks and new digital health systems, and developed a privacy act to protect personal information and enforce compliance. Tonga's digital health strategy is nearing finalization, with the exploration of telemedicine to provide remote access to specialists.
(2) Improving efficiency and expanding financial coverage
Malaysia shared their health systems landscape, key challenges and the Government’s plans for their UHC journey.

- **UHC progress**: Despite having a strong track record in providing UHC, Malaysia faces several challenges. The UHC service coverage index has fallen slightly off track recently, partly due to the COVID-19 pandemic. While the country has maintained good performance in financial risk protection, it grapples with high OOP spending and an overstretched health system.

- **Complex health sector landscape**: Malaysia faces increasing demand for health care because of the double burden of disease and an ageing population. Significant constraints exist in integrating the public and private sectors, marked by an imbalance of limited resources. Resilience to health crises is a major concern; better preparedness for future health emergencies and to address the impacts of social determinants of health and climate change is necessary.

- **Plans to improve efficiency and expand financial coverage**: The Government is prioritizing PHC with an emphasis on preventive and promotive care. It is establishing a new social contract for shared responsibility among the public and private sectors and civil society to improve health outcomes and foster solidarity in health financing. Additionally, the Government aims to increase investment in health and explore digital technologies to enhance the accessibility and affordability of healthcare services.

Singapore representatives shared their challenges and initiatives for expanding financial coverage while improving efficiency.

- **Challenges**: Singapore faces several challenges in ensuring the sustainability of its health system, particularly in financing and health workforce. Additionally, resilience needs to be built against future health threats.

- **Way forward**: To maximize investment with limited resources, Singapore is extending cost-effectiveness analyses and research to justify increased investments and understand trade-offs. It is important to understand how people access health services and ensure they seek necessary services. Technology can be a valuable platform for this. Measuring resilience through technology, as demonstrated during the COVID-19 pandemic, is also key.

(3) Reaching the unreached: Addressing inequities to achieve UHC
Fiji presented their country’s efforts on reaching the unreached and addressing inequities.

- The Government's commitment to UHC is evident through various policies, such as maintaining free public health care, increasing the health budget, providing incentives for private health facilities, increasing the allowances of community health workers, and conducting maritime outreach programmes using hospital boats.

- **Initiatives to reach the unreached**: The Ministry of Health and Medical Services implemented several initiatives to reach underserved populations. These include transforming PHC with tailored strategies for urban and rural areas, delivering outreach programmes at all levels of health care, and establishing divisional command centres for better coordination and monitoring. Fiji’s emergency medical assistance team (FEMAT) was established to provide outreach support and emergency response. Additionally, the Ministry has rolled out a digital electronic medicines inventory management system (mSupply) and formed partnerships through outreach roadshows. Furthermore, Fiji is developing a comprehensive digital health strategy.

- **Challenges and opportunities**: Fiji faces challenges such as geographical barriers, human resource shortages and climate change impacts on infrastructure and food security. To address these challenges, Fiji plans to stabilize its health workforce, leverage digital health and telecommunication and strengthen community engagement and partnerships.

A Cambodia representative shared the country’s priorities and initiatives for equal access to health services.
Currently, Cambodia’s priority is expanding UHC, particularly to vulnerable families. To enhance equity, Cambodia is allocating part of their budget for outreach programmes and has initiated a digital health strategy this year. Another important focus is improving primary health services at subnational and community levels. While Cambodia has already achieved its under-5 and neonatal SDG targets, equity gaps persist, driven by factors such as maternal education and socioeconomic status. To address these gaps, a community participation policy has been established, mobilizing support groups through volunteers for activities such as TB screening and malaria tests.

2.3.2 Addressing future threats to UHC

Rapid-fire panel discussions were conducted on three key future threats, with panel members from Member States and the WHO Secretariat. Prior to the discussion, a live poll was conducted via the WHO Events app with the question: “What are the biggest future threats to UHC?” The most selected answers were inadequate sustainable financing (21%), health workforce challenges (19%), NCD burden (13%) and political economy (13%) among provided 11 options (see Fig. 2).

Fig. 2. Live poll 1: What are the biggest future threats to UHC?

(1) Applying a life-course approach for NCDs and ageing

The panel discussion, moderated by Dr Derrick Heng, a UHC TAG member, focused on applying a life course approach for NCDs and ageing. The panellists included representatives from the Republic of Korea, Vanuatu and the WHO Secretariat.

The Republic of Korea utilizes tax-funded public health centres and the national health insurance system to provide comprehensive lifelong health services. The Republic of Korea's National Health Plan 2030 aims to promote citizens’ health and prevent disease through targeted programmes across six key areas, including healthy lifestyles, chronic disease management and digital health initiatives for elderly people. The plan includes smoking cessation services, nutrition programmes for pregnant women, and a pilot programme for NCD management through health centres, emphasizing continuous health monitoring and digital health-care services.

In Vanuatu, with an ageing population and a high burden of NCDs, the health system faces challenges in providing quality health services without financial hardship. Vanuatu's health system lacks specific programmes for elderly care and faces limitations in health services access for NCD management. Vanuatu emphasized the need for a multisectoral approach and community engagement to address these challenges and highlighted ongoing efforts, such as the establishment of a multisectoral NCD task force and the development of a health promotion fund.

Dr Rolando Enrique Domingo from the WHO Regional Office underscored the rapid ageing in the Western Pacific Region and the increasing burden of NCDs. He emphasized the importance of integrating NCD services into primary care and using policy measures to control risk factors such as...
tobacco and alcohol. Dr Domingo also highlighted WHO's role in supporting Member States through evidence-based approaches and capacity-building initiatives.

The discussion concluded with an acknowledgement of the need for digital health solutions to manage NCDs, especially in geographically diverse regions, and the importance of multisectoral collaboration to achieve UHC goals.

(2) Tackling cost drivers: improving access to essential medicines and medical products

The panel discussion, moderated by Dr Nguyen Khanh Phuong, a UHC TAG member, focused on addressing future threats to UHC by tackling cost drivers and improving access to essential medicines and medical products. Panellists included representatives from the Cook Islands and the Philippines and a member of the WHO Secretariat.

The Cook Islands highlighted unique challenges, including geographic dispersion, small economies of scale and limited purchasing power. The representative emphasized smarter procurement strategies, collaboration with larger countries such as Australia and New Zealand, and leveraging technology for better health information management. The country also faces difficulties with transportation logistics, leading to potential medication expiry. To address these, the Government focuses on staff training, ring-fenced funding for pharmaceuticals and the exploration of online platforms for medication management.

In the Philippines, OOP spending on medicines remains high, constituting 44% of current health expenditures. Limited competition in the pharmaceutical sector and high prices in private hospitals drive these expenses. The Philippines is addressing these issues by enacting the Universal Health Care Act, enhancing public procurement, expanding insurance coverage to include essential medicines, and promoting generic drugs. The Government also focuses on price transparency, market competition and data collection to guide policy development and improve affordability.

Dr Geraldine Hill from the WHO Regional Office underscored the significant role of medicines in OOP health expenditures and the need for affordable access to quality-assured medicines. WHO supports Member States by strengthening regulatory systems, improving procurement efficiency, and enhancing supply chain management. Initiatives include the Price Information Exchange for Medical Products (Primex) tool for price transparency and expenditure analysis to optimize funding use. WHO is also working on regional frameworks for access to essential medicines and health technologies, emphasizing rational medicine use and effective policies on pharmaceutical procurement and distribution.

The discussion highlighted the importance of multisectoral collaboration, efficient procurement practices and robust regulatory systems to ensure sustainable access to essential medicines.

(3) Strengthening the climate resilience of health systems and communities

The panel discussion, moderated by Dr Jaime Galvez Tan, a UHC TAG member, focused on strengthening the climate resilience of health systems and communities in the Western Pacific Region to address future threats to UHC. Panellists included members of the WHO Secretariat and representatives from several PICs.

Dr Dyxon Hansell, from the WHO Representative Office for Samoa, American Samoa, Cook Islands, Niue and Tokelau Samoa, highlighted the complexity of health systems in the Pacific, which are already struggling with limited resources and human capital. Climate change adds another layer of burden, affecting food security and medication access and exacerbating existing health challenges. He emphasized the direct and indirect impacts on vulnerable populations and the need for comprehensive resilience strategies.

Ms Sally Jane Edwards from the WHO Regional Office discussed WHO's initiatives to address climate change and environmental determinants of health. These include improving infrastructure resilience, ensuring functional aspects such as water and energy supply, and developing policies that prioritize climate-resilient health practices. She stressed the importance of integrated surveillance systems and dedicated budgets for environmental public health within health-care facilities.
Representatives from French Polynesia, Niue and Papua New Guinea, shared their experiences and challenges, highlighting the severe impacts of climate change on their populations, such as rising sea levels, extreme weather events and natural disasters. These issues threaten the sustainability of health systems and necessitate multisectoral and community-based approaches to build resilience.

The discussion underscored the urgent need for comprehensive strategies that involve all sectors of society to effectively respond to and mitigate the impacts of climate change on health systems. Key strategies included resilient infrastructure, community engagement and coordinated disaster response.

2.3.3 Transformative primary health care for UHC: What and how?

The session started with two presentations to guide the group discussions on key interventions and priority actions for transforming PHC to accelerate UHC.

(1) What should transformative PHC look like, and how can it accelerate UHC? - Lessons from global experience

Dr Suraya Dalil of WHO headquarters presented the following:

- **The historical evolution of PHC**: Key global declarations on PHC include the Declaration of Alma-Ata in 1978, the World Health Report on Health Systems and Financing in 2010, the Declaration of Astana in 2018, and the UN High-Level Meeting on UHC in 2019 and 2023. These milestones have shaped the definition and implementation of PHC, emphasizing its importance in global health policy.

- **The Primer (Implementing the PHC Approach: A Primer)**: The soon-to-be-published WHO Primer aims to cultivate a common understanding of PHC, elaborate on supportive strategies, emphasize PHC’s potential and identify common enablers and barriers. Developed through a narrative review of the literature and over 50 country case studies, the Primer is divided into three parts: Foundations, History, and Concepts; Implementation of PHC; and PHC’s Impact on Performance.

