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

13–15 November 2017
Manila, Philippines
MEETING REPORT

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

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NOTE

The views expressed in this report are those of the participants of the Second 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 Second Meeting of the Technical Advisory Group on Universal Health Coverage for the Western Pacific Region in Manila, Philippines from 13 to 15 November 2017.
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Universal coverage / Delivery of health care / Healthcare financing
Universal health coverage (UHC), a key target within Goal 3 of the Sustainable Development Goals (SDGs), is a shared vision for health development in the WHO Western Pacific Region. In 2015, the 66th session of the WHO Regional Committee for the Western Pacific endorsed the regional action framework *Universal Health Coverage: Moving Towards Better Health* (WPR/RC66.R2). In 2016, the WHO Regional Office for the Western Pacific established the Universal Health Coverage Technical Advisory Group (UHC TAG) to provide advice to WHO and Member States on accelerating progress towards UHC.

At its first meeting in 2016, the UHC TAG encouraged countries to regularly monitor their progress towards UHC and use this information to drive policy changes for improved health system performance – for example, to help countries set priorities and allocate resources according to changing population health needs and fiscal contexts. The meeting also advised countries to adopt a whole-of-system approach to health system strengthening, including the need to reorient their service delivery architecture to achieve a more integrated people-centred approach to population health needs.

The second UHC TAG meeting was held from 13 to 15 November 2017. Building on the discussions from the first meeting, the second UHC TAG meeting took stock of the progress since the last meeting, while deepening exploration of UHC monitoring, service delivery, and financing and governance.

The objectives of the meeting were:

- to review country progress on UHC, to highlight the facilitating factors and barriers, and to share lessons;
- to identify further actions to advance UHC on health system governance, financing and service delivery; and
- to advise on prioritizing areas for development in the next year at the regional level and in Member States across the Western Pacific Region to review country progress on UHC and highlight the root causes of their challenges.

Among other things, the UHC TAG concluded that: service delivery needs to transform to respond adequately to demographic and epidemiological transitions; further work is needed on how to set priorities and allocate resources efficiently and equitably; and monitor country progress against UHC indicators can improve health system performance to advance UHC.

The key issues and messages arising from the meeting are summarized as follows.

1. **Country progress on UHC**
   
   - Most countries are making progress towards UHC and the SDGs. While coverage of reproductive, maternal, newborn and child health services is relatively high in most countries in the Region, progress is relatively weaker in service coverage for infectious and noncommunicable diseases, especially the latter. Financial protection and government expenditure on health remain areas for improvement, with reductions observed in some.
• Policy and legislative reforms are important steps in advancing UHC. Next steps include strengthening implementation and ensuring coherence across these reforms. Countries are also improving coordination within the health sector as well as across sectors, with some promising examples.
• In the discourse on UHC, countries are showing stronger awareness of the importance of leaving no one behind. Countries now need to translate this commitment into concrete actions to close the equity gap.

2. Actions to advance UHC

• There is continuing need to strengthen UHC and SDG monitoring systems. There is a good understanding in countries of key bottlenecks in data systems, including information needed to inform equity-focused analysis. The impetus should now be on addressing implementation bottlenecks to inform policy decisions and progress. Enough is already known about those left behind to act now.
• Stewardship by the Ministry of Health for UHC is vital. There is need to strengthen the Ministry’s leadership and governance, ensuring adherence to the principles of aid effectiveness by government stakeholders and donors.
• UHC requires a whole-of-system approach as well as working beyond the health sector. There are no one-size-fits-all solutions. Each country needs to find its own pathway to UHC. In advancing UHC, countries will need to balance the trade-offs in expanding service access and quality while managing costs. Equity – both within and across countries – needs to be embedded in all UHC work.
• Accelerating progress towards UHC is not just a matter of finding the right technical fixes. UHC is a political commitment supported by all countries in the Region. It is critical to understand the political economy of the health sector and how political support for UHC can be marshalled.

