# Contents

Table of Contents:

- **Acronyms** .................................................................................................................. 2
- **Foreword** ....................................................................................................................... 3
- **Introduction** ................................................................................................................... 4
- **Thematic priorities** ......................................................................................................... 5
  - Health security, including AMR .......................................................................................... 5
  - NCDs and ageing .............................................................................................................. 7
  - Climate change and the environment .................................................................................. 9
  - The unfinished agenda ....................................................................................................... 12
- **Operational shifts** .......................................................................................................... 14
  - Innovation ....................................................................................................................... 14
  - Backcasting ..................................................................................................................... 17
  - Grounds up ...................................................................................................................... 19
  - Systems approach ........................................................................................................... 20
- **Health beyond the health sector** .................................................................................... 21
- **Strategic communications** ............................................................................................. 23
- **Measuring impact** ........................................................................................................... 26
- **Youth Town Hall** ............................................................................................................ 28

## Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMR</td>
<td>antimicrobial resistance</td>
</tr>
<tr>
<td>CCE</td>
<td>climate change and the environment</td>
</tr>
<tr>
<td>HCW</td>
<td>health care worker</td>
</tr>
<tr>
<td>HSS</td>
<td>health system strengthening</td>
</tr>
<tr>
<td>IFRC</td>
<td>International Federation of Red Cross and Red Crescent Societies</td>
</tr>
<tr>
<td>MCH</td>
<td>maternal and child health</td>
</tr>
<tr>
<td>MoH</td>
<td>Ministry of Health</td>
</tr>
<tr>
<td>MS</td>
<td>Member State</td>
</tr>
<tr>
<td>NCD</td>
<td>noncommunicable disease</td>
</tr>
<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
</tr>
<tr>
<td>PHC</td>
<td>primary health care</td>
</tr>
<tr>
<td>SDGs</td>
<td>Sustainable Development Goals</td>
</tr>
<tr>
<td>SIDS</td>
<td>Sudden Infant Death Syndrome</td>
</tr>
<tr>
<td>TB</td>
<td>tuberculosis</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>WPR</td>
<td>Western Pacific Region</td>
</tr>
<tr>
<td>WPRO</td>
<td>Western Pacific Regional Office</td>
</tr>
</tbody>
</table>
Foreword

In my five months as Regional Director I have travelled to around 20 countries and areas in the Region. The thing I notice most when I travel and speak with Health Ministers, Prime Ministers, village chiefs, health workers, partners and WHO staff is how much our Region is changing. We are one of the most dynamic and diverse Regions. To address the four key themes that are laid out in our White Paper – health security, including antimicrobial resistance, noncommunicable diseases and ageing, climate change and the environment, and the unfinished agendas of infectious diseases and infant and maternal mortality – we must change, ourselves, as much as the Region changes around us.

Enhancing the ways that we work with partners is a key part of this. That is why I wanted to host this Partners’ Forum: to create a platform over which any of our partners could connect with us in a new and innovative format. I am happy to report that we had over 1100 registrants to the Forum from over 40 countries. It has been amazing to see the depth of engagement and discussion not only on the priority issues, but also on the different ways of working together, including new ideas such as backcasting and ‘grounds up’. I was extremely impressed with the questions and ideas from our younger participants. Young people are the future and must be included when we discuss decisions that will affect them.

To tackle the big challenges that our Region faces today and in the future, WHO cannot work alone. The health sector cannot do it alone. I am more convinced of this than ever after this week, but also more hopeful. The future of partnership in this Region is very bright. Thank you all so much for your interest and engagement. I look forward to continuing to work with all of you to make the Western Pacific region the healthiest and safest Region in the world.

Dr Takeshi Kasai
WHO Regional Director for the Western Pacific
Introduction
The Western Pacific Region (WPR) Partners’ Forum, 1-3 July 2019, was a first of its kind online event hosted by the WHO Western Pacific Regional Office (WPRO). Over three days, WHO staff engaged with civil society, WHO collaborating centres, academia, philanthropic foundations, the private sector and other partners on how to make a positive impact on public health across the Region by discussing the topics laid out in the White Paper. Participants also discussed how to best deliver on the White Paper, which sets out a vision for the Region for the next five years and includes both thematic priorities (the what) and operational shifts (the how). The Forum took place over Workplace, an online platform similar to Facebook.

On day one of the Forum, partners discussed the four thematic priorities outlined in the White Paper in four groups:
- Health security, including AMR
- Noncommunicable diseases (NCDs) and ageing
- Climate change and the environment (CCE)
- Unfinished agendas

On day two, partners used hashtags to discuss the seven operational shifts outlined in the White Paper in the main WPR Partners’ Forum group:
- Innovation
- Backcasting
- Groups-up
- Universal health coverage (UHC)/systems approach
- Health beyond the health sector
- Strategic communications
- Measurement

The Youth Town Hall, an event tailored to young people and those working in organizations that serve young people, also took place on day two, in a separate group.

The main WPR Partners’ Forum Workplace group contained 1118 group members by the end of the Forum. 37% of these members were considered “active,” creating 170 posts, 1161 comments and making 1699 reactions. The opening session and the Youth Town Hall panels were live streamed to the main group and received over 1100 and over 560 views, respectively. The recorded closing session panel received over 230 views.

This report includes a summary of responses to each of the discussion streams’ guiding questions, as well as selected photos and posts from the Forum.
Thematic priorities

Health security, including AMR

1. How important is health security, including AMR, for the work that your organization is doing?
   Partners’ responses indicated a very active interest in the topic of health security, including the aspects of AMR, zoonotic disease and food safety. Numerous partners are working in this area at various levels, from grassroots to national to regional to global, and are keen to work with WPRO to advance health security systems in the Region. Partners are looking at WPRO for leadership and empowerment in tackling these issues, while acknowledging they also have an important role to play.