- **Implementation of PHC**: PHC is an integrated approach encompassing individual and population-based care and is context-based and politically driven. Examples of successful PHC implementation include Brazil, Ethiopia, Lithuania, Vietnam, Slovenia, Bangladesh, and Iran. PHC entails developing a workforce with the right competencies and skills to meet people’s needs, ensuring adequate health financing, and providing equitable access to quality essential medicines and vaccines. It also involves leveraging technology to support integrated care, multisectoral collaboration, and patient and community involvement. Additionally, integrated services rely on efficient flows of high-quality data to enable coordination and communication between patients, providers, and decision-makers.

(2) Reorienting PHC to reach the unreached and achieve UHC in the Western Pacific Region

Mr Lluis Vinals Torres from the WHO Regional Office presented the following:

- **Needed paradigm shift**: Change is needed because of the widespread financial hardship and OOP expenses related to medicines. Despite being well documented in academia, policies addressing procurement and reimbursement are scarce. This issue affects all income levels, not just the low-income population. A paradigm shift is essential but has yet to be implemented.

- The regional action framework for PHC, approved by Member States in 2022, aims to elevate knowledge and provide strategic guidance across five action domains: service delivery, individual and community empowerment, workforce and provider base, PHC financing, and environment. This framework serves as an entry point tailored to each country's context, such as workforce discussions in Cambodia and the Lao People’s Democratic Republic and financing in Mongolia.

- **PHC reforms**: Examples of transformative PHC from various countries are provided. Mongolia uses financial incentives to expand service coverage, rewarding PHC interventions. China is integrating hospitals and primary clinics into single units, sharing resources and information
systems. Singapore focuses on maintaining healthy life expectancy, with community health workers visiting households and offering vouchers for healthy behaviours.

- The WHO Regional Office supports PHC reforms by creating policy space, clarifying discussions on PHC, and fostering stakeholder integration. For instance, its support led to the establishment of a dedicated PHC division in Fiji’s Ministry of Health. In Papua New Guinea, the WHO Regional Office helped merge supply chains and finance systems, redefine benefit packages, and reframe and co-design new delivery models.

A live poll was conducted via the WHO Events app, asking: “What are the ‘top three’ attributes of transformative PHC for UHC?” The most selected answers were people-centred and integrated services (22%); adequate investment and sustainable financing (15%); and community engagement and empowerment (13%), among the 12 options provided (see Fig. 3).

**Fig. 3. Live poll 2: What are the “top three” attributes of transformative PHC for UHC?**

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>People centred &amp; integrated services</td>
<td>22%</td>
</tr>
<tr>
<td>Adequate investment &amp; sustainable financing</td>
<td>15%</td>
</tr>
<tr>
<td>Community engagement &amp; empowerment</td>
<td>13%</td>
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<tr>
<td>Intersectoral collaboration</td>
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<tr>
<td>Innovation</td>
<td>9%</td>
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<td>Evidence-informed decision making</td>
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<td>Quality and patient safety</td>
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<td>Health promotion &amp; disease prevention</td>
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<td>Accessibility</td>
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<td>Equity and social justice</td>
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<tr>
<td>Holistic and life-course approach</td>
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<tr>
<td>Others</td>
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**Group discussion: Key interventions and priority actions for transforming PHC to accelerate UHC**

Participants divided into four groups to discuss key interventions and priority actions for transforming PHC to accelerate UHC:

- Group 1: How to deliver good-quality, integrated, people-centred services to meet community needs and expectations
- Group 2: How to build a future-ready and fit-for-purpose health workforce
- Group 3: How to ensure adequate investment and sustainable financing
- Group 4: How to leverage digital health and technology to improve PHC performance.

Groups were moderated by members of the UHC TAG and WHO Secretariat. Before exchanging opinions, participants were informed of WHO frameworks and key points relevant to their group’s topic. Summaries of group discussions were presented at the plenary.

(1) **Group 1: Good-quality, integrated, people-centred services**

Dr Chelsea Taylor from the WHO Regional Office provided an overview of the *Regional Framework on the Future of Primary Health Care in the Western Pacific*, highlighting the quality aspect of service delivery and UHC. Key points from the ensuing discussion included the following:

- Good-quality, integrated, people-centred services in a transformative PHC system should address individual health needs across all contexts, ensuring high-quality care from national to local levels, and achieving high service coverage for everyone. Essential elements include effective incentive systems, the robust capacity of all levels and types of workforce, and strong public–private partnerships.
• **Enablers**: Achieving these goals requires a clear vision, a comprehensive understanding of good-quality, integrated services and long-term political commitment that can be sustained across political cycles. Robust assessment and continuous quality improvement mechanisms were emphasized, alongside the necessity of strong public–private partnerships.

• **Challenges**: Key challenges included insufficient financial incentives for retaining specialists, geographic challenges in small island countries, inadequate workforce capacity, a lack of clear understanding of PHC roles and poor telecommunication infrastructure.

• **Priority interventions**: Significant investments in capacity-building are needed to develop a capable health workforce. Ensuring health service providers are well equipped to meet the diverse needs of the population is crucial. Lastly, there should be a strong focus on preventive services to promote health and prevent diseases, thereby reducing the burden on health-care systems and improving overall health outcomes.

• **Support needed from WHO, TAG and partners**: Support includes capacity-building for health workers and providing experts and mentors to guide these efforts. Aligning efforts across disease control programmes, PHC and UHC is essential for a cohesive approach. Additionally, identifying and learning from champion countries can offer valuable insights and best practices to strengthen health systems.

(2) **Group 2: Future-ready and fit-for-purpose health workforce**

Dr Masahiro Zakoji from the WHO Regional Office provided an overview of the *Regional Framework to Shape a Health Workforce for the Future of the Western Pacific*. Key points from the ensuing discussion included the following:

• A shift from clinic-based to community-based care and from curative to preventive care is crucial. This requires streamlining the demand and supply of the workforce through education and hiring opportunities to meet current and future health needs, including emergencies.

• **Enablers**: Collaboration with the private sector, preparing human resources for technological advancements such as AI, establishing platforms for human resources for health sharing, and adopting a multisectoral approach involving education, financing and policy adjustments were identified as vital enablers.

• **Challenges**: Major challenges are recruiting and retaining health-care professionals, limited employment opportunities for graduates, reluctance to work in rural areas, internal brain drain from public to private sectors, and the lack of continuous education and capacity-building programmes.

• **Priority interventions**: Proposed interventions include expanding PHC-focused educational and training opportunities, granting hospital autonomy to contract staff, building Ministry of Health capacity for workforce management, offering tax incentives for hard-to-reach areas, and steering the private sector towards PHC.

• **Support needed from WHO, TAG and partners**: Building capacity for leadership and management, conducting health labour market analysis, developing rural retention strategies, establishing regional mechanisms for workforce pooling and matching, and sensitizing political leadership for PHC investment were highlighted as essential supports needed from WHO TAG and partners.

(3) **Group 3: Adequate investment & sustainable financing**

Ms Ding Wang from the WHO Regional Office provided an overview of the draft Regional Framework on Health Finance for UHC and Sustainable Development for the Western Pacific. Key points from the ensuing discussion included:

• Sustainable financing involves maintaining a balanced and diversified resource base to support continuous and efficient health services.

• **Enablers**: Investing in capacity-building of government officials and health-care providers on financing is essential. Developing an evidence-based implementation plan with a clear focus, investment modalities and target population is crucial for the efficient use of funding.
Empowering communities both politically and economically enables their active participation in health governance and improves health outcomes.

- **Challenges:** Several challenges to sustainable financing for PHC were identified. Data issues, such as availability, quality and utilization, significantly impede effective planning and decision-making. Rising health-care costs pose a considerable challenge to maintaining sustainable financing. Governance constraints, including leadership, and accountability mechanisms further complicate the implementation of necessary health system changes. Political culture in some countries can act as a barrier to the successful implementation of PHC initiatives.

- **Priority interventions:** To address these challenges, the group recommended prioritizing analytical work to better understand the specific needs and challenges of the health system. Building the capacity of the health workforce is necessary to ensure they can meet the demands of the health system. Educating communities about their health and how they can engage in and influence health governance is also crucial. Lastly, the group emphasized improving governance, leadership and accountability in the health system.

- **Support needed from WHO, TAG and partners:** Political advocacy to prioritize and invest in PHC is necessary. Additionally, providing support for the implementation of health programmes and policies can help overcome various challenges. Establishing clear definitions and frameworks for PHC is also crucial to guide data collection, analysis and health interventions effectively.

(4) **Group 4: Leveraging digital health and technology**

Mr Dilipkumar Hensman from the WHO Regional Office provided an overview of the *Regional Action Framework on Digital Health in the Western Pacific*. Key points from the ensuing discussion included the following:

- The ideal application of digital health involves establishing it as a standard norm, with smart, trustworthy and universal solutions. This approach would empower government decisions and community engagement, with user-friendly and simple systems that enhance access and convenience. Interoperable systems are essential to facilitate continuity of care, and advanced systems will contribute to personalized care.

- **Enablers:** Key enablers for upscaling digital health include robust technical infrastructure, readiness and acceptance by people, government investment and commitment, well-structured governance, community trust in digital health and technology, and resilient infrastructure during disasters.

- **Challenges:** Challenges shared are a lack of digital literacy among the health workforce, inadequate investment and funding, unestablished governance, and fragmented care and digital solutions.

- **Priority interventions:** Priority interventions include leveraging digital health to address human resource gaps (e.g. AI diagnostics), implementing data-driven interventions, having unique identifiers and interoperability for integrated care, and promoting digital literacy to inform and empower individuals.

- **Support needed from WHO, TAG and partners:** Participants agreed on the needed supports, including establishing baseline data, developing tools and templates, creating a basic essential list for digital health interventions, setting interoperability standards, convening industry and tech companies and developing the IT workforce.
2.4 Session 3. Weaving health and well-being for communities in the Western Pacific

2.4.1 Opening of day 2

Ms Vicki Bennett, a UHC TAG member, provided a recap of the meeting’s first day, including key remarks from the opening speakers, highlights of presentations and deliberations during sessions 1 and 2.

