

FIRST MEETING OF THE TECHNICAL ADVISORY GROUP (TAG) ON UNIVERSAL HEALTH COVERAGE (UHC) FOR THE WESTERN PACIFIC REGION



12–14 December 2016
Manila, Philippines



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**WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC**

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MEETING REPORT

**FIRST MEETING OF THE TECHNICAL ADVISORY GROUP
ON UNIVERSAL HEALTH COVERAGE FOR THE WESTERN PACIFIC REGION**

Convened by:

**WORLD HEALTH ORGANIZATION
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NOTE

The views expressed in this report are those of the participants of the First Meeting of the Technical Advisory Group on Universal Health Coverage for 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 First Meeting of the Technical Advisory Group on Universal Health Coverage for the Western Pacific Region in Manila, Philippines from 12 to 14 December 2016.

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SUMMARY

Universal health coverage (UHC) is a shared vision for health development in the Western Pacific Region and a major part of the Sustainable Development Goal (SDG) agenda. At the sixty-sixth session of the Regional Committee for the Western Pacific, the regional action framework on *Universal Health Coverage: Moving Towards Better Health* was endorsed (WPR/RC66.R2). The Technical Advisory Group on Universal Health Coverage (UHC TAG) was established to provide advice to the WHO Regional Office for the Western Pacific and to assist Member States to advance UHC in the Western Pacific Region. A UHC TAG meeting will be convened annually. The First Meeting of the Technical Advisory Group on Universal Health Coverage for the Western Pacific Region was held in Manila, Philippines from 12 to 14 December 2016. The meeting focussed on service delivery and health system financing and governance, reflecting current challenges in advancing UHC in the Region. The key issues and messages arising from the meeting are summarized as follows.

Generation and use of evidence for policy-making and improving performance

- *Data collection and usage:* Country-level health information systems must produce the necessary data to inform decision-making and action in relation to the UHC/SDG agenda. Countries should focus on what information is really needed at each level of their health system to advance UHC. Data analysis should also provide ongoing implementation evidence to assist in responding to bottlenecks.
- *Health technology assessment (HTA):* HTA is an important tool to inform policy-making with evidence. It needs to be embedded within appropriate regulation, strategic purchasing and management (including clinical governance).
- *Capacity for policy analysis:* Analytical capacity is required at all levels of a country's health system. Analyses need to clearly address how equity is being achieved and inform evidence-based decision-making, policy change and action in response to challenges faced by countries in advancing UHC.

Improvement of health system efficiency through service delivery and health financing system

- *Service architecture for ageing, NCDs and communicable diseases:* There is a need to redesign health systems to be more people-centred. Clear role delineation is important to define roles and functions of health facilities and to inform health system architecture design and human resource development. Coordination of different types and levels of care is important in order to assure continuity of care from the patient perspective.
- *Strengthening of primary health care and hospital transformation:* A whole-of-system approach is required to improve UHC with balanced and integrated primary, secondary and tertiary health care, and appropriate gatekeeping and referral systems. Hospital development, in particular, the increases in hospital autonomy, need to be balanced with appropriate accountability mechanisms including thorough regulation, financial incentives, and transparent reporting. Investment in quality and patient-centred primary health care with effective and appropriate referral systems for access to hospitals is also important to the strengthening of primary health care.
- *Technologies:* Technologies such as mobile technologies, ICT and point-of-care testing can play an important role in scaling up effective interventions and accelerating progress. They have the

potential to facilitate integrated care with real-time information exchange, and to empower patients and front-line workers with information and diagnostic tools.

- *Strategic purchasing:* Aligning financial incentives and governance arrangements to enable and support integrated service configuration and population health objectives is essential. Strategic purchasing is a key strategy available to align funding and incentives with service delivery priorities and the achievement of UHC, and includes issues of benefit package design, resource allocation and provider payment mechanisms.

Strengthening of governance functions on supervision, coordination and accountability

- *Regulatory strategies:* Challenges and potential solutions to advance UHC are increasingly characterized by a complex array of stakeholders (within and outside government) that need to be effectively engaged to protect and promote the public interest. Regulatory strategies have an important role to play in harnessing the effort of these stakeholders to advance UHC and the public interest.
- *Policy coherence and coordination for intersectoral action for health:* Improved health depends on governments taking coordinated action to address social determinants of health and well-being and avoid duplication and fragmentation.
- *Policy implementation:* Moving from policy to practice is essential to advance UHC. Key challenges include policy coherence, sufficient resourcing, political commitment, stakeholder agreement, and sufficient skills. These challenges are interrelated.
- *Public-private partnerships:* There are issues related to common definition and scope of public-private partnerships and their impact on UHC. There is a need to be aware of benefits and risks of different financing strategies, including the most effective ways to purchase services from the private sector.
- *Community participation:* Communities can participate in health systems development along a continuum, from the provision of information through to participatory design. Community participation can strengthen ownership, responsiveness and accountability, mobilize resources, be a political enabler and promote social cohesion. UHC requires a clear vision and objective for community participation to ensure the agenda is shaped by community voices.
- *Family empowerment:* The empowerment of the role and function of families in health and health care can enhance UHC. Models of community system building extend beyond the formal organizations of the community and include the enabling environment, partners, resource- and capacity-building, organization, research strengthening, and monitoring and evaluation.

