



HEALTH FOR ALL

Health Systems

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The proportion of older people has more than doubled in the past few decades in Japan. The country is trying to find ways to meet their health needs in an affordable, accessible and equitable manner.

Introduction

WHO continues to work with Member States to deliver on the regional framework for action *Universal Health Coverage: Moving Towards Better Health*.

This section elaborates on the work towards achieving the five essential attributes for universal health coverage or UHC: quality, efficiency, equity, accountability, and sustainability and resilience.

Quality

To improve hospital quality and strengthen management capacity, WHO convened policy-makers and hospital managers from nine countries for the Fifth Hospital Quality and Patient Safety Management Course in Japan, and supported a policy round-table discussion in Malaysia. Quality measurement for UHC was discussed at the Sixth

Meeting on Health Care Quality Improvement in Asia-Pacific. WHO also supported countries to implement national infection prevention and control strategies.

To strengthen health workforce standards, WHO supported Cambodia, the Lao People's Democratic Republic, Mongolia, Papua New Guinea and Viet Nam to strengthen regulatory capacity. The Australian Health Practitioner Regulation Agency

was also designated as a WHO collaborating centre.

Regulatory systems for quality and safe medicines, vaccines and traditional medicines were strengthened in Cambodia, the Lao People's Democratic Republic and Mongolia. In addition, Viet Nam developed pharmaceutical laws and strengthened its pharmacovigilance system. The Republic of Korea improved its pharmacovigilance, and Mongolia and the Philippines introduced regulatory inspectors. Countries in the Greater Mekong Subregion strengthened regulations for the quality and safety of antimalarial drugs.

Quality assurance for traditional medicines was fostered through laboratory training and development of legislation for traditional medicine in Cambodia, the Lao People's Democratic Republic, Mongolia and Viet Nam. The Philippines, Fiji and the Federated States of Micronesia have also started to develop policies that integrate traditional medicine into their health systems.

Efficiency

WHO supported countries to reorient service delivery towards primary health care, including in Viet Nam where a new resolution on primary health care was adopted.

WHO convened eight countries to discuss strategic purchasing at the second Biregional Workshop on Health Financing Policy for Universal Health Coverage in Asia. The second UHC Technical Advisory Group meeting focused on the transformation of service delivery to respond to the demographic and epidemiological transitions.

To address the high cost of new treatments for hepatitis C, an informal consultation on access to medicines in upper-middle-income and high-income countries was held.

Equity

WHO strengthened capacity in countries for collection and use of data to inform strategies to address equity issues, including those associated with financial, gender and geographical barriers. Further support was provided to strengthen attention to gender, equity and rights in health programmes and service delivery, and to address discrimination in health-care settings.

The health sector response to gender-based violence was strengthened through

country support, and a baseline for this work is being established. Social mobilization campaigns were held during the 16 Days of Activism against Gender-Based Violence.

WHO supported the exchange of good practices and lessons learnt on policies and actions to promote the health of migrants and refugees across the Region.

WHO continued to work with countries to implement the *Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019)*, and convened a regional meeting of 15 countries to review progress and identify priority areas for action.

WHO also continued its financial protection work by assisting Member States to collect and analyse out-of-pocket health expenses.



A woman in Malaysia presents her electronic health card, providing her medical records electronically whenever she seeks treatment.

Accountability

Countries were encouraged to develop their own monitoring frameworks for UHC and the Sustainable Development Goals (SDGs). The Lao People's Democratic Republic implemented a web-based platform to report health system data. Mongolia and the Philippines linked UHC and SDG monitoring to national priorities, while Pacific island countries leveraged the *Healthy Islands Monitoring Framework* to gather regional data.

WHO also strengthened country capacity to monitor health expenditure and financial protection. Last year (2017) marked the start of the transition to *A System of Health Accounts 2011*, which provides a framework to measure the objectives and levels of spending on health in countries.

WHO collaborated with Australia on Health in All Policies (HiAP) to review lessons for intersectoral governance. HiAP was also core in national policy dialogue in Kiribati.

To foster awareness and skills on global health priorities among tomorrow's health leaders, WHO continued to support the Global Health Learning Centre, as well as the Asia-Pacific Parliamentarian Forum on Global Health, which provides a platform to exchange ideas, foster collaboration and build political commitment for health.

To strengthen government leadership and the rule of law, WHO reviewed legislation in Viet Nam, developed UHC legislation with the Philippines, and supported the proposed Essential Healthcare and Health Promotion Law in China.