Dr Saia Ma’u Piukala launched the UHC Dashboard on the Western Pacific Data Platform, which was developed by the Health Information and Intelligence unit of the Data, Strategy and Innovation Division, to provide visualized country-level data on UHC progress. He emphasized the power of data and innovation to drive UHC and expressed his expectation that the dashboard will guide each country’s journey towards UHC.

2.4.2 Fourth TAG Alliance Meeting: Working together to improve health and save lives

The Fourth TAG Alliance Meeting was held as part of the seventh UHC TAG meeting, open to all participants for more collaborative discussion, inviting Member States and partners – contrary to the past practice of limiting participation to TAG Alliance members and invited WHO staff and technical experts. Professor Gillian Biscoe, TAG Alliance chairperson and UHC TAG chairperson, chaired and moderated this session.

Dr Kidong Park shared the background and composition of the TAG Alliance.

- The TAG Alliance was established in 2019 to unite all TAGs in the Region under the umbrella of UHC TAG, to create synergies across health programmes and advance UHC. The regular meeting is organized annually as part of the UHC TAG meeting. The first TAG Alliance meeting was convened virtually during the fourth UHC TAG meeting.
- The TAG Alliance is composed of seven TAGs: (1) UHC; (2) Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED); 1 (3) Climate Change, the Environment and Health (CCE); (4) Noncommunicable Disease Prevention and Control (NCD);

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1 APSED TAG will be replaced by the Asia Pacific Health Security Action Framework (APHSAF) TAG.
• Past TAG Alliance meetings strengthened synergies across TAGs by integrating UHC into the new TB and RtU frameworks, organizing a joint webinar series between UHC and CCE TAGs, publishing a joint commentary piece in The Lancet, and conducting joint research on health system investments and pandemic preparedness.

Dr Saia Ma’u Piukala opened the deliberations of the Fourth TAG Alliance Meeting and shared his expectations for the TAG Alliance. He highlighted that the agendas of the seven TAGs are closely linked and that progress can be made through a cross-cutting, integrated approach under the shared vision of UHC. The Western Pacific Region is the only WHO region with both a specialized TAG on UHC and a TAG Alliance mechanism, uniting all seven regional TAGs to synergize efforts for greater impact. He acknowledged the joint achievements that the TAG Alliance has yielded for the last four years and requested the TAG Alliance to bring forth key priorities and recommendations through wide and open discussion.

Overviews of how the work of each TAG advocates for and advances UHC were presented by the chairpersons or representatives of the seven TAGs.

(1) UHC TAG

Professor Gillian Biscoe, the UHC TAG and TAG Alliance chairperson, highlighted the commitment and interest in creating greater synergy in providing support at the regional and country levels to achieve UHC.

• New UHC TAG members have been appointed for the next three years, ensuring it is refreshed while also ensuring continuity and stability. A pre-TAG meeting in September 2023 set the vision for the next term.
• The UHC TAG advocates country visits to provide technical insights and support. A successful visit to Vanuatu in December 2023 was highlighted, showcasing the positive impact and inspiration gained from such interactions. The chair encouraged other countries to invite UHC TAG for similar visits to foster mutual learning and support.
• The primary focus of the UHC TAG is on achieving a country impact and making sustainable improvements. The TAG aims to provide strategic advice to the WHO Regional Office and countries for technical support and capacity-building for UHC at subregional and national levels.
• Continuous advocacy for the UHC agenda is a key priority, both globally and regionally. The chair encouraged all TAGs and participants to join in the advocacy efforts, highlighting the importance of collaborative efforts to advance the UHC agenda across different platforms and countries.

(2) APSED TAG

Professor Paul Effler, a representative of the APSED TAG, highlighted the crucial interconnection between health security and UHC despite common misconceptions that these areas are distinct.

• Health security relies on robust PHC for diagnosing pathogens, and effective treatments for health security threats are needed across all health system levels. Equitable distribution of medical countermeasures, such as vaccines, and a well-trained, safe workforce with proper infection control practices are vital.
• Wealthier countries and international agencies are vested in funding health security because of the global risk of infectious disease spillover, underlining that "no one is safe until we are all safe". The COVID-19 pandemic revealed that pandemics disproportionately affect the most vulnerable populations, even in wealthy nations, stressing the need to reduce vulnerabilities and enhance resilience before health emergencies occur. The increased interest and funding for emerging infectious diseases and public health preparedness provide an opportunity to leverage them for advancing UHC.

(3) CCE TAG
Dr Anthony Capon, the CCE TAG chairperson, highlighted the urgent need for health systems to address climate change, a challenge affecting all TAGs and health system work. He also referenced recent Manila Bulletin headlines on the severe heatwave in the Philippines, its impact on the energy grid and the International Labour Organization’s call for workplace safety in a changing climate.

- Established in 2019, the CCE TAG has developed a plan for climate-resilient and environmentally sustainable health-care facilities, with Member State consultations held last year.
- He drew attention to the 28th UN Climate Change Conference held in Dubai, which resulted in the endorsement of the health and climate change declaration that highlighted the severe health implications of climate change. He also encouraged Member States to engage in the work of the Alliance for Transformative Action on Climate and Health.
- A critical issue for the Region is accessing and securing funding, particularly the new funding announced in Dubai, over $1 billion, which highlights the need for capacity-building in Member States and the Secretariat.

(4) NCD TAG

Dr Tomofumi Sone, the NCD TAG chairperson, underlined that NCD prevention and control is often ignored despite the close linkage between NCDs and UHC.

- Reducing the NCD burden can alleviate pressures on health systems and improve access to high-quality NCD services, thus strengthening health systems and expanding service coverage in the community.
- The NCD TAG meeting in March 2024 discussed strategies for implementing the Regional Action Framework on Noncommunicable Disease Prevention and Control and identified the following key priority areas:
  - targeted responses to social and commercial determinants of health
  - incorporation of NCD prevention and control into primary health care
  - management of the process from screening to early detection and treatment
  - intensive community diagnosis
  - community engagement
  - data collection and analysis for a comprehensive system transformation.
- He emphasized the need for cooperation, referring to the “Bibingka approach”, which means the balanced application of both top-down and bottom-up approaches at national policy and community implementation levels.

(5) TB TAG

Professor Guy Barrington Marks, the TB TAG chairperson, stated that TB is the leading infectious disease killer, causing 1.5 million deaths annually, with the Western Pacific Region being heavily affected.

- Despite the World Health Assembly mandate to end TB by 2035, progress has been slow and is off track to meet the goal.
- WHO’s Practical Approach to Lung Health in the 1990s, a systematic primary care in managing patients with respiratory illnesses, showed good outcomes for pneumonia and asthma but did not have a significant impact on TB.
- UHC and health systems strengthening are important for ensuring effective and timely diagnosis and treatment of both acute and chronic lung conditions. Detecting subclinical cases of TB is the key to preventing transmission and ending TB. For this reason, a population-based public health approach is essential.
- While achieving UHC, TB must be prioritized by ensuring population screening, active case finding and timely drug therapy delivery. One area of concern is the transition to insurance-based systems, as it might cause delays in the provision of treatment for TB patients. Infection prevention and control requires active community engagement.

(6) RtU TAG
Professor Vincent Belizario Jr, an RtU TAG member, underscored the importance of reaching the unreached to achieve UHC.

- He shared the RtU TAG’s five strategic areas that ensure more inclusive and effective health services:
  - **Engagement:** By utilizing diverse insights, the TAG is helping countries deliver more inclusive and effective health services, directly contributing to the UHC objectives.
  - **Communication and advocacy:** The TAG plans to continuously enhance awareness and mobilise support for UHC initiatives by developing and utilizing comprehensive communication and advocacy tools.
  - **Disease programmes in PHC:** By strategically integrating disease-specific programmes into PHC, the TAG aims to enhance efficiency and access, particularly for unreached populations, aligning with UHC goals.
  - **Social protection:** Implementing strategies to strengthen social and financial protection and combat discriminatory policies will support achieving UHC goals.
  - **Data utilization:** Strategically using data to identify and reach unreached populations will ensure that UHC strategies are informed, targeted and effective.

(7) VDI TAG

Dr Xiaojun Wang, a VDI TAG representative, shared the TAG’s priorities and advocated for the integration of immunization services with PHC throughout the life course.

- The VDI TAG, established in 1991, is the oldest TAG. It remains committed to the *Regional Strategic Framework for Vaccine-Preventable Diseases and Immunizations* through 2030. The framework emphasizes immunization programme strengthening, outbreak prevention and response, surveillance system strengthening and emergency preparedness. In addition, as vaccination extends later into the life course, it is imperative to integrate services with other PHC throughout the life course.
- The VDI TAG supports accelerating UHC progress by advocating for immunization decision-making at regional and country levels. With increasing emergencies and outbreaks, the TAG sees immunization as a key element of future responses, including emergencies provoked by the climate crisis.
- The TAG’s top priority is supporting countries in the Big Catch-Up of 2024, which aims to make up routine immunizations missed during pandemic disruptions and restore and further strengthen immunization programmes.

Meeting participants were invited to a discussion facilitated by the chairperson. Participants discussed how synergizing programmes could catalyse UHC to achieve the health SDG by 2030:

- **Multifaceted and coordinated investments for poverty alleviation and UHC:** Multifaceted approaches and coordinated investments are crucial to closing the last-mile gap of poverty. All TAGs working in different countries need a collaboration model to provide unified and joint support.
- **Avoiding siloed and vertical approaches:** It was advocated that TAGs should avoid siloed and vertical approaches in their respective work. A suggestion was made to select a group of target countries where all seven TAGs could collaboratively support the advancement of UHC progress.

They then discussed the TAG Alliance’s support for and expectations of Member States in advancing UHC at the country level:

- **Supporting Member States for enhanced funding access:** Securing funding is paramount, especially for climate change and health projects. It is crucial to build adequate capacity at the national level to access these funds. Regional efforts can support this by providing a platform for sharing experiences across Member States and encouraging increased investment from high-income countries in the Region.
• **Connecting Member States to TAGs**: Member States raised their need to be informed of the TAG members for joint work and discussion. Although in-country experts communicate with the government, WHO could facilitate and systematize the process and connection.