2.1 UHC monitoring

• Countries are improving their capacity to monitor progress towards UHC. They need to develop processes that enable the systematic use of information to drive improvements in health system performance. Data collection, analytics and capacity-building efforts need to be aligned with the objective of improving action for UHC and better health and development outcomes.
• Substantial progress has been made in the development of UHC- and SDG-related indicators and targets, as well as in data gathering and related infrastructure. Further efforts are needed to strengthen data analysis and its use for action, in particular quality and equity analysis to inform effective action. Monitoring systems and associated institutional arrangements need to facilitate comparison and sharing. Increased sharing of information within and across ministries and with other stakeholders enables whole-of-system, whole-of-government and whole-of-society approaches.
• Countries need to harness the potential of information and communications technology (ICT) to provide solutions for health service delivery and related health system challenges. Adoption of technology has to be complemented by other aspects of health system development, including appropriate education and regulatory systems.
2.2 Service delivery transformation to respond to chronic diseases and population ageing

- Countries are progressing in their efforts to transform the service delivery models to ensure equitable access to people-centred care. This includes policy reforms on role delineation, development of person-centred care bundles and design of service delivery networks. The next step is to fully operationalize these models, including reorienting the health workforce, correcting the bias towards tertiary care, and realigning policy focus towards prevention, promotion and primary health care.
- Approaches include careful identification of needed services (priority setting), organization of services (institutional versus community), finances (including incentives) and resourcing (allocation), development of a workforce that is competent to deliver the identified services, continuous quality improvement (information and monitoring), as well as strong oversight (governance and regulation).
- Strengthening the governance approaches for “levelling the playing field” between the public and private sector includes options ranging from conventional regulatory approaches to incentive-based regulation, transparency and public accountability mechanisms. The country-specific context should guide the choice of specific strategies.

2.3 Priority setting and resource allocation

- UHC can progress partially by improving technical and allocative efficiencies. In making investment decisions, countries are encouraged to promote efficiency, equity, accountability, sustainability and transparency, through clear and evidence-based processes.
- Countries need to constructively ensure equity and diversity of voices in priority setting. A range of mechanisms is available, including equity-based criteria for decision-making, participatory assessments, public consultations and representation of disadvantaged groups in decision-making bodies.
- From an equity perspective, there is a need for practical guidance on how to correct bias towards tertiary care and realign policy attention towards prevention, promotion and primary health care that covers the whole population.

3. Priority areas for development in the next year

Based on the discussions and country consultations, the following were identified as priority areas for development in the next year:
- Harnessing the potential of e-health to support service delivery transformation
- Balancing the policy focus between tertiary and primary health care.

Recommendations for Member States

To support implementation of the 2015 Regional Committee resolution on UHC, Member States are encouraged to

1. Incorporate goals to achieve UHC as part of any renewal of national health sector plans, including:
   a. reviewing current service provision and human resource policies and plans and making better use of e-health;
   b. reviewing funding policies and resource allocation mechanisms, in conjunction with ministries of finance;
c. reviewing governance arrangements, including those for quality and safety of care; and
d. building understanding in communities about the importance of progress on UHC.

2. Develop and implement health in all policies with particular attention to equity.

3. Build capacity for evidence-based decision making to drive health system performance, through:
   a. addressing gaps in skills or partnerships;
   b. building a robust data infrastructure, including consistent data definitions for within- and across-country comparisons; and
   c. coordinating with other sectors on data access, reporting and monitoring.

4. Implement actions identified at the 2017 UHC TAG meeting and report on progress at the 2018 UHC TAG meeting.

Participants of the 2017 UHC TAG meeting are encouraged to:

5. Debrief relevant senior policy-makers on the UHC TAG meeting outcomes and recommended actions.
6. Establish a network of country participants of regional and global meetings on UHC, health system strengthening and SDGs to accelerate progress.

**Recommendations for WHO**

WHO is requested to:

1. Promote ambitious, equity-focused regional UHC targets.
2. Assist Member States to:
   a. strengthen evidence-informed decision-making, including improved production, use and presentation of data;
   b. undertake analysis, in particular equity-focused analysis, to monitor UHC progress;
   c. address within-country health inequities;
   d. address inequities among countries;
   e. develop practical strategies to correct bias toward hospital-based care and realign policy attention toward prevention, promotion and primary health care;
   f. coordinate across sectors to advance UHC; and
   g. strengthen donor coordination.
3. Reflect Member States’ requests for assistance in the WHO annual workplan.
4. Facilitate cross-country support and sharing of promising practices.
5. Advocate for UHC with high-level decision-makers across sectors.
6. Convene development partners in relevant countries to put principles for aid effectiveness and development cooperation into practice.
7. Include equity-focused reporting in the 2018 Regional Committee Meeting progress report on UHC.
8. Provide a brief analysis of progress on UHC across countries prior to the UHC TAG meeting and report on the interface between UHC TAG and other relevant inter-development agency mechanisms.
1. INTRODUCTION

1.1 Meeting organization

In 2015, the WHO Regional Committee for the Western Pacific endorsed the regional action framework *Universal Health Coverage: Moving Towards Better Health* (WPR/RC66.R2). The framework supports Member States to develop their own UHC roadmaps by selecting a group of interconnected actions to address their health system strengthening needs, based on their context and in accordance with their national health policy and planning processes.