2. Can you share any great examples of work advancing health security systems in the Western Pacific?

   • Collaborating beyond the health sector
     - Systematic involvement of government and United Nations (UN) agencies, as well as other partners from beyond health sector is essential for addressing health security threats, including AMR, zoonotic disease and food safety. As shared by Gonçalo Sousa Pinto from the International Pharmaceutical Federation, his organization unites pharmacists from both human and animal health sectors, as well as those from academia and research, to expand vaccination coverage and uptake and contribute to antimicrobial stewardship. Jeffery Cutter from the Singapore Ministry of Health described how Singapore’s One Health Framework operates by facilitating collaboration, joint investigations, sharing of information and regular meetings between human, animal, environmental health and food safety sectors. Staff at both senior and junior levels know each other well, which makes working together easier.

   • Innovation
     - Innovative solutions have potential to enhance health security by building and strengthening resilient health systems. David Hagan from Digital Health shared his experience in developing low-cost integrated AMR and TB surveillance platforms pulling data from multiple sources, such as WHONET, animal, human and agricultural laboratory datasets, and direct data from lab equipment.

   • Grounds-up
     - Systematic community engagement is central to preparedness and response to outbreaks and health emergencies. Dewindra Widiamurti from the International Federation of Red Cross and Red Crescent Societies (IFRC) showed how IFRC works with grassroots organizations to build community resilience and strengthen response to outbreaks, including Ebola outbreak in West Africa. Glenn Laverack, an independent Public Health Adviser shared his field experience in community engagement and thoughts on how WHO and other UN agencies could do better in this area that he summarized in his book, “Health promotion in disease outbreaks and health emergencies.”

   • Strategic communication, education and training
     - In building preparedness for emerging health threats including AMR, close attention should be paid to continuous education and strategic communication at all levels. Anthony Tann
from the United States Pharmacopeial Convention, Inc. shared an example of raising public awareness and understanding of medicine quality and AMR. Constance Dimity Pond from the University of Newcastle, Australia shared her experience of including AMR in undergraduate education and having students during the exam tell a patient with a viral respiratory tract infection that they did not need antibiotics, which generated a lot of interest and a vivid discussion among the participants.

- **Building resilient systems**
  - Strong laboratory networks with well trained staff using validated tests and testing strategies with appropriate quality assurance and quality management are necessary to effectively address emerging infectious threats.

3. **What can be done differently?**
   - Mapping partner support, fostering and strengthening partner coordination and collaboration at all levels to align and harmonize efforts for preparedness and response to outbreaks and health emergencies.
   - Exploring innovative solutions, such as integrated digital surveillance platforms, decision-making tools, antimicrobial consumption monitoring systems, international patient referral networks to support continuous care and treatment, transboundary collaboration via AMR initiatives and using TV, internet and social media for continuous education in health security and AMR.
   - WHO and other UN agencies should engage communities in more effective ways by supporting and working with local and international partners that have robust networks at the grassroots level – and help building these networks where they do not exist – using the ground-up approach.
   - For effective capacity building of all stakeholders grounds-up, partners should adopt a unified approach to health security issues, built on a long-term vision, common understanding, shared terminology and predictable funding.
   - Behavioural change of individuals, health workers and organizations across sectors will be needed to stop overuse and misuse of AMR, and partners can share plenty of tools in this regard.
   - The development of surveillance systems to monitor antimicrobial resistance across the Region is the way to keep stakeholders accountable and push for progress.
   - To build strong quality-driven laboratory networks able to be the first line of defense against emerging and renewed infectious disease threats, partners should take an all-of-lab approach, rather focusing on specific diseases.
   - Educational and training establishments should consider including in their curricula new skills, such as working across sectors and disciplines, human behaviour as a driver of disease spread and AMR in humans and animals and communication and counselling for vaccine hesitancy, among others.
   - The issues of equity and universal access to services during outbreaks and emergencies should be adequately addressed.
   - WPRO should include empowerment as one of the operational shifts.
NCDs and ageing

1. Do the concepts related to NCDs and ageing resonate with you?
Generally there seemed to be a good consensus from our partners, on issues raised in the White Paper. For example, partners agreed how important it is to ensure UHC and focus on primary health care, so that essential health services can reach people where they need them. Other observations included:

- Many people felt strongly that palliative care is needed to be articulated in the White Paper, and recognized this as an issue to be addressed particularly at the primary health care level;
- Addressing mental health, including dementia, was noted as crucial for the Region, including supporting effective legislation, in addition to addressing service gaps;
- Linked to mental health were issues related to the harmful effects of alcohol, which could be stronger in the White Paper;
- There were also a range of comments suggesting more emphasis on areas such as rehabilitation, non-lifestyle associated cancers, oral health, food security, strengthening legal mechanisms for NCD prevention and health promotion and disease prevention strategies starting from an earlier age.

2. Do you know any great examples of work related to NCDs and ageing?
Many partners provided examples of their work in the Region, including:

- Community-based NCD nursing (Government of Tonga and the Fiji Red Cross);
- Mental health services for people experiencing homelessness and those outside of existing health and social support mechanisms (Japan Medicins du Monde);
- NCD screening at the community level (Philippine Academy of Family Physicians and Family and Community Medicine, University of the Philippines);
- Using mHealth to engage older people, NCD patients, family and caregivers and physicians to form groups to work together for better health (Viet Nam Young Physicians Association).

3. What can you or your organization do differently in relation to NCDs and ageing? What can WHO do differently? What can WHO and partners do differently together?
Many great suggestions were provided:

- WHO needs to work more with community-based organizations working on these issues at the country level, as they are best able to understand the dynamic at the appropriate level.
- Working with youth organizations is important to keep up with the most effective ways to use technology to communicate with young people.
- There is a need to strengthen the role of community-based organizations that work to address the needs of vulnerable groups, noting that there is a need to clarify the interface between the State and civil society.
- WPRO’s capacity on dementia could be strengthened.
- Specifically addressing issues around access and distance, there is a need to enable communities and primary health care workers (HCWs) to connect, including through improving infrastructure (e.g. telehealth to access specialist support and to help manage transitions of care from home to acute and back again). This is particularly relevant with ageing populations or those who are too unwell to travel.
- WHO should recognize the role of families and caregivers who often substitute for the care that health services would provide if they existed or were available.
- There needs to be a stronger emphasis on supporting research in these areas.
Climate change and the environment