• **Joint efforts and integrated approaches for better country impact**: One of the challenges is translating regional and global concepts, frameworks and declarations into actionable plans at the country level. Additionally, the limitations posed by longitudinal vertical programmes hinder efficiency and strategic approaches in providing country support. To address these issues and maximize the synergy of the work done by TAGs, it is recommended that all TAGs adopt a collaborative work mechanism with a shared vision, enhancing country-focused efforts and achieving greater impact.

Fig. 5. Visual summary of the Fourth TAG Alliance Meeting

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2.4.3 Working better and together for UHC

**Pivoting UHC: Leveraging political economy to spotlight country health agendas**

Professor Vivian Lin moderated the session. Three panellists, a Member State representative and two partners, discussed challenges related to the political economy and how to influence key stakeholders to advance UHC.

The Lao People’s Democratic Republic emphasized the crucial role of health investment in graduating from less developed country status by 2026 and achieving the SDGs by 2030. However, he shared the difficulty in translating government recognition of the health sector into tangible support, given low government spending on health and high reliance on external funding.

• **Financial investment**: The National Assembly committed to allocating 9% of the budget to health, but actual allocations have reached only 7.6–7.8% since 2020. A recent health law includes this commitment, but practical implementation remains uncertain.

• **Economic crisis and donor transition**: Rapid inflation and currency depreciation impact health budget purchasing power. This calls for higher domestic funding and strategic donor engagement.

• **Coordination, collaboration and community engagement**: The importance of involving ministries beyond health, such as finance, planning and the Prime Minister's Office, was
stressed to ensure budget commitments are met. Intensified community engagement is also needed to reach underserved populations and advance UHC.

Dr Somil Nagpal from the World Bank stressed the importance of close collaboration among technical institutions such as WHO, governments and other stakeholders to catalyze a political economy conducive to change.

- **Prioritization**: A primary barrier is the level of priority placed on health by country leaders. Continuous advocacy for a fair share of health funding from ministries of finance is necessary. In addition, effective resource allocation and the capacity to use health funds efficiently are crucial.
- **Equity and inclusivity**: Addressing the needs of disadvantaged groups and ensuring health investments benefit all segments of society involves building societal consensus on equity.
- **Public financial management**: Strengthening public financial management capacity is vital for the efficient use of health funds. Utilizing data and evidence to inform decisions can create a favourable political economy for health investments.
- **Collaboration with international institutions**: Small island countries face unique challenges related to scale and access to specialized resources. Institutions like the World Bank and WHO can facilitate pooled purchasing to leverage collective scale. Preparing for epidemiological transitions, such as the rise of NCDs, is also necessary.

Ms Genevieve Howse from the WHO Regional Office stated that understanding and strategically engaging with the diverse motivations and power dynamics of parliamentarians is essential for effective health policy advocacy and achieving meaningful change.

- **Complexity of working with parliamentarians**: Ms House highlighted the intricate nature of engaging with parliamentarians in health policy. Understanding their political affiliations, constituencies, campaign promises and personal motivations is essential, as these factors influence their political capital and ability to effect change.
- **Influence and advocacy strategies**: Health committee members and health ministers are not always the most influential figures in parliament. Therefore, it is crucial to frame health issues in ways that appeal to key decision-makers, particularly finance ministers. She emphasized that presenting health issues with economic implications, such as the long-term impact of smoking on workforce productivity, can be more persuasive.
- **Opportunistic engagement and strategic framing**: The COVID-19 pandemic demonstrated the undeniable link between health and the economy, increasing interest in health policy from non-health sectors. Ms House advised being opportunistic in engaging parliamentarians and aligning health advocacy with their interests and incentives.

**Partnerships for UHC: Looking within and beyond the health sector**

Dr Mari Nagai, a UHC TAG member, moderated the session. Three panellists, composed of two Member State representatives and one partner, discussed strong and efficient partnerships for health and the role of stakeholders in aligning priorities towards shared goals for UHC.

Japan introduced their approach to UHC, highlighting the importance of stable financial management, synergistic health programmes, comprehensive community care systems and global partnerships.

- **Stable financial management in Japan**: Japan maintains stable financial management for health through a mix of public funds, insurance premiums and out-of-pocket expenditures. Medical service costs are set by a national fee list, revised biennially.
- **Synergizing programmes for UHC**: Japan’s health outcomes depend on partnerships with other sectors, such as infrastructure, education and climate change. Key programmes include promoting dietary education in schools and the Strategic Initiative for a Healthy and Sustainable Food Environment, which tackles nutritional and environmental issues through multisectoral collaboration. These initiatives aim to reduce lifestyle disease-related expenditures and accelerate achievement of UHC and health-related SDG targets.
Japan’s commitment to stronger partnerships and the advancement of UHC: At the G7 Nagasaki Health Minister’s Meeting, Japan and other G7 countries pledged to support UHC by investing in PHC and restoring essential health services by 2025.

Papua New Guinea shared their efforts and challenges in strengthening partnerships to achieve UHC.

Health is everybody’s business: From 2011 to 2020, the guiding health policy has been "health is everybody’s business", emphasizing collective responsibility across various sectors and stakeholders.

Reliance on development partners: About 26% of health funding comes from development partners, highlighting the need for strong international collaboration to support the health system.

Inclusive government committees: The government system includes various committees representing different population groups, ensuring diverse voices are heard in decision-making and promoting equitable health policies.

Ms Hyung-won Lee of the Korea International Cooperation Agency highlighted the importance of government leadership in coordinating fragmented support provided by partners.

Coordination and alignment: The panellist emphasized the need to coordinate efforts and align priorities through platforms like this meeting. Effective collaboration should extend beyond formal sessions to informal settings to foster stronger relationships and better understanding among stakeholders.

Government leadership and efficient partnerships: Strong and efficient partnerships are rooted in government leadership. In countries such as the Philippines, where the health system is decentralized, local governments play a significant role. Despite central government efforts, many local governments still rely on their own systems. Increasing collaboration can help overcome common problems and improve overall efficiency and effectiveness.

Side event: Country Rendezvous

Country Rendezvous was a side event designed to provide a platform for focused conversations, allowing Member States to share knowledge and experiences to advance UHC and strengthen health systems in an open and informal setting. Member States, divided into four groups, shared their challenges in achieving UHC, efforts to overcome the challenges, best practices and lessons.

Group 1 was facilitated by Dr Derrick Heng and involved representatives from French Polynesia, Japan, Macao SAR (China), the Republic of Korea and Singapore, as well as the Korea International Cooperation Agency, the World Bank and the WHO Secretariat. They discussed:

- engagement of the private sector for effective UHC implementation;
- the role of private clinics in managing NCDs; and
- strengthening the gatekeeping function in the health system to address citizens’ direct access to secondary and tertiary care.

Group 2 was facilitated by Professor Xiaoyun Liu, a UHC TAG member, and involved representatives from the Lao People’s Democratic Republic, Mongolia, Papua New Guinea, Solomon Islands and the WHO Secretariat. They discussed:

- the need for coordination policies, such as Role Delineation of relevant stakeholders;
- embedding UHC in national policies and plans to ensure prioritization and better investment; and
- the potential of digital health as an enabler for UHC.

Group 3 was facilitated by Dr Noor Hisham Abdullah, a UHC TAG member, and involved representatives from Brunei Darussalam, Cambodia, China, Fiji, Malaysia, the Philippines, Beijing University and the WHO Secretariat. They discussed:

- challenges in achieving UHC, such as brain drain, workforce training challenges, the public’s misconceptions about PHC and limitations of medical products and medicines; and
potential solutions, such as training local professionals based on the local context, providing incentives to improve referral systems, pooling resources and maximizing purchasing power, and implementing communication plans to change public perception of PHC.

Group 4 was facilitated by Dr Jenny Stephens, a UHC TAG member, and involved representatives from Cook Islands, Kiribati, the Marshall Islands, Niue, the Commonwealth of the Northern Mariana Islands, Tonga, Vanuatu, the Korea International Cooperation Agency, the World Bank and the WHO Secretariat. They discussed:

- workforce issues, especially in remote areas, caused by inadequate compensation and brain drain, and potential solutions to train and incentivize local professionals;
- accessibility issues due to geographic isolation and potential solutions to leverage digital technology;
- disruptions in health service delivery caused by natural disasters and the need for resilient infrastructure development to withstand them; and
- the need for collaborative approaches and partnerships to address limited resources.

2.5 Session 4. Implementing commitments to accelerate UHC to achieve the health SDG by 2030

2.5.1 Realizing Health for All: from policy to practice

This session was moderated by Dr Bruce Aylward.

Guiding UHC: Frameworks and tools for action

This session aimed to review existing global and regional UHC tools and guidance and their usage. A live poll asked: “How can WHO guidelines and frameworks (including for UHC) be made more useful for the Member States?” The most chosen responses were adaptation to different country contexts (19%), financial and technical support for implementation (18%) and proactively consult with countries (18%) (see Fig. 6).

Fig. 6. Live poll 3: How can WHO guidelines and frameworks (including for UHC) be made more useful for the Member States?

Dr Rajesh Narwal delivered a presentation titled “Guiding UHC: Frameworks and tools for action.” He presented the following:

- **Frameworks and tools currently available:** Dr Narwal highlighted the abundance of UHC-related guidance materials, both globally and regionally, including technical products on health systems and specific health programmes. Bringing these disparate guidelines together to provide strategic and pragmatic actions for Member States is crucial for effective UHC implementation.
- **UHC Implementation Guide:** Requested by the Member States, the UHC Implementation Guide was designed to offer practical, non-prescriptive guidance for developing and
implementing UHC roadmaps. As a one-stop-shop guide for policy-makers, health leaders and programme implementers, the guide includes an overview of the specific technical area, guiding questions, possible implementation actions, tools, resources and country success stories. This will help countries identify, prioritize and align their UHC interventions, supporting continuous monitoring, evaluation and recalibration of strategies. The document is being developed with inputs from a technical writing group comprised of senior multidisciplinary experts, WHO divisions and country offices.

- **Next steps:** The UHC Implementation Guide will be finalized through consultation with Member States during this meeting and will be rolled out in the countries interested.

Meeting participants discussed how the governments can effectively implement UHC interventions amid multiple priorities.