In line with the request of the Regional Committee and in support of countries’ efforts to accelerate progress towards achieving UHC, a Universal Health Coverage Technical Advisory Group (UHC TAG) was established in April 2016. The TAG mechanism includes an annual TAG meeting as well as TAG members’ contributions of their expertise to the WHO Regional Office for the Western Pacific and Member States through WHO. The first UHC TAG meeting, held in December 2016, reviewed regional progress, shared experiences, identified country-specific options and set the agenda for WHO to support countries’ efforts to accelerate progress towards UHC.

The Second Meeting of the Technical Advisory Group on Universal Health Coverage for the Western Pacific Region was held in Manila from 13-15 November 2017. The meeting served to deepen the discussions on service delivery as well as financing and governance, focusing on how countries can transform service delivery to respond adequately to the ongoing demographic and epidemiological transitions, and how they can set priorities and allocate resources efficiently and equitably for this purpose. The meeting also took stock of actions in countries since the first UHC TAG meeting and discussed how monitoring of country progress against UHC baseline indicators can be used to drive health system performance improvement and advance UHC.

The second UHC TAG meeting brought together high-level policy-makers from ministries of health in 18 Member States, TAG members, partner organizations and members of the WHO Secretariat. The list of participants is available in Annex 1. The structure of the meeting and format of sessions enabled countries to draw on the advice of TAG members, share experiences, and identify short-, medium- and long-term priorities to advance UHC. The programme of activities is available in Annex 2.

1.2 Meeting objectives

The objectives of the meeting were:

1) to review country progress on UHC, to highlight the facilitating factors and barriers, and to share lessons;
2) to identify further actions to advance UHC on health system governance, financing and service delivery; and
3) to advise on prioritizing areas for development in the next year at the regional level and in Member States across the Western Pacific Region to review country progress on UHC and highlight the root causes of their challenges.
2. PROCEEDINGS

2.1 Opening session

The opening session set the stage for the discussions to follow and underscored the importance of accelerating progress towards UHC in the Western Pacific Region. The UHC TAG meeting is timely in advising WHO and Member States on how to deliver on this goal.

The ongoing demographic and epidemiological changes have created an urgent need for health system transformation, compelling countries to make critical decisions regarding service delivery and strategic purchasing, while monitoring progress on health outcomes. The regional UHC action framework provides a menu of suggested actions, based on which countries can develop their country-specific roadmaps for improving health system performance along five key attributes – namely quality, efficiency, equity, accountability, and sustainability and resilience – providing the foundation for accelerated progress towards UHC.

Improvements in health system performance and UHC progress depend on the specific contexts in countries across the Region. In advanced economies, persistent health inequities, rapid population ageing and the dominance of chronic noncommunicable diseases (NCDs) point to the need for reforms towards ensuring a continuum of more people-centred equitable and integrated services, delivered by health workers with the needed clinical and social competencies, and supported by efficient and equitable financing and policy innovations. In transitional economics, the rapid pace of economic development, the health impact of climate change, urbanization and growing health inequities call for the strengthening of regulatory systems, the introduction of hospital reforms with a focus on primary care and efforts to improve health sector efficiencies. In Pacific island countries, the health impact of climate change and the ongoing NCD crisis remain core challenges, indicating the need for countries to reform service delivery (through role delineation and service packages) while strengthening governance, health financing and partnerships, including through aid effectiveness. In highly decentralized countries, such as the Philippines and Papua New Guinea, strengthening of district health systems, including the clarification of roles and links between the levels of care, is an important priority.

2.2 Progress report (plenary)

The session provided an overview of the UHC situation in the Region, using baseline data, and discussed gaps and challenges in monitoring and evaluation. Presentations by the Lao People’s Democratic Republic and New Zealand highlighted the progress made in developing indicators and targets related to UHC and the Sustainable Development Goals (SDGs), as well as in data gathering and strengthening related infrastructure.

In the discussions that followed, TAG members, advisers and participants noted the importance of data collection, but also emphasized the need to reduce the growing data fatigue in countries. They noted the need for further efforts to strengthen data analysis, especially analysis of quality and equity, to better inform effective actions. In addition, monitoring systems and associated institutional arrangements need to facilitate data sharing to enable comparisons and the adoption of whole-of-system, whole-of-government and whole-of-society approaches.
Participants recognized the highly political nature of the UHC agenda and the potential role of good information in driving health system performance improvement as well as political action for change.