1. Climate and environmental change affects different parts of the WPR in different ways and health is a critical aspect. What do you think WHO's role should be regarding the health impacts of climate and environmental change?
   - Participants see WHO as playing a coordinating role in the area of CCE (with health at the centre). Close coordination of partners, including civil society organizations (with which WHO needs to engage more closely) is the only way WHO will break the silos. As the natural partner of ministries of health (MoHs), there is a perception that WHO doesn't work closely enough with the people it serves. WHO needs to engage more with the community to make sure it is taking the right actions today, for tomorrow.
   - WHO needs to utilize its global health leadership role to increase efforts in the area of climate and environmental change, and drive action itself - from highlighting the health impacts in international fora and negotiations, to advocating with MS, to mobilizing funding, to engaging stakeholders, media and the public on this issue. In particular, WHO needs to improve evidence and understanding (especially for the public) of the links between climate and environmental change, and health determinants like food security.
   - WHO needs to continue its role as a knowledge facilitator, and explore ways of facilitating information sharing and exchange between different communities of practice.
   - Participants see WHO’s efforts on Climate Change Action Plans very positively - but believe WHO needs to engage CSOs more substantively (and support MoHs to do the same) in the process and execution, particularly to capitalize on their advocacy and awareness raising abilities.
   - Participants believe WHO should continue to (and increase) support for climate change- and health-related disaster response in various, often niche, health aspects, including:
     - Psychological first aid: Ensuring capabilities among MS/nongovernmental organizations (NGOs) to respond effectively.
     - HCWs as first responders: Ensuring HCWs have adaptive capacity to respond to emergencies, facilitated by WHO support for training, curriculums and partnerships.
     - Disaster preparedness: Ongoing collaboration with partners and stakeholders in capacity building and training around disaster management and response.
     - Vulnerable populations: Strengthening in relation to natural disasters and the impact of those who already have a disability, or NCD, and for those newly disabled by the disaster. Notably, preparing individuals and communities (particularly those already at risk or with comprised health), and over the longer term once the immediate response is over and the emergency medical technician response has to transition to an

“You are the voice of the SIDS and encourage funders and philanthropists to support resource mobilization to support SIDS in health adaptation and mitigation projects.”
- Dr Salanieta Saketa, Pacific Community – Communauté du Pacifique

“Individuals and communities can be empowered to make a range of changes with limited additional support. Identifying the barriers and constraints to action can be useful. At the same time, ensuring participation by health professionals in fora such as the UNFCCC [United Nations Framework Convention on Climate Change] Conference of the Parties can help raise awareness of health risks and the importance of mitigation.”
- Dr Kris Ebi, University of Washington
on-the-ground, locally-led longer term recovery.

- Finally, partners recommended that WHO support the development of climate change- and health-related public health skills and knowledge among both practitioners and institutions to allow environmental, economic, social and political arguments for climate change- and health-related action across sectors, by the public health sector. Additionally, WHO will need to consider support for increasing health workforce size to account for increasing need as a result of changing conditions.

2. How should WHO lead by example in regards to CCE? What changes should it make to how it operates?

- Participants noted a range of practical steps WHO could take including: reducing physical meetings and air travel, exploring low-energy air-conditioning, RRR (reduce, recycle, reuse), plastic reduction and waste segregation and increasing decentralization.
- To support the incorporation of climate CCE across WHO, participants suggested incorporating technical experts in all project planning discussions.
- Participants urged WHO to set up a cross-disciplinary team for country/regional coordination of country-level response and support for CCE, including health programme staff as well as various experts in multi-sectoral and societal areas such as environment, food, culture, education, sociology and communications.

3. How should WHO drive action on the health impacts of climate change and on environmental health? What can you or your organization do differently in this area? What can WHO and partners do differently together?

- Internally WHO needs a paradigm shift to accommodate a future that looks very different to “now.” Backcasting can help WHO to achieve this. The climate change and environmental health lens must be applied to all areas of WHO’s work.
- WHO can work differently/more closely across its teams. Participants’ contributions highlighted how climate change and environmental health are directly linked with many of the other areas it works in (emergencies, NCDs and mental health, health system strengthening (HSS), etc.)
- WHO can work more closely with partners and the community, to break silos, disseminate information, and ensure the right actions are taken - this includes building capacity with CSOs.
- Additionally, WHO can ensure “non-health” sectors are enabled to champion health and act as advocates for climate and environmental change efforts, and that the ensure the entire health sector is on-board.
- Participants believe that WHO needs to bring the economic argument for health to other sectors – participants see WHO as having a key role to play in ensuring health is at the center of climate change discussions and action.
- Participants also feel WHO needs to use its position to make sure the implications of climate change for human health (and therefore every aspect of life) are properly communicated in the media, with action-oriented messages. To do this WHO needs to gather and integrate information and evidence on the health impacts of climate and environmental change in a more strategic way - ensuring to identify cross-beneficial opportunities during the process i.e. strengthening

“What pushes the envelope I think is production of science that stimulates public awareness and engages political commitment. It means sitting at the table with politicians, civil society and journalists. A new action/strategy is required to convene and communicate information on health impacts of climate change. That convening power comes from where?”

- Dr John Grundy, James Cook University
health systems, including non-siloed disease surveillance systems, and local capacity building in digital health, health economics and health policy.

- WHO also needs to help its staff understand and communicate about the relationship between climate change, the environment and health, through training and other support.
- WHO needs mechanisms to better engage communities and learn how to sustain volunteerism as a part of community resilience to climate change.
The unfinished agenda

1. Does the proposed approach using a focused and health systems approach to tackle communicable diseases and maternal and child health (MCH) issues resonate with you?
   - There are still many unfinished agendas and ongoing challenges that need to be tackled, but WHO and partners need to think differently to address them with innovative approaches.
   - Community members should be at the center of response: women, vulnerable populations and the most-affected communities for each disease/condition are critical to achieving goals.
   - WHO and partners must build on a solid foundation of successes and achievements gained during the Millennium Development Goals era and move towards the Sustainable Development Goals (SDGs) through strengthening strategic multi-programme/sectoral collaborations, avoiding a single-disease/condition approach, with advocacy and investment for key or selected health topics.
   - Social and legal implications for health need to be addressed to ensure health for all (e.g. ethnic minority populations, stigma and discrimination, gender, criminalization, etc.)
   - The significant role of nurses and midwives should be recognized and leveraged in the Region.