- It was suggested that incorporating UHC into the health strategy development process and identifying related activities within that framework might be more effective than creating numerous roadmaps.
- The roadmap should focus on providing action-oriented guidance. It was also suggested that successful implementation of the UHC Implementation Guide will require both country willingness and a shift in the operation of global programmes.
- There are similar implementation exercises in other regions, which could be valuable to learn from.

**Powering UHC: Research, data and innovations to guide investments and priority actions**

A live poll asked: “Do countries use research, data and evidence to make policy decisions?” Respondents answered sometimes (61%), often (33%), always (3%) and rarely (3%). There were no “never” responses (see Fig. 7).

*Fig. 7. Live poll 4: Do countries use research, data and evidence to make policy decisions?*

Dr Fatima Serhan of WHO headquarters delivered a presentation titled “Powering UHC: research, data and innovations to guide investments and priority action”, which underscored the importance of backing UHC with science, research and innovations for more impactful investment and action. She presented the following:

- **Strengthening WHO’s normative functions:** WHO is streamlining its guidelines and prequalification processes to improve countries’ access to innovations and research. "Living” guidelines are updated based on new evidence, ensuring recommendations are adapted to emerging health challenges.
- **Clinical trials and research capacities:** There is a need to advance sustainable clinical research capacities and address underrepresented populations in clinical trials. WHO provides guidance,
training and engagement to strengthen national trial ecosystems, building resilient infrastructures for health emergencies and ongoing issues.

- **Innovation and digital transformation**: The development of country-specific health innovation policies and the use of digital technologies to improve access to medical services were highlighted.

- **Importance of backing UHC with science, research and innovations**: Dr Serhan called for coordinated global, regional and country efforts, a systems approach to address inequities, and the contextualization of knowledge to transfer research into policy implementation.

A panel discussion composed of representatives from Member States and the WHO Secretariat followed the presentation.

China expressed the Government's willingness to strengthen cooperation with WHO and other international partners to promote UHC and build a global community of health.

- **Importance of UHC**: The panellist highlighted the crucial role of UHC in building a safety net for society, promoting social equity, and maintaining stability. The Chinese Government prioritizes health and has significantly reformed its health system.

- **Research priorities to achieve UHC**
  - Strengthening health financing: The panellist emphasized the need to increase and secure public funding for health services, especially at the grassroots level. China advocates for establishing a value-based comprehensive payment method to enhance strategic purchasing.
  - Advancing PHC staff capacity and incentives: China has developed the world’s largest health service system, with 90% of households able to reach medical care within 15 minutes. The panellist stressed the importance of increasing health personnel allocation in rural, remote and less developed areas to promote social equity.
  - Utilizing digital technology: The Chinese Government actively promotes digital technology in health services both on demand and supply sides via telemedicine and other technologies.

Solomon Islands emphasized the need for continuous innovation, community engagement and leveraging digital health to provide comprehensive, equitable and effective health services to its dispersed population and to achieve UHC in the country.

- **Building resilient health systems**: The country is investing in building resilient health service systems by adopting practical PHC models and addressing social and economic determinants of health. Strengthening the PHC system is fundamental, and research will help identify ways to enhance PHC, including community engagement, cultural sensitivity and telemedicine solutions.

- **Community engagement and technology integration**: Solomon Islands aims to harness grassroots innovation developed by local actors to create equitable, cost-effective health solutions. Engaging community health committees is crucial for sustainably addressing family, community and population health needs.

- **Health information systems and digital health strategy**: The country is upgrading and expanding its health information systems. Efforts are underway to integrate the electronic health record system with civil registration, vital statistics and hospital information systems. Solomon Islands is also developing a digital health strategy to enhance service delivery and harness the power of digital health.

Dr Nima Asgari-Jirhandeh of the Asia Pacific Observatory on Health Systems and Policies (APO) addressed the importance of frugal innovations, explained how they can be shared and scaled up among Member States, and emphasized APO’s unique role in generating bottom-up questions and comparative evidence to advance innovative work in the field.

- **Context and strategy**: The panellist emphasized that while evidence generation for policy is crucial, the focus should shift towards knowledge brokering and partnerships with institutions and countries. One challenge is the relatively immature culture of evidence-informed decision-
making in the Region. To address this, APO’s strategy involves integrating policy-makers into the evidence-generation process, which will ensure the produced information aligns with policy needs.

- **Key themes and complementary efforts:** Five themes were highlighted in bridging the gap between research and policy: primary health care, digital health, inequities, system resilience (including climate change) and workforce. The panellist stressed the need for WHO’s work to complement and synergize, not duplicate, efforts by other organizations and to generate implementable ideas.

Dr Pavel Ursu highlighted the importance of using data to frame priorities and ensuring technical support is anchored to concrete targets.

- **Importance of data for impact:** Dr Ursu emphasized that measuring progress through specific baselines and targets is the only objective way to demonstrate impact. He highlighted the need for better data collection and monitoring to identify and address gaps, thus improving health information systems with digital solutions.

- **Leveraging health-related SDGs:** The panellist noted that many health-related SDGs provide a common focus for Member States and partners. Despite the inclusion of numerous health indicators in the SDGs, many countries still lack sufficient data. Improving data availability, relevance and use is essential for achieving UHC, as it helps identify best practices and early barriers, addressing health inequalities through disaggregated data.

- **Implementation:** He recommended bringing data upfront to guide the selection of appropriate interventions. He encouraged leveraging country perspectives and resources, including country cooperation strategies and technical assistance, to support data-driven decision-making and implementation efforts with impact.

The session concluded with an acknowledgment of the importance of collaborative guidance, data and technical support to effectively implement UHC policies.

### 2.5.2 Country focus and impact

The session was moderated by Professor Gillian Biscoe, to identify the priorities for Member States to accelerate UHC and for WHO and the UHC TAG to support the countries’ efforts based on the two-day deliberations. The discussion was led by the results of the live poll of three key questions.

(1) **What will Member States prioritize to accelerate UHC?**

In response to the live poll question, representatives of the Member States participating in the meeting chose the following priorities: health financing (21%), health workforce (17%), primary health care (16%), digital health (14%) and health policy and governance (12%) (see Fig. 8).

- **Health financing:** Given the challenging situations in the Region with financial protection, health financing is definitely a critical area that needs more attention and investment. However, providing financial protection against catastrophic health expenditures requires not just increased health funding but also equity in spending. Maximizing efficiency gains by mobilizing resources from both domestic and external sources, and exploring innovative financing mechanisms are also important.

- **Health workforce:** A strong workforce is vital for providing health services to the population. Considering the dynamic challenges and future health landscape in the Region, it is essential to build a future-ready and fit-for-purpose health workforce capable of meeting the needs and expectations of citizens and communities.

- **Primary health care:** PHC remains the cornerstone of UHC, and well-functioning PHC can rapidly improve access, equity and efficiency in service coverage. Prioritizing and strengthening PHC with a greater emphasis on prevention and promotion can help accelerate UHC.
• **Digital health**: Digital health and technology present immense potential to accelerate UHC by expanding coverage of essential services, tackling workforce shortages, improving quality and demand for services, and ensuring a reliable supply of essential commodities.

• **Health policy and governance**: Addressing political economy is critical to shaping decision-making processes and resource allocation for UHC. Ministries of health must understand and engage the political dynamics, including power structures and interests of different stakeholders, to strengthen commitment, mobilize resources and drive strategies for equitable and sustainable UHC initiatives.

![Fig. 8. Live poll 5: What will Member States prioritize to accelerate UHC?](image)

(2) What should be the priorities of WHO to support Member States over the next five to six years?

In response to the live poll question, representatives of Member States chose the following three areas as priorities of WHO to support Member States to accelerate UHC: support in-country capacity-building (24%), establish platforms for cross-sharing of knowledge and experiences (21%), and advocacy and political engagement for UHC: facilitate regional and country-level policy dialogues for UHC (21%) (see Fig. 9).

• **Support in-country capacity-building**: Several participants emphasized the need for clarity on specific support requirements beyond general capacity-building, especially in the priority areas such as health financing, health workforce and PHC.

• **Establish platforms for cross-sharing of knowledge and experiences**: Participants noted that joint initiatives and efforts, such as the Global UHC Monitoring Report, have proven more effective. This collaboration should extend to new areas, ensuring efforts are not duplicated and resources are used efficiently. For example, participants discussed the potential of pooled procurement for medicines and medical devices in the Region, which would involve WHO negotiating collectively on behalf of multiple countries to secure better prices and quality.
(3) What is the UHC TAG’s role in supporting WHO and Member States in accelerating UHC?

Suggestions were made to engage all TAGs to jointly support Member States could be effective in creating country impact. In particular, TAGs could conduct visits to Member States to address specific country needs and advocate for UHC through engagement with senior policy-makers. Such visits would involve not only meetings with health sector officials, but also engagement with policy-makers and representatives from sectors, such as climate change, housing and welfare. Bringing together all relevant stakeholders for focused discussions is expected to enhance communication and drive significant change.
2.6 Closing session

Professor Gillian Biscoe’s recap of the two-day meeting was followed by a meeting highlight video. See Fig. 11 for a visual summary of the meeting.

Dr Saia Ma’u Piukala delivered closing remarks, extended gratitude for the participants’ contributions to discussions and highlighted the importance of shared experiences, technical expertise, and collaborative efforts in advancing UHC progress. Despite the Region's diversity, the collective goal of improved health and well-being for all remains a unifying strength. By integrating health programmes, expanding partnerships, leveraging digital innovations and adopting strategic approaches, the Region can accelerate UHC progress and achieve the SDGs by 2030. The Regional Director emphasized the need to translate principles into actions, recognizing the unique context of each country. The meeting reaffirmed the commitment of WHO and TAG experts to support Member States in their UHC journey and to work collaboratively on the ground to create tangible change. This meeting has proven to be a crucial platform for supporting countries in their pursuit of UHC and the health-related SDGs.
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

Over the past two decades, UHC service coverage in the Western Pacific Region has seen significant improvement, with the index increasing from 49 in 2000 to 79 in 2021. However, the percentage of households experiencing catastrophic health spending doubled from 9.9% in 2000 to 19.8% in 2019. Medicines and outpatient care are the primary drivers of OOP spending.