2.3 Group work

During this session, participants shared country progress and key actions undertaken to monitor progress on SDGs and UHC. Countries presented important results from SDG-UHC country profiles and other analyses and discussed their planned actions over the next year to strengthen SDG and UHC monitoring. Required country support from WHO, TAG members, and other experts and stakeholders to better monitor and accelerate progress towards SDGs and UHC was identified.

Overall, countries are gradually improving their capacity to monitor progress towards SDGs and UHC. Based on their contexts and needs, most countries have identified lists of indicators to track progress that are linked to existing health information and indicator reporting systems. In some countries, strong political commitment has facilitated data sharing across ministries and institutions. Nevertheless, common challenges persist, including the need to develop processes to enable the systematic use of information to drive improvements in health system performance, encompassing newer issues beyond service delivery and financial management, such as quality of care, people-centeredness, equity, efficiency, transparency and resilience. In addition, data collection, analytics and capacity-building efforts need to align with the objective of improving policies and actions for UHC and better health and development outcomes.

2.4 Report back

During the plenary session, rapporteurs from each group presented key points from their discussions. All countries have identified the collection and use of information to measure progress and inform policy-making as a priority. Indicator frameworks and lists have been developed in most countries and incorporated in the national health sector plans. However, the diversity of countries in the Region is reflected in the approaches and advances made in each country to meet national monitoring requirements. For instance, while some countries have already progressed in improving data collection and sharing, others are at the planning stage of this process.

Assessment of health inequities across population groups was recognized as essential in monitoring health system performance and progress towards UHC, given the SDGs’ principle of leaving no one behind. Countries need to collect, analyse and use in policy-making implementation data that are disaggregated by key stratifiers (such as age, sex, ethnicity and place of residence) as well as other factors (such as education and household wealth). As countries become increasingly able to use the results of such analysis to refine policies and programmes, they will be better able to reduce inequities in service access and coverage, as well as in health and well-being.

Countries also recognized the need to harness the potential of information and communications technology (ICT) to provide solutions for health service delivery and related health system challenges. It was noted that adoption of technology has to be complemented by appropriate education and regulatory systems.

Countries requested support from WHO on developing metadata, harmonization of data definitions to enable comparisons, and assistance in analysis (especially equity and quality analysis) and use of information. Countries also requested WHO to facilitate the sharing of data sharing and good practices.
2.5 Service delivery (plenary)

In advancing UHC, Member States need to improve access to services and strengthen quality while containing costs. Balancing cost, quality and access with limited resources entails difficult trade-offs for policy-makers. These difficulties are exacerbated in the context of the rising demand for quality health care as a response to the twin challenges of the increasing prevalence of NCDs and rapid population ageing in the Region. The session explored how to transform service delivery to improve the continuum of care, people-centeredness and provider competency, shifting the focus from acute, episodic care towards chronic, long-term care. The importance of transforming health service delivery processes to achieve equitable improvements in health outcomes was highlighted. The role of individuals, families and communities in strengthening health services and co-producing good health outcomes was also discussed.

Three countries presented their efforts to provide equitable access to people-centred care. In Japan, to address the health needs of older people, all prefectures have developed community health-care visions. In the Federated States of Micronesia, Pohnpei and Chuuk States have adopted an integrated approach to service delivery through improved community outreach and engagement. The objective of the reform is to revitalize primary health care in close collaboration with the community, while ensuring the continuum of care across the different levels through appropriate referral mechanisms and a shared medical record system. Malaysia has adopted the concept of enhanced primary health care to address the growing burden and health expenditures from NCDs. The reform is built on three pillars: community empowerment and health awareness, person-centred care bundles, and integrated care networks.

In general, countries are undertaking efforts to transform their service delivery models to provide equitable access to people-centred care in response to NCDs and population ageing. Countries are introducing reform processes such as policies on role delineation, design of person-centred care bundles, and development of service delivery networks. In a few countries, these reforms have been introduced on a demonstration basis with the intention to expand to scale.

Service delivery reforms need to be accompanied by broader supportive health system transformations to achieve the desired impact. Most countries recognize the need for to complement these steps with correction of the bias towards tertiary care and realignment of the policy focus towards prevention, promotion and primary health care. Other elements considered important for successful reforms include an explicit value framework for priority setting; a well-defined service delivery architecture (institutional versus community); well-designed financial levers, including incentives; adequate and equitable resource allocations; a fit-for-purpose health workforce competent in the delivery of identified services; and a culture of continuous quality improvement (information and monitoring) and strong oversight (governance and regulation).