2. Do you have examples of linking/integrating your work in MCH and communicable diseases to the wider health systems context?
   - Community-based solutions are making a difference: ethnic minority midwives will provide MCH services in remote areas of Viet Nam (HealthBridge Viet Nam).
   - There is multisectoral collaboration for cervical cancer elimination: cross-programme joint work with immunization, reproductive health, noncommunicable diseases programmes and professional societies for obstetrics/gynecology in Cambodia (National Center for Global Health and Medicine Japan).
   - Joint work will support people living with HIV – a joint team of social support, mental health, NGOs, a research institute, and government to provide comprehensive support for people living with HIV (Beijing Ditan Hospital).

3. How can WHO partner?
   - WHO plays an important role in providing a platform for partnerships, as well as providing technical assistance and information to affected communities.
   - WHO should partner with those most affected by diseases and health conditions to make its responses effective.

“We need to change our approach from focusing on only ‘health systems’ to ‘systems for health.’”
- Jeff Acaba, Asia Pacific Council of AIDS Service Organizations

“It is also not only that we see communicable diseases like viral hepatitis as a medical condition but also recognize that stigma and discrimination is a barrier to health seeking behavior, engagement in care and adherence to treatment. There is a need for stronger regulations, policies or laws to protect people from discrimination and increase access to justice and reduce stigma”
- Chris Munoz, Philippine Alliance of Patient Organizations

“We help in health systems development by expanding the current local health programmes to involve local people in the grassroots level.”
- Jonathan Fontilla, Culture and Arts Managers of the Philippines

“Partnership starts from the beginning of a programme.”
- Chris Munoz, Philippine Alliance of Patient Organizations
• Social and legal protections need to be ensured for partnership to happen, especially with vulnerable communities.

4. **Suggestions for better title for “unfinished agenda”**
   • Continued commitments to key priorities
   • Existing and emerging health challenges
Operational shifts

Innovation

1. Does the idea of innovation described in the video resonate with you and your organization? Does it feel relevant or urgent to your concept of public health?
   - Yes. Participants agreed with the description of innovation in the video, especially innovation that goes beyond technology.
   - It was also highlighted that “innovation requires impact, not just pilots and gadgets; and that innovation acts on and changes existing systems, challenging and changing the distribution of resources and power” (Kumanan Rasanathan, WHO Cambodia). Donna Wate, Mere Care Company Ltd., said, “My innovation is focused on women, the community and poverty alleviation. A simple approach to impact change in health and sustainability.”
   - There were discussions about social innovation, which was defined as “any initiative (product, process, program, project, or platform) that challenges and, over time, contributes to changing the defining routines, resource and authority flows or beliefs of the broader social system in which it is introduced….Successful social innovations have durability, scale and transformative impact.” (Kumanan Rasanathan, WHO Cambodia).

2. Do you have any examples of #innovation in public health to share?
   - Technology
     - China used new technology to support implementing smoke-free law, including using WeChat to efficiently collect complaints for smoke-free law in Beijing, and an e-map to guide enforcers to pay a visit; using big data to monitor the possible behavior change after a smoke-free law took effect; using artificial intelligence to help recognize smoking behavior and issue warnings on behalf of the business owners.
     - Viet Nam and the Vietnam Tuberculosis Program have tested a new approach, population-wide screening, that could help to reduce TB prevalence by 40% after a three-year intervention. This is a significant reduction compared to what has been observed so far (Thu Anh Nguyen, Woolcock Institute of Medicinal Research).
     - Social media was usually utilized to deliver informative, positive and engaging messages, e.g. for a stigma reduction campaign.
   - Social innovation
     - In the Philippines, there are a set of great examples of social innovation: 1) taking health referral to communities by boat; 2) a seal of governance giving quality assurance in health systems; 3) a telehealth and teleconsultation system to ensure no one is without access to health services; and 4) a health insurance system for tricycle drivers (Jana Deborah Mier-Alpaño, Social Innovation in Health Initiative Philippines).
   - Partnership
     - In Vanuatu, the Ministry of Education and Training (MoET) and MoH worked together through a newly established Health Promoting School Committee

“Sometimes the simplest innovation is not about technology, but about change in behaviour or thinking.”
- Teodoro Herbosa, University of the Philippines

“I very much agree that ‘innovation’ is not just technology but it is a new way of thinking and understanding – technology is just a tool to implement the ‘innovation.’”
- Lidia Morawska, International Laboratory for Air Quality and Health, Queensland University of
(HPSC) to address the burden of NCDs among children and young people. Nurses are working with teachers making awareness and collecting data evidence for monitoring and evaluation (Carlos Noronha, Education Sector, Vanuatu).

- China worked with non-health partners and KOLs raise awareness and generate support for the legislation.
- Art was used as a medium to convey stigma reduction messages through trainings and campaigns by partner NGOs.
- Many partners have worked with local community groups, e.g. school-based health education programs, women's groups, churches etc. But there was challenge in keeping the information clear and correct as it was passed from person to person around communities (raised by the Solomon Islands).

- **Communication, in places where new technology is not easily applicable**
  - For dissemination of health information, selection of channel or medium is very important. For less developed areas, feasible choice is to utilize to the maximum the mode of public radio, television and mobile phones which have been more affordable. Also community leaders and peer engagement should be involved.
  - Ensuring we engage people at local level in things that are of interest to them. Innovation can act as a barrier, as new name/term may act as a deterrent. It is also important to recognize the roots of innovation in cultures and previous practices. Some examples:
    - In Pacific Islands, there is a decades-long tradition of using places of worship as vehicles for reaching out to local communities. “But we need to be nimble, inclusive, and creative when we venture into this area as religion can unite but also divide” (Gauden Galea, WHO China). In Solomon Islands, where most of the deaths were in the communities, churches were the best notifiers of death as they officiated majority of the funeral rights. This was seen as an innovative way to boost death registration.
    - In Kiribati, a public health announcement was made over radio to inform people about a hepatitis B screening and treatment program available at the hospital.
    - In Fiji, a number of community days and a dance group to were hosted to do an impressive interpretative dance about the work to stop the spread of mosquito-borne disease (dengue, Zika and chikungunya). The project sites have 100% local teams and they drive the approach in each country. It is helpful to know what works best in each local context in this way.
    - In Viet Nam, projects to recycle old smart phones to give to people in remote areas, create free Wi-Fi points in community houses and create classes about utilizing technology are being worked on by the Youth Federation.