Inter- and intra-country variations remain. The NCD service coverage has stagnated at 58 since 2015, inequities are rising and data gaps persist, particularly for financial protection data.

The three Ps (promote, provide and protect) of the WHO Fourteenth General Programme of Work, 2025–2028 (GPW14) placed UHC at the centre to get the world on track to achieving the health-related targets of the SDGs. UHC is important to improve health outcomes, reduce health inequities, and enhance health systems resilience.

The current and future health challenges are unprecedented in scale and complexity. Global megatrends, such as ageing populations and climate change, are reshaping the landscape of health while adding complexity to health issues, particularly the double/triple burden of disease. The unique challenges require a focus on key areas, including expanding service coverage using digital tools and technologies, improving efficiencies and expanding financial coverage, and reaching unreached populations and addressing inequities.

WHO Member States, UHC TAG experts and partners jointly agreed on the following key accelerators for UHC:

- **Transformative PHC for UHC**: PHC remains the cornerstone of UHC, and well-functioning PHC can rapidly improve access, equity and efficiency in service coverage. However, transformative PHC requires a clear and shared vision, a PHC-focused workforce via education and retention, good digital infrastructure, strong community engagement and evidence-based investments.
• **Sustainable funding and financial protection:** Providing financial protection against catastrophic health expenditures requires not just increased health funding but also equity in spending and maximizing efficiency gains. This means mobilizing resources from both domestic and external sources, as well as exploring innovative financing mechanisms and health system performance to maximize impact.

• **Building a future-ready and fit-for-purpose health workforce:** Accelerating UHC requires that a dedicated workforce in adequate numbers with a good mix of skills is well distributed according to people’s health needs. It is crucial to produce, deploy, manage and maintain a quality workforce and equitable distribution to ensure the delivery of high-quality health services to all people, when and where they need them.

• **Leveraging digital health and technology:** Digital health and technology present immense potential to accelerate UHC by expanding coverage of essential services, tackling workforce shortages, improving quality and demand for services, and ensuring a reliable supply of essential commodities. Some countries have pioneered digital health initiatives that may serve as valuable models for others to emulate.

At the same time, participants acknowledged the need to create an enabling environment and to generate tools and evidence to inform policies and actions to advance UHC, including through the following:

• **Political commitment and advocacy for UHC and the health agenda:** Addressing political economy is critical to shaping decision-making processes and resource allocation for UHC. Ministries of health must understand and engage the political dynamics, including power structures and interests of different stakeholders to strengthen commitment, mobilize resources and drive strategies to ensure equitable and sustainable UHC initiatives.

• **Guidance, frameworks and tools for UHC:** WHO frameworks and guidance, as well as technical support, are essential to formulate and implement UHC interventions. It is imperative for WHO guidance to offer adaptable options that cater to the diverse contexts of the Region. The forthcoming UHC Implementation Guide could be an effective tool enabling countries to craft practical and tailored strategies to advance UHC.

• **Research and data to guide investments and priority actions for UHC:** Countries must strengthen the availability of disaggregated data for effectively monitoring UHC progress, as well as strengthen implementation of research and scale innovations to better guide actions and investments for UHC.

• **Revitalized partnerships with the private and non-health sectors:** With extended partnerships for UHC, countries can leverage their resources, expertise and networks to expand access to essential services and better address social determinants of health.

The Fourth TAG Alliance meeting was held as part of the meeting with the participation of seven TAGs and the consensus was to highlight the importance of continuous efforts to synergize cross-programmatic work, taking a systematic approach under the umbrella of UHC.

### 3.2 Recommendations

#### 3.2.1 Recommendations for Member States

Member States may consider the following recommendations to accelerate UHC and achieve health SDG:

1. Conduct an in-depth analysis of facilitators and barriers to UHC.
2. Prioritize and strengthen PHC with a greater emphasis on prevention and promotion. Strengthening institutional frameworks to support PHC implementation alongside empowering and engaging communities is crucial.
3. Leverage political economy considerations as well as robust measurement of performance to garner support for increased investments in health while ensuring efficiency and sustainability of financing for health.
4. Focus on building a future-ready and fit-for-purpose health workforce capable of meeting the
needs and expectations of citizens and communities, taking into account the future health landscape of UHC. This involves formulating effective policies and strengthening governments’ capacity to implement them.

(5) Explore and leverage digital health interventions tailored to country needs and context. Appropriate adaptation of technology can enhance access to health-care services, improve efficiency and advance health equity.

3.2.2 Recommendations for WHO

WHO is requested to do the following:

(1) Foster political engagement and advocate for UHC by facilitating regional and country-level policy dialogues. This is crucial for agenda-setting to secure adequate investment and align national priorities with accelerating progress in achieving UHC.

(2) Support Member States’ capacity-building for government officials and a health workforce focused on PHC to address future challenges, such as the rising burden of NCDs, climate change impacts and health emergencies.

(3) Establish or provide platforms for cross-sharing of knowledge and experiences, and for strategic collaboration among Member States.

(4) Provide comprehensive policy guidance coupled with coordinated technical assistance to support Member States in their UHC efforts, ensuring customized implementation aligned with global best practices.

(5) Foster partnerships for UHC with key partners, and, more specifically, facilitate collaboration among the seven TAGs in the Western Pacific Region, including joint work in advocacy and in providing guidance to enhance UHC implementation.

(6) Consider establishing a platform for pooled procurement of medicines and medical products that has been requested by Member States in this and past meetings.
ANNEXES

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

REPRESENTATIVES OF MEMBER STATES

Ms. Samantha Bell, International Strategies Branch on Health Systems Strategy Division, Australian Government, Department of Health and Aged Care, Australia (virtual)

Dr. Hajjah Rafidah binti Haji Gharif, Acting Director of Health Services, Department of Health Services, Ministry of Health, Brunei Darussalam

Ms. Hajjah Naedawati Binti Haji Morsidi, Acting Director of Policy and Planning on Department of Policy and Planning, Ministry of Health, Brunei Darussalam

Dr. Vichea Ravouth Ly, Director, Department of Planning and Health Information, Ministry of Health, Cambodia

Ms. Wenjun Zhou, Principal staff member L1, Division of Policy Research, Department of Healthcare Reform, National Health Commission, China

Ms. Roana Mataitini, Director, Planning & Funding, Department of Health, Cook Islands

Dr. Jemesa Koro Tudravu, Permanent Secretary for Health and Medical Services, Ministry of Health and Medical Services, Fiji

Mr. Eliki Waqavakatoga, Head of Planning and Policy Development Division, Ministry of Health and Medical Services, Fiji

Mr. Jean-Paul Aita, Director, Caisse de Prevoyance Sociale, Ministry of Health, French Polynesia

Dr. Chieko Ikeda, Advisor to the Minister, Ministry of Health, Labour and Welfare, Japan

Dr. Fumiko Aoki, First Secretary, Embassy of Japan in Philippines, Japan

Ms. Annie Therese Teannaki, NTP Data Analyst (Communicable Disease), Public Health, Ministry of Health and Medical Services, Kiribati

Dr. Suphab Panyakeo, Deputy Director General, Department of Planning and Finance, Ministry of Health, Lao People’s Democratic Republic

Dr. Laddavanh Sengdara, Head of Auditing and Health Insurance Development Division, National Health Insurance Bureau, Ministry of Health, Lao People’s Democratic Republic

Ms. Weng Man Wong, Head of Health Promotion Division, Health Bureau, Macao SAR (China)

Dr. Saw Chien Gan, Public Health Physician, Planning division, Ministry of Health, Putrajaya, Malaysia

Ms. Ilaisa Daucakacaca, Public Health Infrastructure Grant Project, Ministry of Health and Human Services, Marshall Island

Dr. Ochirbat Dagvadorj, State Secretary, Ministry of Health, Mongolia

Dr. Bayarbold Budragchaa, Director, Division of Service Package Regulation, Ministry of Health, Mongolia

Ms. Timoira Tongatule, Assistant Physiotherapist, Department of Health, Niue

Mr. Peter Taotasiatou Fetaui, Hospital Health Service Manager, Department of Health, Niue

Ms. Tiffany Crisostomo, Chief of Operations, Commonwealth Healthcare Corporation, Northern Mariana Islands
Ms. Perlita Santos, Chief Financial Officer, Commonwealth Healthcare Corporation, Northern Mariana Islands

Ms. Elva Lionel, Deputy Secretary, National Health Policy and Corporate Services, National Department of Health, Papua New Guinea

Ms. Martina Suve Hohora, Manager, Policy Planning and Economics, National Health Policy and Corporate Services, National Department of Health, Papua New Guinea

Dr. Faith Obach, Medical Officer IV, OIC- Division Chief, Health Policy Development and Planning Bureau, Department of Health, Philippines

Mr. Jeongyeol Kim, Deputy Director, Ministry of Health and Welfare, Republic of Korea (virtual)

Mrs. Yukyoun Kim, Assistant Director, Ministry of Health and Welfare, Republic of Korea (virtual)

Dr. Yoomee Oh, Director, Korea Health Promotion Institute, Republic of Korea

Ms. Yeran Lee, Associate Officer, Korea Health Promotion Institute, Republic of Korea

Dr. Kelvin Bryan Tan, Principal Health Economist, Ministry of Health, Singapore

Dr. Rex Maukera, Deputy Secretary Health Improvement (Supervising), Ministry of Health and Medical Services, Solomon Islands

Ms. Sene F Kerisiano, Director of Health, Tokelau Department of Health, Tokelau (virtual)

Dr. Reynold Ofanoa, Chief Executive Officer for Health, Ministry of Health, Tonga

Ms. Pamina Manbit, Epidemiologist, Ministry of Health, Vanuatu

MEMBERS OF THE TECHNICAL ADVISORY GROUP ON UNIVERSAL HEALTH COVERAGE

Professor Gillian Biscoe, Chairperson, Technical Advisory Group on Universal Health Coverage, and Adjunct Professor, School of Medicine, University of Tasmania, Australia

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

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

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

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

Dr. Noor Hisham Abdullah, Independent Consultant, Putrajaya, Malaysia

Professor Jaime Z Galvez Tan, Chairman, Health Futures Foundation Inc, Quezon City, Philippines