Since the private sector plays a major role in health financing and service delivery across the Region, countries need to consider how the public and private sectors can work together to improve the affordability, quality and accessibility of care. Participants agreed that strengthening the governance approaches through options ranging from conventional regulatory approaches to incentive-based regulation, depending on the country context, can improve transparency and accountability.
2.6 Marketplace

An important recommendation from the first UHC TAG meeting was to facilitate sharing of knowledge and best practices among countries. Accordingly, the marketplace session was designed to provide an opportunity for countries to showcase equity-focused reforms initiated on service delivery, priority-setting mechanisms, or UHC monitoring and evaluation (the themes of the second meeting).

Eight countries presented at the marketplace, two in video format. The Australian Institute of Health and Welfare (AIHW) presentation focused on the Australian Atlas of Healthcare Variation. The main objective of the Atlas series is to present data on health-care variation across Australia based on where patients live. The Asia Pacific Observatory on Health Systems and Policies presented their current work and research priorities. Participants from China presented the ongoing tiered health system reforms process. The poster from Mongolia focused on subnational planning and reaching out to disadvantaged populations through improved access to m-health at the primary health care level. Participants from Papua New Guinea presented the Provincial Health Authority (PHA) reform created to bring health service delivery closer to the people. The poster from the Philippines described the mechanisms and structures established in the Department of Health for UHC monitoring and evaluation. Viet Nam presented about the plans to transform the service delivery system, especially at the grass-roots level, towards delivering people-centred integrated care to meet the needs of people at risk of and affected by NCDs as well as older people. Participants from Solomon Islands presented on community-based rehabilitation services.

The marketplace session provided an effective opportunity for participants to meet and exchange information, issues and ideas, generating strong interest and lively discussions. The discussions suggested that countries in the Region are undertaking reforms to deliver more equitable and people-centred integrated health service, within current data and resource constraints.

2.7 Governance and financing (plenary)

Increase in the demand for health care – driven by the increased chronic disease burden and population ageing, advances in medicine, and higher public expectations – has created the need to establish sound processes for setting priorities and allocating resources. This need has become more urgent in the current context of economic austerity. To deal with the growing gap between demand and resources, countries are adopting systematic approaches to set priorities and allocate scarce health resources.

Three countries presented on their efforts to more systematically set priorities and allocate resources. Kiribati uses the service delivery statement to review resource allocation and ensure its alignment with the priorities identified in the national health sector plan. In China, health technology assessment is being used to assist in decisions regarding drugs, devices, vaccines and laboratory test procedures. The presentation outlined the steps taken to establish the process and mechanisms for health technology assessment (HTA). In the Republic of Korea, the Health Insurance Review and Assessment Service (HIRA) is responsible for evidence-based decisions regarding services covered. To ensure efficient service delivery, HIRA is also responsible for reviews of insurance claims, quality and drug utilization.

Participants recognized that countries are at different stages in setting up mechanisms for systematic priority setting and resource allocation. It was agreed that the effectiveness of technical approaches
depends on the available capacity, resources and specific local contexts. Irrespective of the process, countries are encouraged to use evidence in making investment decisions to promote efficiency, accountability, equity, sustainability and transparency. Priority setting has to move beyond the numbers – cost-effectiveness ratios – and take into consideration the historical, social, community and equity perspectives.

In addition, the need to correct the current bias towards tertiary care and realign policy attention towards universal access to prevention, promotion and primary health care was highlighted. Inclusive and meaningful stakeholder participation can help ensure the diversity of voices in priority setting. A range of mechanisms were outlined, such as equity-based criteria for decision-making, participatory assessments, public consultations and representation of disadvantaged groups in decision-making bodies.

2.8 Group work

In this session, countries discussed the next steps needed in implementing service delivery reforms and priority-setting approaches, based on their specific contexts. They identified key issues and the changes needed to strengthen care coordination, community engagement, provider/skill mix, financial levers, etc. They also discussed the tools and processes used to deal with the economic, ethical and management aspects of priority setting.

2.9 Report back

During the plenary session, rapporteurs from each group presented key points from their discussions. Ongoing issues and challenges that countries face include: insufficient human and financial resources; political interference and bureaucratic delays; system fragmentation; changing demographics and epidemiology; fleeting priorities; growing or persistent inequities; contradiction between values and evidence; weak regulation; poor quality; weak gate-keeping and referral systems; overuse of medicines, laboratory procedures and hospital services; and bias towards treatment (rather than prevention and promotion). While these are common issues and challenges, they vary in magnitude across the advanced and transition economies, Pacific island countries and areas, and highly decentralized states.