3. **How can we better harness innovation in partnership in the WPR?**
   - According to the poll, nearly half of participants agreed that the priority is to develop an “innovation concierge” function lining MS on demand with experts in a specific area of innovation.
   - At the organizational level (not only WHO), to foster growth of innovation, it will need bureaucratic accommodation and some tolerance of rule-breaking—finding ways to push beyond the status quo to respond to emerging health needs.
Partnerships can be utilized to better harness innovation by making sure that the innovation is happening locally, and allow spin-offs from research to contribute to local economies and local skills development, especially for low- and middle-income countries where the burden of disease is high and global health research partnerships may not champion local innovation of solutions as a result of their researches in those countries.

Cities can be used as a platform to cultivate innovation culture and solutions to address public health challenges, as it there that people, ideas, energy and knowledge are often concentrated.

Innovation should be at the heart of much of WHO’s work, but links with other thematic and operational shifts have been highlighted: 1) digital innovation, artificial intelligence and climate change; 2) health and working beyond the health sector; 3) strategic communications; and 4) data visualization and interactive data exploration as a link between the Innovation and measurement tracks.

Innovation also requires investment. A question was raised whether WHO should invest in innovation compared to investment for providing direct services for health, like partners including UNICEF and the Bill and Melinda Gates Foundation.

Innovative financing mechanisms, e.g. micro-financing, cash transfers (conditional and unconditional) and similar “bottom billion” financing solutions are important innovations. They are also important case studies on a range of intended and unintended side effects and represent a good illustration that every innovation must be assessed for side-effects.

Innovation urgently is needed in areas such as gender inequity, models of primary health care (PHC) relevant to an urbanized region, digital health records that are standardized and portable.
Backcasting

1. Does this concept resonate with partners?
   While many participants were initially unfamiliar with the term backcasting (as was initially the case with WHO staff), it is clear that there is interest in further exploring the approach. Some of the benefits discussed include that backcasting:
   - Enables WHO to achieve short-term wins and its long-term goals
   - Prompts WHO to anticipate things that could pose challenges or opportunities on its journey back towards the vision
   - Facilitates systems development (which takes time)
   - Engages multiple stakeholders and capitalizes on the strengths of each to achieve a joint vision
   - Provides space for the identification of grounds-up solutions and innovations
   - Is flexible enough to allow for strategies and tactics to be adapted to different contexts and to change over time
   - Allows WHO to break free from current trajectories and ways of thinking
   - Makes things possible that would not be possible through incremental change

2. Do you know any great examples of work in this area?
   Many great examples of backcasting were shared, including:
   - The moon landing
   - Rotary and the birth of the Global Polio Eradication Initiative
   - The Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED III)
   - The Global Alcohol Policy Alliance’s push for a Framework Convention on Alcohol Control
   - Joint communications and advocacy by eight organizations in the lead-up to the 2013 Global Vaccine Summit
   - Mongolia’s Field Epidemiology Training Programme
   - The Cambodian MoH’s ambition to reach and use a full set of national health workforce accounts
   - Institute for Solidarity in Asia’s Performance Government System
   - Alzheimer’s Indonesia’s push for a national dementia plan

3. What can you or your organization do differently in this area? What can WHO do differently?
   Some suggestions included the following:
   - Foster “backcasting” type strategic planning and stakeholders’ dialogue sessions
   - Develop practical tools and technical skills within WHO’s staff and its MS
   - Create and share more examples of backcasting in action in the area of health so that we can learn from each other
A selection of key messages and ideas shared by participants

**Patrick Oswee**

Greetings from your neighbors at the Asian Development Bank! My name is Patrick Oswee, and I will be closing out today’s session on backcasting. I want to continue this wonderful discussion by asking you to think of some great examples of backcasting, either from health or outside the health sector. Let me start by giving one example: in 1961, US President John F Kennedy declared that the US would send a man to the moon by 1970. Nobody believed this complex undertaking was possible, but in 1969 the US landed the first man on the moon. This was an excellent example of backcasting where a big result was broken down into manageable steps and intermediate outcomes, which helped ensure that the right policies were in place, the right experts and partners were involved, and sufficient resources were allocated to achieve success.

**Sally Fawkes**

It is great to see the White Paper highlight the value of structured approaches to thinking about the long term! Work we’ve done at WPRO in recent years with several countries indicates that backcasting can indeed be useful in helping us: take a systems approach to analysing factors contributing to a present-day problem and how these interact; structure deeper, more meaningful and concrete conversations about what futures are and are not ‘preferred’ and why; and reveal disconnects between our ‘preferred’ future and the present, thus pointing to the need for innovation.

**Paula Vivili**

I would like to think all sensible ideas (including backcasting) would be applicable everywhere including the Pacific. I think the challenges of implementing it in the Pacific would be more pronounced given the capacity to implement is often not very strong but the required investment to getting to a long-term goal can be a struggle with the short political and aid cycles. These are not challenges unique to the Pacific but given the often small sizes, geography and other issues, it makes the challenges more difficult to address. It is encouraging to think that some development partners become more open to longer-term investments through partnerships coupled with increasing political stability in many Pacific countries which can create a more conducive environment to taking on such an approach as backcasting.

**Annabel Lyman**

When creating a logic model, I would usually start with the “end” or the goal, then work backwards to fill in the information (resources, expected outputs, etc.) that is needed/expired to reach the goal. Perhaps this is a little like “backcasting”, I’m not sure.