1. INTRODUCTION

1.1 Meeting organization

The First Meeting of the Technical Advisory Group on Universal Health Coverage for the Western Pacific Region was held in Manila from 12 to 14 December 2016. The UHC TAG meeting brought together high-level policy-makers from the Ministry of Health from 18 countries, TAG members, partner organizations and members of the WHO Secretariat. The structure of the meeting enabled countries to draw on the advice of TAG members, share experiences and identify short- and medium-term priorities to advance UHC.

1.2 Meeting objectives

The objectives of the meeting were:

- 1) to review country progress on UHC and highlight the root causes of their challenges;
- 2) to share experiences and identify potential actions to advance UHC, with a particular focus on health system governance and service delivery; and
- 3) to advise on prioritizing areas for development in the next year in the Western Pacific Region.

2. PROCEEDINGS

2.1 Opening session

The opening session underscored the historic importance of the meeting in pushing forward the UHC agenda in the Western Pacific Region. The UHC regional action framework and the health system attributes that are characteristic of high-performing health systems, namely: quality, efficiency, equity, accountability, sustainability and resilience were introduced. Participants were provided with an overview of issues in relation to service delivery, and health financing and governance, as a starting point to diagnose health system challenges, improve health system performance, and advance UHC in the Region.

2.2 Progress report (plenary)

The session provided an overview of the UHC situation in the Region, using baseline data and highlighted gaps and challenges in monitoring and evaluation. There were a number of interventions from TAG members, advisers and country representatives. It was noted that the baseline is an excellent starting part, in particular its equity focus, but more work needs to be done. It was identified that WHO can play a role in two key ways: (1) analytical tasks in terms of causal pathways, assessing cost-effectiveness and data synthesis; and (2) further support in terms practice guidelines and technical assistance. It was noted that data collection should focus on the needs of the countries, and that data usage will result in improved quality.

2.3 Root cause analysis (group work)

The session provided an opportunity for participants to use the data presented in the previous session to identify the range of root causes of challenges, as well as successes, in their respective countries.

Common challenges include issues of adequate financing, equity and reaching hard-to-reach populations. Differences were noted in relation to capacity and workforce shortfalls. Root cause analysis was used to identify common and structural concerns including legislative and governance issues, health system design and reconfiguration of systems, and socioeconomic and cultural conditions. Clear themes were identified in relation to enabling factors for success, including political commitment, adequate investment, and stakeholder collaboration and coordination. Additional factors identified by certain countries included technological advancement and connectivity, sharing across countries, and cultural change.

2.4 Service delivery (plenary)

The session emphasized the importance of patient-centred care and described its aspects to include empowerment, engagement, trust and confidence. It was identified that strengthening primary health care is critical, as part of a whole-of-system approach to improve UHC. It was recognized that countries need to think more broadly than the supply side of services, and that because a number of issues are in the community and political spheres, the health sector needs the ability to influence and inform this space. It was identified that workforce requirements are changing, including multidisciplinary aspect, analytical, policy and management capabilities are changing. It was highlighted that technology can play a role in scaling up and accelerating progress.

2.5 Governance and financing (plenary)

The session raised a number of governance and financing challenges faced by countries in advancing UHC, including harnessing the private sector, managing autonomy and decentralization, addressing issues of equity and targeting population groups, and intersectoral action. The issue of governance of development assistance was raised. While the ideal is “one plan, one budget”, this approach is difficult in practice because development assistance is related to politics in donor countries. Countries are facing issues of sustainable financing in the context of reduced external support. Challenges were identified in engaging a multitude of stakeholders in the context of globalization and global health, including issues of vested interest and how to cultivate social change. It was recognized that community participation and empowerment is powerful, but the objectives need to be clear. Community involvement can be complex and potentially counterproductive if not carefully thought through. Policy implementation and enforcement was raised as a critical challenge in many countries and is probably an area to be further unpacked and supported.