Sustainability and resilience

WHO strengthened coordination with the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health to support multisectoral action in Brunei Darussalam, Cambodia, Fiji, the Lao People's Democratic Republic, Malaysia, Mongolia, the Philippines and Viet Nam on surveillance, antibiotic stewardship, monitoring of antimicrobial use and advocacy. Eighteen countries finalized national antimicrobial resistance action plans.

The Regional Committee endorsed a framework on sustainable financing to support countries facing declining donor funding by identifying domestic finance sources and improving efficiency through better public finance management and integrated service delivery. Viet Nam strengthened domestic financing mechanisms for public health priorities, such as tuberculosis (TB) and HIV.

WHO also supported Pacific island countries to strengthen e-health information system strategies, and convened an expert consultation on e-health for integrated service delivery.

Next steps

In the year ahead, countries will explore select regional priority areas in greater depth to advance UHC including: health equity monitoring; hospital planning and management; policy and legislative reform implementation; and e-health to improve service delivery. ■



WHO communications help people understand the focus of universal health coverage: ensuring all people have access to good-quality health services without financial hardship.

1. Transition to integrated financing for priority public health services

Financial levers can be powerful tools to improve the governance of health systems. Health financing can serve as a trigger for broader health system reform, particularly during a transition to reduced donor funding. In the Western Pacific Region, vertically financed disease control programmes that were largely governed separately are gradually being integrated and coordinated into the general health system.

As countries transition to more domestic or integrated financing for priority public health services and more efficient and resilient health systems, this can lead to strengthened governance of health systems. For example, improvements are made in health planning and budgeting within and across sectors, accountability and monitoring mechanisms for public finance, and domestic procurement and supply management systems for essential medicines and supplies.

To guide Member States, the Regional Committee endorsed in October 2017 the *Regional Framework for Action on Transitioning to Integrated Financing of Priority Public Health Services in the Western Pacific*, such as HIV, TB, malaria and immunizations. The framework also supports Member States undergoing budget or service delivery reforms.

The framework identifies four pillars of action for countries: confirming the core programme elements and service delivery arrangements for priority public health ser-



Children run in their village in the Lao People's Democratic Republic, where WHO works with the Government to improve health services for vulnerable and hard-to-reach populations.

vices; strengthening financing institutions to make better use of available resources; increasing domestic financing; and governing the transition process.

WHO supports countries addressing these challenges using these actions and a whole-of-system approach, bringing together ministries of health and finance with various departments to smoothen transition.

Supporting and guiding countries during this transition has strengthened how WHO works and the Organization's role with key development partners, such as Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank Group and other United Nations agencies. ■

2. Using regulation to strengthen cooperation and convergence for medicines and health workforce

Regulation is a key element of good governance in the health sector. The capacity of national regulatory systems in the Western Pacific Region varies extensively, contributing to inequalities in the quality and safety of health services across the Region. To address this, the WHO Regional Committee endorsed in October 2017 the *Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce*.

The action agenda guides countries in strengthening their national regulatory systems by adopting a stepwise approach that is backed by legal frameworks and based on country development context and needs. In addition, the action agenda provides a framework for convergence and cooperation to support less-resourced regulatory authorities and to enable countries to cooperate when regulatory processes must be aligned to tackle public health emergencies or address unsafe products and practices across borders.

WHO supports national regulatory authorities to develop and implement regulatory functions along the life cycle of medical products and to strengthen the health workforce. The pillars of support include: development of legislative frameworks that clearly articulate regulatory mandates and roles; a stepwise approach to regulatory strengthening; adoption of mechanisms for transparent,



Health workers and WHO staff at Port Moresby General Hospital work together to improve the quality and safety of medicines, a fundamental part of universal health coverage.

accountable and consistent decision-making in regulatory processes; the use of existing tools to evaluate the effectiveness of regu-

lations; and participation in convergence and cooperation mechanisms as a way to strengthen their own regulatory systems. ■

3. Information and evidence

Governance for UHC requires engagement of multiple sectors and stakeholders on the basis of information and evidence. To enable countries to track progress and determine priority areas for action, WHO developed SDG-UHC country profiles. These country profiles brought together data on progress towards SDGs and UHC to help governments identify successes and prioritize actions.