**DY Suahara**

Hi Patrick Oswee here’s an example of backcasting from Indonesia. Alzheimer’s Indonesia (a member of Alzheimer’s Disease International) was founded in 2013 & we (civil society) aimed to influence MoH to launch a national dementia plan in 2-3 years, in March 2016 the Indonesian Minister of Health supported by all stakeholders (multidisciplines) launched the 1st dementia plan in ASEAN, the plan’s components are aligned with the 7 action areas of WHO Global Action Plan on Public Health Responses to Dementia.

**Constance Dimpy Pond**

I think if we can capture in some way the will of the carers and consumers of health, backcasting is likely to be really strengthened.

**Glenn laverack**

In the WPR there are many historical Regional frameworks, Agendas and Action Plans and other information that could be used in a backcasting approach. How to synthesise these experiences to avoid duplication and institutional repetition when moving forward?
**Grounds up**

- **Key messages:**
  - It is critical to take a systematic approach and plan from the beginning so that the voices of the communities and/or hard-to-reach populations are heard.
  - Addressing the mismatch between donor and global priorities on the one hand and country needs and aspirations on the other and addressing research fairness, as an example, is a way to achieve this.
  - There is a need to think about how community governance could be developed and supported using a grounds-up approach to stimulate a social movement for health change.
Systems approach

Key Messages

- Taking a systems approach with UHC as the foundation is essential in delivering integrated and people-centered PHC.
- The White Paper could also benefit from a “stronger attention to and focus on mainstreaming equality and diversity” (Yuko Yoneda, Medicins du Monde Japan)

1. Does this concept resonate with partners?
   - “Increasing knowledge and effective use of law, including building the legal capacity of the health workforce and the broader workforce for health, is critical to advancing UHC globally. We are keen to share ideas and experiences on this with others in this #SystemsApproach discussion.” (Hayley Jones, McCabe Centre for Law and Cancer).
   - “Greatly appreciate the presence of Patrick Osewe, Alvin Marce (Asia eHealth Information Network) and other experts in this forum.” (Pradeep Balachandran - Asian eHealth Information Network)

2. Do you know any great examples of work in this area?
   - “Presently in Viet Nam, Government and Ministry of Health and Ministry of Information and Communication are launching UHC program to people about insurable interest, also their rights and duties for insurance in order to achieve UHC in the country.” (Viet Nam National Hospital of Traditional Medicine)

3. What can you or your organization do differently in this area? What can WHO do differently? What can WHO and partners do differently together?
   - “As a hospital manager I would like to make the specialists on my staff more accessible to PHC through different levels...including teleconferencing, scheduled visits which include empowering training modules for screening.” (Maria Lourdes Ku Otayza, Philippine Hospital Association)
   - “In fact, community engagement and capacity development to support change in health practice are in almost all our community health and resilience program. Sometimes, the challenge is to bring it to scale. That I think is where partnership comes in.” (Grace Lo, IFRC)

4. How and in what ways can universal health coverage (UHC) / Systems approach - help to address the thematic priorities identified in the Western Pacific region?
   - “The National coverage of HI enrollment is around 94% but it is impressive to find higher HI enrollment (close to full coverage) in very remote areas of ethnic minority communities for example” (Momoe Takeuchi, WHO Vietnam.) “We think all countries in the world can get do UHC if Governments are strongly determined to do this.” (Viet Nam National Hospital of Traditional Medicine)

5. In the Western Pacific region, how can a systems approach inform the design of country specific health systems, and what are the ways to achieve this?
   - “The system approach needs to include community health system strengthening, often this means training and empowering volunteers, supporting women and community leaders to care for others, (Grace Lo, IFRC)
Health beyond the health sector

1. Does this concept resonate with partners?
Overwhelmingly, yes. Many pointed to the fact that the solutions to many of the most pressing health challenges faced by the WPR lie outside the health sector. Better and more effective engagement beyond health will make the difference in generating better health outcomes.

In fact, most partners indicated they already prioritize work beyond the health sector, so it is not a new concept. Rather, partners are looking for new ways to operationalize it.

2. What prevents organizations from doing this better?
- Top three challenges (from a poll taken during the Forum)
  - WHO and partners don’t share a common language about goals, incentives and costs
  - Staff lack the skills/capacity to form/sustain partnership across sectors
  - Too often use a one-size-fits-all approach
- Challenges – from Forum discussion
  - Leadership is essential from the top – lead by doing and supporting; however it is a “necessary but not sufficient” ingredient, it is not enough to have big ideas. Organizations also need micro-level changes in systems and behavior to implement.
  - The weak link between health and non-health academic communities exacerbates the lack of common narrative because groups lack common research approaches and measurement.
  - Weak links between governments and community. Individuals experience issues as one big problem with multiple components. However, as service providers (governments, civil society, international organizations, etc.) partners approach it as if we need to find a multi-sectoral solution.
  - Public health preparatory institutions (universities) don’t reflect the fact that solutions to the most pressing health challenges are beyond health – public health degree programs need to equip the next generation with better tools and understanding of engagement beyond health.
  - Historically sectors are self-sufficient silos. There is no capacity to rethink how to tackle major cross-sectoral challenges. The way forward might not be to work across sectors, but rethink the idea of sectors completely to tackle health challenges.
  - Multi-sectoral vs cross-sectoral – both terms reflect a perspective that is focused on solutions and artificial turf lines, rather than the perspective of the public or the individual who experiences these health challenges directly, irrespective of delineations between ministries or sectors. Can storytelling and better communications help the industry break free from this mindset?

3. We often point to cross sectoral engagement with environment, WASH and agricultural sectors. What are the gaps – what are the opportunities for better cross sectoral engagement that we are not effectively addressing?
- Financing mechanisms: Groups need to create common positions with ministries of finance that positions health as an investment in the economy and not a cost.
- Religious groups. There is particular need for better social and community engagement.
- Break cross-sectoral work down to smaller operational bits. Cross-sectoral solutions are the sum of many, smaller bilateral interventions.

4. What are TWO things can WHO do differently right now?
- Start at home – improve coordination within the health sector itself. There are still many health programmes that do not talk to each other. Learning from that experience can also help to engage with other sectors.
WHO could create a common narrative that articulates the value proposition for working cross sectors e.g., taking a co-benefits approach.

WHO could enable cross-sectoral collaboration within country and across countries in WPRO either by forming a knowledge sharing community or by making available a directory of organizations according to thematic focus.