Strategies to address the issues and challenges identified included: increased community engagement; use of technology and innovations; realignment towards promotion, prevention and primary health care; generating the evidence needed to inform policy decisions; mapping and more efficient use of available resources (human and financial); financial reforms such as zero-based budgeting; and provider payment mechanisms—capitation or diagnosis-related groups (DRGs) to improve efficiency and accountability.

Considering the complexities, the importance of adopting a whole-of-system approach was reiterated. Country-specific roadmaps for UHC can assist in identifying the set of actions needed based on country context, needs and capacities.

2.10 Help desk

This session provided an opportunity for participants to discuss and seek advice from UHC TAG members and temporary advisers on key issues related to UHC progress. The help desk was set up as a series of stations, each managed by a TAG member or temporary adviser. Participants met in
country groups with assigned TAG members and temporary advisers to discuss specific problems to which they are seeking solutions. Participants strongly welcomed the opportunity created by the session.

2.11 Country action plans

During this session, participants worked in country groups to identify short-, medium- and long-term strategies to advance UHC in their countries. The underlying message was the need to equitably transform service delivery to better meet current and emerging health challenges, taking into consideration community needs, identified priorities and approaches for resource allocation.

Reflections on the action plans from the first UHC TAG meeting show that most countries have made progress on actions to strengthen their health systems and advance UHC. Based on their UHC roadmaps, lessons learnt and new ideas from the second UHC TAG meeting, countries presented their plans for monitoring UHC and SDGs, service delivery transformation, and supportive financing and governance. Several common strategies were identified, including: improving the collection and use of information, especially on equity; adopting multisectoral approaches; strengthening regulatory implementation; and constructively engaging with communities, civil society and the private sector. Given the shared challenges that countries face, there is a need for increased regional cooperation. Countries also provided feedback on the type of support needed from WHO, including undertaking high-level political advocacy for UHC; building institutional capacity to monitor progress towards UHC; supporting equity-focused policy reforms; assisting in the development of country-specific UHC roadmaps and their implementation; sharing good practices from the Region and globally on health system strengthening and service delivery transformation; enhancing inter-agency collaboration to improve aid effectiveness and resource mobilization; and assisting countries in adopting whole-of-government, whole-of-society approaches to progress UHC.

2.12 Wrap-up and closing

The UHC TAG shared its conclusions and recommendations for Member States and WHO (see below). TAG members encouraged participants to debrief senior policy-makers on the meeting outcomes and recommendations on their return home.

Countries have made much progress in advancing towards UHC, but many challenges remain. These include the capacity to monitor UHC and SDGs; transformation of service delivery models; establishment and institutionalization of transparent, participatory and evidence-informed processes for priority setting and resource allocation. Countries need to strengthen evidence and its use to drive health system performance improvement, strengthen primary care; and adopt whole-of-system, whole-of-government and whole-of-society approaches to advance UHC.

The feedback from the UHC TAG and Member States will be used to determine WHO work plan priorities for the next biennium.

The themes for the third UHC TAG meeting, to be held in 2018, will be considered based on discussions during this meeting and ongoing engagement with Member States and TAG members.
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

3.1.1 Country progress on UHC

- Most countries are making progress towards UHC and the SDGs. While coverage of reproductive, maternal, newborn and child health services is relatively high in most countries in the Region, progress is relatively weaker in service coverage for infectious diseases and NCDs, especially the latter. Financial protection and government expenditure on health remain areas for improvement, with reductions observed in some.

- Policy and legislative reforms are important steps in advancing UHC. Next steps include strengthening implementation and ensuring coherence across these reforms. Countries are also improving coordination within the health sector as well as across sectors, with some promising examples.

- In the discourse on UHC, countries are showing stronger awareness of the importance of leaving no one behind. Countries now need to translate this commitment into concrete actions to close the equity gap.

3.1.2 Actions to advance UHC

- There is continuing need to strengthen UHC and SDG monitoring systems. There is a good understanding in countries of key bottlenecks in data systems, including information needed to inform equity-focused analysis. The impetus should now be on addressing implementation bottlenecks to inform policy decisions and progress. Enough is already known about those left behind to act now.

- Stewardship by the Ministry of Health for UHC is vital. There is need to strengthen the Ministry’s leadership and governance, ensuring adherence to the principles of aid effectiveness by government stakeholders and donors.