The data highlighted challenges and opportunities. Up to half the population in some countries in Asia and the Pacific lack essential health services. Access to immunization and maternal and child health services was better than other types of health services. Areas for improvement were identified, including detecting and treating infectious diseases, such as tuberculosis and HIV,

and preventing and treating noncommunicable diseases (NCDs), such as heart disease, stroke, diabetes and cancer.

NCDs remain the number one cause of premature death in the Region. Strong health systems are needed to prevent these diseases and reverse the NCD epidemic, and better support those already managing these conditions. WHO will continue to work with Member States to collect more detailed disaggregated data to ensure no one is left behind.

WHO also supported Member States to establish or strengthen knowledge transfer mechanisms to promote evidence-informed health policies and health-care delivery. The Asia-Pacific Pathway to Universal Health Care Workshop, a side event of the UHC Forum in Tokyo in December 2017, brought together health leaders from government, public health and health systems academics, experts from the WHO collaborating centres, WHO Western Pacific Region UHC Technical Advisory Group members, development partners, and civil society organizations to reflect on pathways Asia-Pacific countries have followed to UHC. Participants agreed that strong community engagement can strengthen health system equity, quality and accountability, as well as reduce demand-side barriers to access, especially for disadvantaged groups. ■



Noncommunicable diseases such as diabetes remain the number one cause of premature death in the Region. A health worker conducts blood sugar testing at Princess Margaret Hospital in Tuvalu.

4. Communications and social mobilization



WHO experts participate in a live discussion on universal health coverage in the Western Pacific Region to mark World Health Day 2018.

Good governance requires participation by informed citizens. Communications and social mobilization are important means to promote understanding and action on UHC.

WHO concentrated communications and advocacy efforts to mobilize governments, partners and other stakeholders behind the theme of UHC for World Health Day 2018 on 7 April. Every WHO representative office

led a conversation highlighting “Health for All”. The year-long campaign aims to mobilize policy-makers to make commitments towards UHC, supporting capacity to build cross-constituency partnerships and use media platforms to engage a wider audience on the importance of UHC.

Communications for public health is another tool to support social mobilization.

It aims to improve the health literacy and status of individuals and populations by informing, influencing and motivating individuals, institutions and civil society about important health issues and determinants. In November 2017, WHO launched a year-long race to a million pledges – an online campaign inviting people to commit to stopping overuse and misuse of antibiotics. To mark World Antibiotic Awareness Week on 13–19 November 2017, countries across the Region held events involving communities, patients, health providers, veterinarians, farmers, policy-makers and others.

Social mobilization and gender equality go hand in hand. The Technical Working Group on Gender and Social Determinants, which works across WHO technical divisions, launched a report demonstrating the outcomes of a collaborative process in which programmes incorporated gender, equity and human rights into their work at any stage of the programme cycle – from analysis through to monitoring and evaluation. The report scaled up advocacy and community mobilization efforts. Achievements included: improving acceptability, access and targeting of communicable disease programmes; reducing discrimination against people with psychosocial disabilities; improving access to water, sanitation and hygiene; and action on gender-based violence and tobacco control. ■

5. Setting and shifting norms and values

Governance for UHC calls for strengthening incorporation of health ethics in all aspects of health policy and practice. The core principles of health ethics – including respect for people, beneficence, justice, utility and solidarity – underpin the essential attributes of UHC.

National ethics committees may be established by governments to ensure robust assessment of issues and to identify ethical solutions. The Asia-Pacific Regional Meeting for National Ethics/Bioethics Committees was convened in October 2017 in Seoul, Republic of Korea, with representatives of national ethics committees and ministries of health from 21 Member States.

A health ethics framework helps to provide systematic analysis and evidence-based application of ethical principles. Policy-makers often must balance public good against individual liberty, health promotion and equity, the implications of public health surveillance, and public accountability. Researchers, meanwhile, must consider the value of their research for participating communities, how participants are chosen, and how the rights and well-being of participants are protected. Professionals must respect rules: informed consent, privacy and confidentiality, and equitable access to services.

Despite individual country differences, participants at the regional meeting agreed that countries need to strengthen governance arrangements for health ethics and integrate ethics training in curricula for



A Lao woman consents to participate in a health-care study. Informed consent is an ethical requirement for research involving humans.

public health, clinical care and research. This would ensure ethical norms and values among health professionals, researchers and policy-makers.

WHO has started to align and optimize national health research ethics review processes across Fiji, Papua New Guinea, Solomon Islands, Tonga and Vanuatu. ■