WHO could organize professional training including sectors beyond health to help attendants absorb the idea that everything concerns health: “give training to MoH staff in how to do this work as a professional competence and let it be by people who have actual cross-sectoral policy experience from their own countries. The examples of cross-sectoral collaboration needs to be at all levels - local, regional and national.” (Sarah Simpson, EquiACT).

Support the set-up or development of intersectoral committees on specific issues such as AMR or climate change. To make these committees work, a joint understanding is needed and some very practical operational linkages (shared work plan, joint implementation, meeting, financing mechanism), as well as high-level leadership.

5. For further consideration by WPRO
The Forum highlighted a close link between “beyond health” and the other operational shifts, especially communications, innovation, backcasting, grounds up, etc. Also, as noted, many partners already work extensively beyond the health sector, so it is not a new concept. Rather, partners are looking to find new ways to operationalize it. One idea for WPRO consideration is that perhaps “beyond health” is not an operational shift, that is, perhaps “beyond health” is not about the HOW – which is communications, innovation, backcasting, and so on, but the WHO or the WHERE. “Beyond health” is the place and the partnerships where the other operational shifts are put into practice.
Strategic communications

1. Are strategic communications important in public health?
   Overwhelmingly, the answer was yes. Many pointed to the rise of smartphones and digital technology changing the landscape of communications. There is so much information out there and WHO and partners need to be able to compete and ‘cut through the noise’ with the right information on platforms that are relevant to the audience we want to reach.

2. What are some barriers to using strategic communications in public health?
   - Lack of understanding of the importance of strategic communications. Kevin Cook, Director of Communications at the Pan-American Health Organization, pointed to a 2016 report from BBC Media Action that explains “why strategic communication has a key role in powering global health…” Two quotes I especially like: ‘Effective communication can truly save lives’ and ‘If the public health world was prepared to pay just a fraction of what the private sector spends on communication, we’d be seeing a very different world right now.’”
   - Limited capacity within organizations and governments, both in planning and actioning strategic communications and in knowing how to communicate in an accessible, jargon-free way.
   - Diversity of contexts, cultures and technological access—sometimes we fail to fully address these factors.

3. What works?
   - Partnerships and relationships:
     - Building strong relationships can ensure communications are appropriate and accepted by audiences. Working with and alongside governments and other partners can avoid duplication and confusing the message.
     - Working with and across a variety of sectors, including NGOs, governments and the private sector. One good example shared was UNESCO and WFP partnering with FIFA to promote physical education, including educational materials for teachers.
     - Another example of partnerships shared by Lauren O’Connor, Risk Communications Officer at WPRO, was the joint communications and advocacy conducted by eight organizations in the lead-up to the Global Vaccine Summit in 2013: “Together we collected hundreds of thousands of petition signatures, met with hundreds of government decision-makers and achieved a 10-fold increase in top-tier media coverage of the global effort to end polio. There was even a concert in Central Park, New York! And it paid off! US$ 4 billion was raised to end polio.”
   - Being context-sensitive:
     - Selina Madeleine, Global Communications Manager of the Brien Holden Vision Institute Foundation shared challenges and solutions: “Barriers we have experienced is lack of cultural appropriateness including language, methods, gender barriers or messages being used to deliver whatever level of communication has been funded and landing in-country... Working groups and local level advocacy are key.”
   - Having and using data to inform communications (messaging and tactics):
Dante Licona, Senior Social Media Officer at the International Federation of Red Cross and Red Crescent Societies, pointed to this example of how they discovered and addressed a gender gap in digital engagement.

- Being shareable, funny and provocative:
  - “Public health professionals have an extraordinary opportunity to share their expertise with the world if they dare to do it in a bold, shareable, understandable and yes, even a funny way. We need to think how people ask questions and where (Google in many places around the world, Yandex in Russia, Baidu in China). If we can provide answers to people’s questions, we can make bigger achievements towards a healthier, safer world.” (Dante Licona, IFRC)

- Making messaging accessible and repeating it over time:
  - Huu Tu Nguyen from Viet Mam Young Physicians’ Association shared an example of the importance of community engagement and timeliness: “In partnership with WHO Vietnam and Ministry of Health, on 7th Apr - World health day, we organized a "community day" with over 5000 people gathering in central area, flashmobbing & walking along with country leaders, we also provided free screening and examination for NCDs. This activity aimed to motivate people to do more exercise and encourage people at risk to do routine check for NCDs. Now, we do this activity every month with the competition "walk for your health", in partnership with WHO Vietnam and MOH.”

- Creativity and thinking outside the box:
  - Shane Fairlie, Director of Government Relations at the World Mosquito Program shared this amazing dance piece from Fiji, which helped communicate how to prevent the spread of mosquito-borne diseases.

- Storytelling:
  - Sarah Meredith, Australia Country Director at Global Citizen, and others highlighted the power of storytelling to provide solutions and ideas to the public while also encouraging donors.

- An integrated team and commitment at senior level:
  - For Dante Licona at IFRC: “We are a team of 9 people, yet we have two colleagues at the Senior Officer level for design functions. This kind of commitment enables a team to deliver results—adapting fast to changing trends on social media, campaigns, etc.”
4. **What can WHO do better?**
   - Enable country-to-country skill and knowledge sharing
   - Continue to reduce jargon and make communications user-friendly
   - Support communications training and capacity building for health professionals and others working in public health
   - Build strategic communications into public health programmes from inception in order to be effective
   - Communications must be context-specific to work. Cultural understanding and participation of the desired audience in the design and delivery of communications are essential.
Measuring impact

Major themes:

1. Multisectoral engagement for health impact measurement
   - “WHO has a role to create shared value of multisectoral interaction.” (Lowleelan, institution unknown)
   - “I am seeing how important it would be for the global surgery community to strategically partner with the broader global health community. We have identified surgical indicators and began the process of institutionalizing the collection of surgical data, but the work would be sooo much more effective through strengthening partnerships.” (Kee B Park, Harvard Program in Global Surgery and Social Change)
   - “We need to work with data beyond health.” (Dilip Hensman, WHO Lao PDR)
   - “The Pacific Island countries prioritize climate change and health vulnerability assessments to support the ministries to make their health systems more climate resilient.” (Benedicte Galichet, WHO Fiji)
   - “Plans are being made to map vulnerabilities of facilities, using hazard maps showing areas prone to flooding, landslides, etc.” (Saori Kitabatake, WHO Fiji)
   - “Viet Nam created vulnerability index for provinces using economic, demographic, geographic and health indicators.” (Socorro Escalante, WHO WPRO)