2.6 Improvement strategies (group work)

The session enabled participants to identify short- and long-term strategies to advance UHC in their respective countries. A key message was the need to reorient service delivery design to better meet the challenge of noncommunicable diseases (NCDs) and the needs of communities. Groups identified several common strategies, including: improving the collection and use of information in underserved areas; supporting community engagement and multisectoral approaches; strengthening regulatory implementation and enforcement; and constructive engagement with the private sector and civil society. It was also highlighted that countries face many shared challenges and there is a need for increased regional cooperation.

2.7 Essential public health functions (plenary)

The session provided an opportunity to introduce essential public health functions as part of UHC. It was noted that the concept of essential public health functions has been defined in many different ways; however, the challenge for countries and the Region is deciding how to progress the work as part of the UHC agenda, including the sustainability and resilience of health systems. A number of perspectives were offered, including the connection between international health regulations and health system development, the importance of sustainable domestic financing for infectious disease control, and the linkage between communicable disease and NCD control. Fundamentally, it was recognized that no matter where you start, health systems are characterized by interconnectedness, and there is a need to work for the most effective and efficient health system architecture to advance UHC.

2.8 Open space discussions (group work)

This session provided participants an opportunity to discuss issues identified during the preceding days/sessions but not discussed in detail during the meeting. The session informed the conclusions and the topics for the next UHC TAG meeting. Topics discussed in the open space discussions included: equity; climate change and resilient health systems; health workforce; moving from policy to practice; governance and accountability mechanisms; essential public health functions; private–public partnerships; UHC monitoring and evaluation; integration of vertical programmes; strategic purchasing; and resource constraints.

2.2 Wrap-up and closing

During the wrap-up session, participants from each country briefly presented on key messages they will take away from the UHC TAG meeting and priority actions and next steps to follow up. The next steps identified were context specific. It was emphasized that each country should measure progress against a clear strategic road map and report back to the TAG next year. It was noted that the WHO Regional Office and country offices would support Member States in advancing UHC based on their priorities, including support to measuring progress and facilitate benchmarking. It was acknowledged that countries, WHO, TAG members and other partners would continue to collaborate over the next 12 months to advance UHC in the Region and meet again in 2017.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

UHC is an organizing principle for how the health system works and brings together all technical programmes, combining equitable access to all essential services with financial protection, subject to country-specific circumstances and context.

As an agenda, UHC is relevant for all countries in the Western Pacific Region. Some countries are moving rapidly in advancing UHC, while others are having difficulty progressing. In most countries, UHC is a long way from being a fully operationalized organizing principle that underpins health sector development.

A whole-of-system approach and multi-stakeholder collaboration are essential to advance UHC. As a starting point, this requires shared understanding of terminology, concepts, frameworks and pathways for UHC among stakeholders within and beyond the health sector.

Information is critical for monitoring progress over time and informing policy at country level. It is also important for monitoring progress and informing comparative analysis regionally and globally. However, regional and global processes should not place a further data collection burden on countries.

3.2 Recommendations

3.2.1 Recommendations for Member States

- 1) Member States are encouraged to develop and refine UHC road maps as part of national strategy, planning and budgeting processes, including setting of benchmarks, milestones, targets and monitoring processes.
- 2) Member States are encouraged to regularly review progress in relation to UHC and identify and implement strategies to overcome implementation bottlenecks.
- 3) Member States are encouraged to conduct annual performance reporting in country. A set of UHC indicators should be included for monitoring progress and informing policy changes for better performance.
- 4) Member States are encouraged to make available the annual UHC progress report and share implementation experiences at the next UHC TAG meeting.

3.2.2 Recommendations for WHO

- 1) WHO is requested to provide technical support to countries for policy development, implementation and experience sharing on UHC.
 - a) Facilitate joint learning and experience sharing among countries and mobilize technical expertise from TAG members and other external experts when needed.
- 2) WHO is requested to provide technical assistance on measures or indicators related to UHC and use of the information for policy-making.
 - a) Provide guidance on effective data collection methods to capture information on those at risk of being left behind. Facilitate the adoption of common standard and framework to enable comparative analysis and sharing of lessons learnt.
 - b) Undertake analysis of available data related to UHC and use this analysis to inform technical assistance provided to countries as well as regional and comparative reporting.

- 3) WHO is requested to provide more effective country support through better internal coordination and collaboration.
 - a) Consider expanded involvement of other WHO divisions in advancing the UHC agenda, and in the UHC TAG process specifically, ensuring UHC work is not constrained by WHO's structure and everyone is working in an open health system approach.
 - b) Apply a whole-of-system approach when conducting specific programme reviews and consider issues related to system-level coordination, equity and efficiency.
 - c) Enhance capacity of WHO country staff in all programmes to support UHC.
- 4) WHO is requested to work with Member States and TAG members to develop an agenda and convene the next TAG meeting.