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

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

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

MEMBERS AND REPRESENTATIVES OF THE TECHNICAL ADVISORY GROUP ALLIANCE
Dr. Tomofumi Sone, Chairperson, Technical Advisory Group on Noncommunicable Diseases Prevention and Control (NCD TAG), and President, National Institute of Public Health, Saitama, Japan

Professor Paul Effler, Technical Advisor, Technical Advisory Group on Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED TAG*), and Medical Coordinator, Prevention and Prevention and Control Program Communicable Disease Control Directorate, Department of Health, Perth, Australia

*Term of APSED TAG has finished and APHSAF (Asia Pacific Health Security Action Framework) TAG is being established

Dr. Anthony Capon, Chairperson, Technical Advisory Group on Climate Change, the Environment and Health (CCE TAG), and Director, Monash Sustainable Development Institute Professor of Planetary Health, Monash University, Clayton, Australia

Dr. Christopher Morgan, Chairperson, Technical Advisory Group on Immunization and Vaccine Preventable Diseases (VDI TAG), and Technical Director, Immunization, Jhpiego, Maryland, USA (virtual)

Professor Guy Barrington Marks, Chairperson, Technical Advisory Group on Tuberculosis (TB TAG), and Scientia Professor, Department of Respiratory Medicine, University of New South Wales, Sydney, Australia (virtual)

Professor Vicente Belizario Jr, Member, Technical Advisory Group on Reaching the Unreached (RTU TAG), and Professor, College of Public Health, University of the Philippines, President, Philippine Academic Consortium for Public Health Manila, Philippines

**OTHER TEMPORARY ADVISORS**

Dr. Josephine Aumea Herman, Chief Clinical Advisor Pacific Health, Public Health Agency, Ministry of Health, New Zealand (virtual)

Professor Stephen Duckett, Honorary Enterprise Professor, University of Melbourne, Australia (virtual)

Mr. Josh Stuchbery, Managing Director, Lantern Corporation Pty Ltd., Melbourne, Australia (virtual)

**OBSERVERS/ REPRESENTATIVES**

Mr. Leslie Ong, Regional health team, Bangkok Regional Hub, United Nations Development Programme. Bangkok, Thailand (virtual)

Dr. Somil Nagpal, Lead Health Specialist, Global Practice on Health, Nutrition and Population, East Asia and Pacific Region, The World Bank, Jakarta, Indonesia

Ms. Wei Han, Senior Economist, The World Bank, Philippines

Dr. Nishant Jain, Health Specialist and Mission Leader, Asian Development Bank, Philippines

Dr. Beibei Yuan, Associate Professor, Health Systems, China Center for Health Development Studies Peking University, China

Ms. Hyungwon Lee, Assistant Country Director, Korea International Cooperation Agency, Philippines

Ms. Margarita Manalo, Program Officer, Korea International Cooperation Agency, Philippines

**WHO SECRETARIAT**

Regional Office for the Western Pacific
Dr. Chelsea Taylor, Technical Officer, Health Policy and Services Design, Division of Health Systems and Services
Ms. Ding Wang, Health Economist, Division of Health Systems and Services
Dr. Eriko Anzai, Nursing Officer, Health Systems and Policies, Division of Health Systems and Services
Ms. Qiu Yi Khut, Technical Officer, Health Emergencies, Division of Health Security and Emergencies
Dr. Kalpesh Rahevar, Medical Officer End-TB, Division of Programmes for Disease Control (virtual)
Dr. Xiaojun Wang, Medical Officer, Vaccines Preventable Diseases and Immunization, Division of Programmes for Disease Control
Dr. Varja Grabovac, Scientist, Vaccines Preventable Diseases and Immunization, Division of Programmes for Disease Control

Representative and Country Liaison Offices in the Western Pacific
Dr. Debbie Muirhead, Health Economist, WHO Representative Office for Cambodia
Dr. Jianrong Qiao, Coordinator, WHO Representative Office for China
Dr. Jun Gao, Team Coordinator, Pacific Health Systems and Policy, Division of Pacific Technical Support/WHO Representative Office for the South Pacific (virtual)
Dr. Wendy Snowdon, Country Liaison Officer, WHO Country Liaison Office for Kiribati (virtual)
Dr. Yu Lee Park, Technical Officer, WHO Representative Office for Lao PDR
Dr. Paul Soo, Programme Officer, WHO Representative Office for Malaysia, Brunei Darussalam and Singapore
Dr. Erdenechimeg Enkhee, Technical Officer, WHO Representative Office for Mongolia (virtual)
Ms. Pryia Mannava, Technical Officer, WHO Representative Office for Papua New Guinea
Dr. Graham Harrison, Coordinator, WHO Representative Office for the Philippines
Dr. Dyxon Hansell, Medical Officer, WHO Representative Office for Samoa, American Samoa, Cook Islands, Niue and Tokelau
Ms. Monica Fong, Coordinator, WHO Representative Office for Solomon Island
Dr. Anup Gurung, Country Liaison Officer, WHO Country Liaison Office for Tonga (virtual)
Dr. Eunyoung Ko, Country Liaison Officer, WHO Country Liaison Office for Vanuatu (virtual)

Headquarters
Dr. Bruce Aylward, Assistant Director General, UHC-Life Course
Dr. Pavel Ursu, Director, Data, Analytics and Delivery for Impact
Dr. Suraya Dalil, Director, Special Programme on Primary Health Care, UHC-Life Course
Mr. Faraz Khalid, Research and Innovation Officer, Special Programme on Primary Health Care
Dr. Fatima Serhan, Executive Officer, Science Division

Regional Office for the South East Asia
Dr. Manoj Jhalani, Director, Health Systems Development, WHO for South-East Asia (virtual)
## Annex 2. Seventh UHC TAG Meeting Programme of Activities

<table>
<thead>
<tr>
<th>Time</th>
<th>Activities</th>
<th>Speaker(/Moderator)</th>
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<tbody>
<tr>
<td>Day 1 (Thursday, 25 April 2024)</td>
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<tr>
<td>8:00 – 8:30</td>
<td>Registration</td>
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<tr>
<td><strong>Opening Session</strong></td>
<td></td>
<td>Moderator: Dr. Rajesh Narwal, Coordinator, UHC/Data, Strategy and Innovation (DSI), WPRO</td>
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<tr>
<td>8:30 – 8:40</td>
<td>Welcome remarks</td>
<td>Dr. Susan P. Mercado, Director, Programme Management/ WPRO</td>
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<tr>
<td>8:40 – 8:45</td>
<td>Opening remarks</td>
<td>Professor Gillian Biscoe, UHC TAG Chairperson</td>
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<tr>
<td>8:45 – 9:00</td>
<td>Keynote speech</td>
<td>Dr. Bruce Aylward, Assistant Director-General, WHO Headquarters</td>
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<tr>
<td>9:00 – 9:20</td>
<td>Setting the meeting scene</td>
<td>Dr. Kidong Park, Director, DSI/WPRO</td>
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<td><strong>Session 1. Midway to 2030: Where are we now, and why?</strong></td>
<td>Dr. Kidong Park, Director, DSI/WPRO</td>
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<tr>
<td>9:20 – 9:35</td>
<td>1.1. Global UHC diagnostics and projection</td>
<td>Dr. Pavel Ursu, Director, Division of Data, Analytics and Delivery for Impact, WHO HQ</td>
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<td>9:35 – 9:50</td>
<td>1.2. Looking beyond the UHC numbers in the Western Pacific region</td>
<td>Dr. Rajesh Narwal, Coordinator, UHC/DSI, WPRO</td>
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<td>9:50 – 10:00</td>
<td>1.3. Interventions and questions</td>
<td>All participants</td>
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<td>10:00 – 10:45</td>
<td>Group photo <em>(WPRO Lawn)</em></td>
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<td><strong>Session 2. Accelerating UHC progress: What next?</strong></td>
<td>Moderator: Dr. Noor Hisham Abdullah, UHC TAG member</td>
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<td>10:45 – 11:00</td>
<td>2.1. What is in the future of health and how will it affect UHC?</td>
<td>Professor Vivian Lin, UHC TAG member</td>
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<td>- Presentation: Health Future- Are our health systems prepared? (15 min)</td>
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<tr>
<td>11:00 – 11:45</td>
<td>- Country presentations: Shaping our future UHC journey (15 min each)</td>
<td>Presenters and discussants (Representatives of Member States)</td>
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<td></td>
<td>1) Expanding service coverage using digital health</td>
<td>- Presenter: Dr. Bayarbald Budragchaa, Director, Division of Service Package Regulation,</td>
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<td>Time</td>
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<td>General Agency for Health Insurance, Ministry of Health, Mongolia</td>
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<td>- Discussant: Dr. Reynold Ofanoa, Chief Executive Officer for Health, Ministry of Health, Tonga</td>
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<td>2) Improving efficiencies and expanding financial coverage</td>
<td>- Presenter: Dr. Saw Chien Gan, Public Health Physician, Planning Division, Ministry of Health, Malaysia</td>
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<td>- Discussant: Dr. Jek Chen Kelvin Bryan Tan, Principal Health Economist, Ministry of Health, Singapore</td>
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<td>3) Reaching the unreached: Addressing inequities to achieve UHC</td>
<td>- Presenter: Dr. Jemesa Tudravu, Permanent Secretary for Health &amp; Medical Services, Ministry of Health and Medical Services, Fiji</td>
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<td>- Discussant: Dr. Vichea Ravouth Ly, Director, Department of Planning and Health Information, Ministry of Health, Cambodia</td>
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<tr>
<td>11:45 – 12:00</td>
<td>- Open discussion</td>
<td>All participants</td>
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<td>12:00 – 13:00</td>
<td>Lunch break</td>
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<td>13:00 – 14:30</td>
<td><strong>2.2. Addressing future threats to UHC</strong></td>
<td>Panelists:</td>
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<td>- Rapid fire panel discussions (30 min each):</td>
<td>Moderator: Dr. Derrick Heng, UHC TAG member:</td>
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<td></td>
<td>1) Applying life course approach for NCDs and ageing</td>
<td>- Dr. Yoomee Oh, Director, Korea Health Promotion Institute, Republic of Korea</td>
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<td>- Ms. Pamina Manbit, Epidemiologist, Ministry of Health, Vanuatu</td>
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<td>- Dr. Rolando Enrique Domingo, Coordinator, Management of Noncommunicable Diseases, Programmes for Disease Control (DDC)/WPRO</td>
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<td>Time</td>
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<td>14:30 – 15:00</td>
<td>Mobility &amp; Coffee break</td>
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<td>[Side event] UHC Café 1: Talk and Connect</td>
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<td>15:00 – 15:15</td>
<td><strong>2.3. Transformative Primary Health Care for UHC: What and how?</strong></td>
<td>Moderator: Professor Xiaoyun Liu, UHC TAG member</td>
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<td>- Presentation: What should transformative PHC look like, and how can it</td>
<td>Dr. Suraya Dalil, Director, Special Programme on Primary Health Care, UHC-Life</td>
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<td></td>
<td>accelerate UHC? - Lessons from global experience</td>
<td>Course, WHO HQ</td>
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<td>15:15 – 15:25</td>
<td>- Presentation: Reorienting PHC to reach the unreached and achieve UHC in</td>
<td>Mr. Lluis Vinals Torres, Director, Health Systems and Services (DHS), WPRO</td>
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<tr>
<td></td>
<td>the Western Pacific Region</td>
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<td>15:25 – 16:15</td>
<td>- Group discussions: Key interventions and priority actions for transforming</td>
<td>Guide provided by the session moderator</td>
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<td>PHC to accelerate UHC</td>
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<td><strong>4 groups:</strong></td>
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<td></td>
<td>1) How to deliver good quality integrated people-centred services to</td>
<td>Group Moderators:</td>
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<td></td>
<td>meet community needs and expectations?</td>
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<td></td>
<td>- UHC TAG members: Dr. Jaime Galvez Tan &amp; Dr. Jenny Stephens</td>
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<td>Time</td>
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<td>16:15 – 16:50</td>
<td>Groupwork feedback in plenary</td>
<td>Group Rapporteurs</td>
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<tr>
<td>16:50 – 17:00</td>
<td>Closing of Day 1</td>
<td>Ms. Sunju Lee, UHC/DSI, WPRO</td>
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<tr>
<td>17:00 – 18:30</td>
<td>Reception</td>
<td>Location: Al fresco</td>
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**Day 2 (Friday, 26 April 2024)**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activities</th>
<th>Speaker(/Moderator)</th>
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</thead>
<tbody>
<tr>
<td>Opening of Day 2</td>
<td></td>
<td>Moderator: Dr. Kidong Park, Director, DSI/WPRO</td>
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<tr>
<td>8:30 – 8:35</td>
<td>Recap of Day 1</td>
<td>Ms. Vicki Bennett, UHC TAG member</td>
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<tr>
<td>8:35 – 8:40</td>
<td>Launch of the UHC Dashboard Western Pacific Region</td>
<td>Dr. Saia Ma’u Piukala, Regional Director, WPRO</td>
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**Session 3. Weaving health and well-being for communities in the Western Pacific**