2. Standardization of data and WHO’s role in coordination
   - WHO need to integrate and standardize data (including ICD data reporting) to be able to easily compare UHC and SDG across countries. (Teng Liaw, WHO Collaborating Centre on eHealth)
   - The UN/WHO should facilitate standardization of [health] terminology used across all sectors (e.g. business, agriculture, finance, etc.). (Teng Liaw, WHO Collaborating Centre on eHealth)

3. Paradigm shift to measuring ‘well-being’
   - Partners interested in examples of MS measuring well-being (Teng Liaw, WHO Collaborating Centre on eHealth)
   - The Organisation for Economic Co-operation and Development is taking a new approach on measuring well-being (Manu Eraly, WHO WPRO) and also uses the Better Life Index to visualise their quality of life metrics (Gauden Galea, WHO China).

4. Innovative data collection & use approaches
   - Taking a “grounds-up” approach to understand the barriers/challenges and facilitators in implementation of current monitoring and evaluation system. (Lowleelan, institution unknown)
   - Solutions from ground up need to be harnessed and documented. An example of a climate change project is UN Habitat in Lao PDR. The key informants for all the climate change impact related data are generated at the village by village chiefs (Dilip Hensman, WHO Lao PDR)
   - Use technology for automated analytics to efficiently capture and analyse data with less reliance on manual labour to ensure sustainability. (Lowleelan, institution unknown)
   - Apply backcasting approach to achieve the goal of implementing a good measurement system. (Lowleelan, institution unknown)
   - Disaggregated data are needed for maximising data use for strategic dialogue and decision-making. Harley Jones (McCabe Center for Law and Cancer)
   - There is a clear link between #Measurement and #Innovation in terms of importance of innovative visualization and interaction exploration of data sets (Gauden Galea, WHO China)
New Zealand is piloting a SDG Monitor visual-analytics platform based on DHIS2 which brings subnational data from different sectors together in one platform and enables visual analytics to detect patterns (David Hagan, Global Adviser, Digital Health)

5. **Addressing equity in measurement**
   - Disaggregated data, such as with respect to gender, age or socio-economic status, is needed to help address inequalities. (Harley Jones, McCabe Center for Law and Cancer)

6. **Strategic communication of data**
   - There is a need to break barriers through strategic communication and having shared goals to facilitate sharing of data.
   - The OECD Better Life Index can be a great way to build a story with data for strategic communication (Liv Lawe-Davies, WHO WPRO).

7. **How can we better support countries to “drive impact”? (Poll)**
   - Results showed the following order of priorities from forum participants:
     - Support sub-national capacities based on needs assessment
     - Support the health sector to be a part of mid/long term socio-economic development plans and impact indicators
     - Support alignment of national health policies and monitoring framework with SDGs
     - Support effective use of e-health and innovations
     - Assist with results-based planning linked with funding
     - Support target setting and baseline measures
Youth Town Hall

1. What do you want the state of people’s health in your community to look like in ten years? How are you and/or your organization working towards that vision? What barriers have prevented your progress? Tell us about some of your successes.
   - Youth today envision a future with equitable access to resources that are inclusive of marginalized groups such as refugees and migrants, indigenous communities, people living in remote or rural areas and socioeconomically disadvantaged peoples. They would like to see people empowered enough to meaningfully participate in their own health care.
   - Many participants work with existing community groups, including local health providers, businesses and youth groups. By partnering with these groups, they have been able to hold trainings on health and social media, engage in advocacy and deliver care.
   - Creating sustainable initiatives proves difficult for many participants, both in terms of financing and engagement.
   - Those representing groups delivering care expressed concern over the challenges that health workers face. Health workers sometimes work under difficult circumstances, in isolation and with many responsibilities, which can create barriers to maintaining non-stigmatized, culturally appropriate care.

2. What do you wish policy-makers knew about youth where you live? How would this change the way health care is delivered?
   - Young participants described themselves as passionate, driven, opinionated, energetic, courageous and impatient. Above all, they want to be actively involved in decisions that affect them. They acknowledge that policy-makers often label youth as too idealistic, but are determined to strike a balance between idealism and what is realistic in order to work together effectively.
   - Participants pointed out that many young people are already improving health in their communities, often through youth-initiated voluntary work. They feel that they bring unconventional and innovative approaches to the table and if engaged, could scale-up their work and ensure that initiatives are sustained across generations.
3. Why is it important to elevate youth voices when shaping public health and sustainable development? What do you bring to the table? What is the added value of young people in any organization? Tell us about a time when you and/or your organization made sure that young people’s voices were heard.

Participants felt that young people’s opinions are inherently valuable due to the large portion of the population that they represent. They feel that they are more open to change and older people can learn from them as much as they can learn from older people.

Photos from the Solomon Islands in-person Youth Town Hall

Other relevant posts

John Robert C. Medina: I hope policy-makers who belong to the earlier generation can fully accept the importance of engaging the youth as stakeholders in policy development as a means of nation building. Often labelled as millennials, the youth of today often receive criticisms from the older generation for being opinionated. But these opinions also matter. The perspective of the youth also needs to be heard and respected. Equipped with the deals for changes in the system and their unconventional approaches in dealing with matters, the youth can offer a lot of new ideas and innovative approaches that may complement what is currently working in the healthcare system.

Huu Tu Nguyen (Vietnam Young Physicians’ Association): I think WHO’s doing great job. I myself have been benefited alot from WHO programs with young people. For me, WHO staffs are all great people but to work better with youth. I think perhaps WHO should employ more young staffs since they understand their generation better. And establish a group of young leaders in health, similar to young global leaders of WEF, it a super trendy now."
Thank you!