- UHC requires a whole-of-system approach as well as working beyond the health sector. There are no one-size-fits-all solutions. Each country needs to find its own pathway to UHC. In advancing UHC, countries will need to balance the trade-offs in expanding service access and quality while managing costs. Equity – both within and across countries – needs to be embedded in all UHC work.

- Accelerating progress towards UHC is not just a matter of finding the right technical fixes. UHC is a political commitment supported by all countries in the Region. It is critical to understand the political economy of the health sector and how political support for UHC can be marshalled.

a. UHC monitoring

- Countries are improving their capacity to monitor progress towards UHC. They need to develop processes that enable the systematic use of information to drive improvements in health system performance. Data collection, analytics and capacity-building efforts need to be aligned with the objective of improving action for UHC and better health and development outcomes.

- Substantial progress has been made in the development of UHC- and SDG-related indicators and targets, as well as in data gathering and related infrastructure. Further efforts are needed to strengthen data analysis and its use for action, in particular quality and equity analysis to
inform effective action. Monitoring systems and associated institutional arrangements need to facilitate comparison and sharing. Increased sharing of information within and across ministries and with other stakeholders enables whole-of-system, whole-of-government and whole-of-society approaches.

- Countries need to harness the potential of ICT to provide solutions for health service delivery and related health system challenges. Adoption of technology has to be complemented by other aspects of health system development, including appropriate education and regulatory systems.

**b. Service delivery transformation to respond to chronic diseases and population ageing**

- Countries are progressing in their efforts to transform the service delivery models to ensure equitable access to people-centred care. This includes policy reforms on role delineation, development of person-centred care bundles and design of service delivery networks. The next step is to fully operationalize these models, including reorienting the health workforce, correcting the bias towards tertiary care, and realigning policy focus towards prevention, promotion and primary health care.
- Approaches include careful identification of needed services (priority setting), organization of services (institutional versus community), finances (including incentives) and resourcing (allocation), development of a workforce that is competent to deliver the identified services, continuous quality improvement (information and monitoring), as well as strong oversight (governance and regulation).
- Strengthening the governance approaches for “levelling the playing field” between the public and private sector includes options ranging from conventional regulatory approaches to incentive-based regulation, transparency and public accountability mechanisms. The country-specific context should guide the choice of specific strategies.

**c. Priority setting and resource allocation**

- UHC can progress partially by improving technical and allocative efficiencies. In making investment decisions, countries are encouraged to promote efficiency, equity, accountability, sustainability and transparency, through clear and evidence-based processes.
- Countries need to constructively ensure equity and diversity of voices in priority setting. A range of mechanisms is available, including equity-based criteria for decision-making, participatory assessments, public consultations and representation of disadvantaged groups in decision-making bodies.
- From an equity perspective, there is a need for practical guidance on how to correct bias towards tertiary care and realign policy attention towards prevention, promotion and primary health care that covers the whole population.

**3.1.3 Priority areas for development in the next year**

Based on the discussions and country consultations, the following were identified as priority areas for development in the next year:

- Harnessing the potential of e-health to support service delivery transformation.
- Balancing the policy focus between tertiary and primary health care.
3.2 Recommendations for Member States

To support implementation of the 2015 Regional Committee resolution on UHC, Member States are encouraged to:

1. Incorporate goals to achieve UHC as part of any renewal of national health sector plans, including:
   a. reviewing current service provision and human resource policies and plans and making better use of e-health;
   b. reviewing funding policies and resource allocation mechanisms, in conjunction with ministries of finance;
   c. reviewing governance arrangements, including those for quality and safety of care; and
   d. building understanding in communities about the importance of progress on UHC.
2. Develop and implement health in all policies with particular attention to equity.
3. Build capacity for evidence-based decision making to drive health system performance, through:
   a. addressing gaps in skills or partnerships;
   b. building a robust data infrastructure, including consistent data definitions for within- and across-country comparisons; and
   c. coordinating with other sectors on data access, reporting and monitoring.
4. Implement actions identified at the 2017 UHC TAG meeting and report on progress at the 2018 UHC TAG meeting.

Participants of the 2017 UHC TAG meeting are encouraged to:

5. Debrief relevant senior policy-makers on the UHC TAG meeting outcomes and recommended actions.
6. Establish a network of country participants of regional and global meetings on UHC, health system strengthening and SDGs to accelerate progress.