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<thead>
<tr>
<th>Time</th>
<th>Activities</th>
<th>Speaker(/Moderator)</th>
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<tbody>
<tr>
<td>8:40 – 8:50</td>
<td>Introduction of TAG Alliance</td>
<td>Dr. Kidong Park, Director, DSI/WPRO</td>
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<tr>
<td>8:50 – 9:00</td>
<td>Regional Director’s remarks: expectations from TAG Alliance</td>
<td>Dr. Saia Ma’u Piukala, Regional Director, WPRO</td>
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<tr>
<td>Time</td>
<td>Activities</td>
<td>Speaker/Moderator</td>
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<tr>
<td>9:00 – 9:05</td>
<td>Group photo (Conference Hall)</td>
<td>All participants</td>
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<tr>
<td>9:05 – 9:30</td>
<td>- Focus and priorities of TAGs:</td>
<td>TAG Alliance members:</td>
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<tr>
<td></td>
<td>1) Universal Health Coverage (UHC)</td>
<td>1) Professor Gillian Biscoe, UHC TAG Chairperson</td>
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<td></td>
<td>2) Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED)*</td>
<td>2) Professor Paul Effler, Technical advisor on health security</td>
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<td>3) Climate Change, the Environment and Health (CCE)</td>
<td>3) Dr. Anthony Capon, CCE TAG Chairperson</td>
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<td>4) Noncommunicable Disease Prevention and Control (NCD)</td>
<td>4) Dr. Tomofumi Sone, NCD TAG Chairperson</td>
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<td></td>
<td>5) Tuberculosis (TB)</td>
<td>5) Professor Guy Barrington Marks, TB TAG Chairperson (virtual)</td>
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<td>6) Reaching the Unreached (RtU)</td>
<td>6) Professor Vincent Belizario Jr, RtU TAG member</td>
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<td>7) Immunization and Vaccine Preventable Diseases (VDI)</td>
<td>7) Dr. Xiaojun Wang, WHO Secretariat, VDI TAG</td>
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<td>*Term of APSED TAG has finished and APHSAF (Asia Pacific Health Security Action Framework) TAG is being established</td>
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<tr>
<td>9:30 – 10:00</td>
<td>- Facilitated discussion</td>
<td>TAG Alliance members and Member States</td>
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<tr>
<td></td>
<td>1) How can synergizing programmes catalyse UHC to achieve health SDG by 2030?</td>
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<td>2) What are expectations of member states from TAG Alliance in advancing UHC at country level?</td>
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<td>10:00 – 10:20</td>
<td>Coffee Break</td>
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<td>10:20 – 11:00</td>
<td>UHC Café 2: Country Rendezvous</td>
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<td>11:00 – 12:00</td>
<td><strong>3.2. Working better and together for UHC</strong></td>
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<td></td>
<td>Panel discussions (30 min each):</td>
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<tr>
<td></td>
<td>1) Pivoting UHC: Leveraging political economy to spotlight country health agendas</td>
<td>Moderator: Professor Vivian Lin, UHC TAG member</td>
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<td>Panelists:</td>
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<td></td>
<td></td>
<td>- Dr. Suphab Panyakeo, Deputy Director General, Department of Planning and Finance, Ministry of Health, Lao PDR</td>
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<td>- Dr. Somil Nagpal, Lead Health Specialist, East Asia and Pacific Region, World Bank</td>
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<td></td>
<td>2) Partnerships for UHC: Looking within and beyond health sector</td>
<td>- Ms. Genevieve Howse, Coordinator, Health Law and Ethics, DHS/WPRO</td>
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<td></td>
<td>Moderator: Dr. Mari Nagai, UHC TAG member</td>
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<td>Panelists:</td>
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<td>- Dr. Chieko Ikeda, Advisor to the Minister, Ministry of Health, Labour and Welfare, Japan</td>
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<td>- Ms. Elva Lionel, Deputy Secretary, National Health Policy and Corporate Services, Papua New Guinea</td>
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<td>- Ms. Hyung-won Lee, Assistant Country Director, Philippines Office, Korea International Cooperation Agency</td>
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<td>- Dr. Nishant Jain, Dr. Nishant Jain, Health Specialist and Mission Leader, Asian Development Bank (virtual)</td>
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<td>12:00 – 13:00</td>
<td>Lunch break</td>
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<td>Session 4. Implementing the commitments to accelerate UHC to achieve health SDG by 2030</td>
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<tr>
<td>13:00 – 13:30</td>
<td>4.1. Realizing Health for All: from policy to practice</td>
<td>Moderator: Dr. Bruce Aylward, Assistant Director-General, WHO HQ</td>
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<td></td>
<td>Presentation followed by open discussion:</td>
<td>Presenter: Dr. Rajesh Narwal, Coordinator, UHC/DSI, WPRO</td>
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<td></td>
<td>- Guiding UHC: Frameworks and tools for action (15 min)</td>
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<td>- Open discussion (15 min)</td>
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<tr>
<td>13:30 – 14:30</td>
<td>Presentation followed by panel discussion:</td>
<td>Presenter: Dr. Fatima Serhan, Executive Officer, Science Division, WHO HQ</td>
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<td></td>
<td>- Powering UHC: research, data and innovations to guide investments and priority actions (20 min)</td>
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<td></td>
<td>- Panel discussion (40 min)</td>
<td>Panelists:</td>
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<td>- Dr. Zhou Wenjun, Principal staff member, Division of Policy Research, National Health Commission, China</td>
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<td>- Dr. Rex Maukera, Deputy Secretary Health Improvement,</td>
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<tr>
<td>Time</td>
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<td>Mobility &amp; Coffee break</td>
<td>Ministry of Health and Medical Services, Solomon Islands&lt;br&gt;- Dr. Nima Asgari-Jirhandeh, Director, Asia Pacific Observatory on Health Systems and Policies, WPRO&lt;br&gt;- Dr. Pavel Ursu, Director, DDI/WHO HQ</td>
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<tr>
<td>14:30 – 15:00</td>
<td>4.2. Country focus and impact</td>
<td>Moderator: Professor Gillian Biscoe, UHC TAG Chairperson&lt;br&gt;Discussion: All participants</td>
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<td>15:00 – 16:00</td>
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<td>&lt;ul&gt;&lt;li&gt;Moderated discussion:&lt;/li&gt;&lt;li&gt;1) What will be Member States to be prioritized to accelerate UHC?&lt;/li&gt;&lt;li&gt;2) What should be the priorities of WHO to support Member States over the next 5-6 years?&lt;/li&gt;&lt;li&gt;3) How can UHC TAG play in supporting WHO and Member States in accelerating UHC?&lt;/li&gt;&lt;li&gt;- Summary and way forward&lt;/li&gt;&lt;/ul&gt;</td>
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<tr>
<td>Closing Session</td>
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<td>Moderator: Dr. Jaime Galvez Tan, UHC TAG member</td>
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<tr>
<td>16:00 – 16:15</td>
<td>Recap of 7th UHC TAG Meeting and next steps</td>
<td>Professor Gillian Biscoe, UHC TAG Chairperson</td>
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<td>16:15 – 16:20</td>
<td>Meeting highlight video</td>
<td>Secretariat</td>
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<tr>
<td>16:20 – 16:30</td>
<td>Closing remarks</td>
<td>Dr. Saia Ma'u Piukala, Regional Director, WPRO</td>
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