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ANNEX 2. Meeting programme

Time	Day 1, Monday, 12 December	Day 2, Tuesday, 13 December	Time	Day 3, Wednesday, 14 December
8:00-8:30	Secretariat meeting (Room 212)	Secretariat meeting (Room 212)		Secretariat meeting (Room 212)
8:30-9:00	Registration	TAG Reflections Chair: Kenji Shibuya	8:30-9:00	TAG Reflections Chair: Gabriel Leung
9:00-10:30	<p>Session 1.1 Opening ceremony Chair: Gillian Biscoe</p> <ul style="list-style-type: none"> Opening remarks (Regional Director) Participant introductions Meeting objectives and process (Xu Ke) Setting the scene: UHC & health system development (Vivian Lin) Administrative announcements (Razul Baghiroo) 	<p>Session 2.1 Plenary: Service delivery Chair: Molly Coje</p> <p>Country presentations</p> <p>Discussants: <i>Pascal Allouey, Don Matheson, Lepani Waqatabirewa</i></p> <p>General discussion</p> <p>Summary/key messages</p>	9:00-10:30	<p>Session 3.1 Plenary-panel discussion: Essential public health functions Chair: Kenji Shibuya</p> <p>Overview (Vivian Lin)</p> <p>Panel Presentations (<i>Mark Jacobs, Ailan Li, Susy Mercado, Mario Villaverde</i>)</p> <p>General discussion</p> <p>Summary/key messages</p> <p><i>Introduction of open space discussion (Anjara Bhuchari)</i></p>
10:30-10:45	Group photo and coffee/tea break	Coffee/tea break	10:30-10:45	Coffee/tea break/Sign-up for 3.2 session in foyer
10:45-12:15	<p>Session 1.2 Plenary: Progress report Chair: Stephen Duckett</p> <p>Reporting the progress (Gao Jun)</p> <p>Discussants: <i>Iran Thi Oanh, Kenji Shibuya</i></p> <p>General discussion</p> <p>Summary/key messages</p>	<p>Session 2.2 Plenary-panel discussion: Governance and financing Chair: Gabriel Leung</p> <p>Overview (Xu Ke)</p> <p>Panel discussion with audience participation: Chang-yup Kim, Andrew Cassels, Wen Chen</p> <p>Summary/key messages</p> <p><i>Introduction of parallel session (Indrajit Hazarika)</i></p>	10:45-11:45	<p>Session 3.2 Group work: Open space discussion Chairs: <i>Wen Chen, Pascale Allouey, Mario Villaverde</i></p> <p>Parallel groups on public health functions and issues placed in the parking lot.</p>
12:15-12:45	<p><i>Introduction of group work (Luke Elich)</i></p> <p>UHC Day celebration (Conference Hall) (Tom Hiatt)</p>	Lunch break	12:30-14:30	<p>Session 3.3 Plenary: Open space report Chair: Gillian Biscoe</p> <p><i>Brown bag lunch seminar: "Curb your sweet tooth: From guidelines to action" (Conference Hall, foyer)</i></p> <p>TAG member meeting: CO staff meeting with country representatives</p>
12:45-13:30	Lunch break	Lunch break		
13:30-16:00	<p>Session 1.3 Group work: Causes of challenges, successes, and enablers to improve equitable access to quality services (3 groups)</p> <p>All TAG members and TAs</p>	<p>Session 2.3 Group work: Potential short- and long-term strategies to improve equitable access to quality services (same grouping as the 1st day)</p> <p>All TAG members and TAs</p>	14:30-16:00	<p>Session 3.4 Plenary: Wrap up Chair: Gillian Biscoe</p> <p>Country take-away messages and next steps</p> <p>Explore the topic for the next UHC TAG.</p> <p><i>The way forward (recommendations)</i></p> <p><i>Closing remarks (Vivian Lin)</i></p>
16:00-16:45	<p>Session 1.4 Plenary: Group work report Chair: Gillian Biscoe</p>	<p>Session 2.4 Plenary: Group work report Chair: Gillian Biscoe</p> <p>Sign-up for Session 3.2 topics in foyer. (Anjara Bhuchari)</p>	16:00-17:00	<p>Meeting with TAG members only (Room 212) (Potential dates for next TAG)</p>
16:45-17:00	TAG member meeting (Room 212)	TAG member meeting (Room 212)		
17:00-18:30	Reception			

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