3.3 Recommendations for WHO

WHO is requested to:

1. Promote ambitious, equity-focused regional UHC targets.
2. Assist Member States to:
   a. strengthen evidence-informed decision-making, including improved production, use and presentation of data;
   b. undertake analysis, in particular equity-focused analysis, to monitor UHC progress;
   c. address within-country health inequities;
   d. address inequities among countries;
   e. develop practical strategies to correct bias toward hospital-based care and realign policy attention toward prevention, promotion and primary health care;
   f. coordinate across sectors to advance UHC; and
   g. strengthen donor coordination.
3. Reflect Member States’ requests for assistance in the WHO annual workplan.
4. Facilitate cross-country support and sharing of promising practices.
5. Advocate for UHC with high-level decision-makers across sectors.
6. Convene development partners in relevant countries to put principles for aid effectiveness and development cooperation into practice.
7. Include equity-focused reporting in the 2018 Regional Committee progress report on UHC.
8. Provide a brief analysis of progress on UHC across countries prior to TAG meeting and report on the interface between UHC TAG and other relevant inter-development agency mechanisms.
ANNEXES

Annex 1: List of participants, Technical Advisory Group members, resource persons, observers/representatives and Secretariat

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Annex 2: Programme of activities

<table>
<thead>
<tr>
<th>Time</th>
<th>Day 1, Monday, 13 NOV</th>
<th>Time</th>
<th>Day 2, Tuesday, 14 NOV</th>
<th>Time</th>
<th>Day 3, Wednesday, 15 NOV</th>
</tr>
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<tbody>
<tr>
<td>8:00-8:30</td>
<td>Secretariat meeting (TAG &amp; relevant SEC)</td>
<td>8:00-8:30</td>
<td>Secretariat meeting (TAG &amp; relevant SEC)</td>
<td>8:00-8:30</td>
<td>Secretariat meeting (TAG &amp; relevant SEC)</td>
</tr>
<tr>
<td>8:30-9:00</td>
<td>Registration</td>
<td>8:30-8:45</td>
<td>Plenary: Reflections from Day 1: Don Matheson</td>
<td>8:30-8:45</td>
<td>Plenary: Reflections from Day 2: Andrew Wilson</td>
</tr>
</tbody>
</table>
| 9:00-10:15 | Plenary session 1: Opening                | 8:45-10:15 | Plenary session 4: Service delivery transformation—responding to the epidemiological and demographic transitions | 8:45-10:15 | Help desk session  
  TAG members offer tailored advice to countries on specific issues — open session |
  • Opening remarks: Dr Shin Young-soo, Regional Director  
  • Introductions  
  • Overview of objectives, agenda, process  
  • Setting the scene (presentation): Vivian Lin  
| 10:15-11:00| Group photo and break                     | 10:15-11:00| Break                                      | 10:15-11:00| Break                                      |
| 10:30-12:00| Plenary session 2: UHC monitoring baseline report | 10:45-11:45| Marketplace  
  Countries showcase their service delivery transformations — structured mutual-learning | 10:45-11:45| Group work session 3: Country action plans  
  Countries work on their action plans with support from WHO Country Office staff |
  • Presentations: Gao Jun, Stephen Duckett, Peter Cowley  
  • Country presentations: Lao People’s Democratic Republic, New Zealand  
  • Comments: Gabriel Leung, Pascale Allotey, Sun Mean Kim  
  • Discussion  
| 12:00-13:30| Lunch                                    | 11:45-13:30| Lunch                                      | 12:00-13:30| Lunch                                      |
  12:30-13:30 WAAW Event (Conference hall, then Conference foyer)  
| 13:30-16:00| Group work session 1                     | 13:30-15:00| Plenary session 5: Financing and governance—Priority setting and resource allocation | 13:30-15:00| Plenary session 7: Country presentations  
  • Presentation of country action plans  
  • TAG comments  
  • Discussion |
  Small group discussions on monitoring and data gaps, equity-focused analysis; root-cause analysis  
  Break  
  Group work (continued)  
  Small group discussions around service delivery and financing/governance  
| 16:00-16:45| Plenary session 3: Group work report back | 16:45-17:15| Plenary session 6: Group work report back   | 15:45-16:30| Plenary session 8: Wrap-up and closing  
  • TAG recommendations  
  • Wrap up and next steps  
  • Closing remarks: Vivian Lin |
  Group work rapporteur summaries  
  Reflections from Sun Mean Kim, WHO HQ  
| 16:45-17:15| TAG members’ meeting (TAG & Core SEC only) | 17:15-17:45| TAG members’ meeting (TAG & Core SEC only)  | 16:30-17:30| TAG members’ meeting (TAG & Core SEC only)  |
