



Report of the Universal Health Coverage Partnership Global Meeting

11-13 December 2024

Lyon, France

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#### **ESSENTIAL TAKEAWAYS**

During discussions at the Global meeting of UHC Partnership in Lyon, participants suggested ways for the Health Policy Advisors to provide stronger than ever support to Member States in alignment with their respective regional offices to produce results and achieve progress towards UHC. Key actions include the following:

- 1- Promote the One Country, One Plan, One Budget, One M&E approach.
  - Support Member States to develop, elaborate, update and implement national policies, strategies and plans.
  - Support Member States to harmonise and align stakeholders, i.e. government, private sector, faith-based organisations, national NGOs, external partners, international NGOs and academic institutions etc.) with national health strategies and plans through national coordination platforms and help comply with Lusaka agenda.
- 2- Ensure integration in national strategies as well as specific support to Member States on health financing, health workforce, and service delivery in line with the GPW14. In particular, support to:
  - Health financing: build and improve the evidence base on financial protection and address key drivers of financial hardship.
  - Health workforce: strengthen health system governance and leadership capacity in workforce policy, planning, and management.
  - Service delivery: develop PHC-oriented models of care and implement UHC benefit packages to ensure that essential health services are accessible to all.
- 3- Ensure integration of the essential public health functions in national strategies as well as relevant technical support to improve national public health institutions capacities, with the objective of improving resilience.
- 4- Integrate new opportunities and challenges in national health strategies and reform processes, in particular digitalization, climate change, migrants' health, AMR, ageing and long term care.
- 5- Ensure that updated National health policies, strategies and plans are realistic and measurable, with an improved theory of change and ability to demonstrate results and link them to WHO support.
- 6- Ensure that WHO maintains strong connections and relationships with UHC partnership partners' offices present in countries.
- 7- Elevate and sustain the visibility of donor contributions systematically to all the processes and outcomes of the UHC Partnership in all communication products and materials.

#### **FOLLOW-UP**

In order to ensure a proper follow-up of the Global Meeting and its takeaways, a reporting template on the meeting key action points is proposed below for the period 2025-2028 (GPW14)

	Areea	#	INDICATOR	Baseline	2025	2026	2027	2028
	National Health Strategies and Plans	1	Number of UHC-P countries that have assessed and updated their <b>National Health Strategies</b> through inclusive and informed policy dialogue to incorporate new opportunities and challenges, with clear theory of change and targets to measure results.					
	Alignment and harmonization	2	Number of UHC-P countries that have an <b>operational mechanism at country level to coordinate</b> health stakeholders in all UHC-P countries under one plan, one budget, one M&E.					
ives	Health Financing	3	Number of UHC-P countries that have assessed and updated their <b>Health Financing Strategies</b> through inclusive and informed policy dialogue to incorporate new opportunities and challenges, with clear theory of change and targets to measure results.					
	Health Workforce	4	Number of UHC-P countries that have assessed and updated their <b>Health Workforce Strategies</b> through inclusive and informed policy dialogue to incorporate new opportunities and challenges, with clear theory of change and targets to measure results.					
bjec	Service Delivery	5	Number of UHC-P countries that have assessed and updated their UHC Service Packages at all health system levels.					
Specific country objectives	Resilience	6	Number of UHC-P countries have <b>embedded considerations for resilience</b> within all relevant health system components, including capacities for comprehensive and integrated delivery of public health functions and services.					
fic co	Public Health	7	Number of UHC-P countries have strengthened their capacities for the implementation of the Essential Public Health Functions					
Speci	Digital Health	8	Number of UHC-P countries that have <b>implemented foundational digital public infrastructure</b> in alignment with the Global Strategy on Digital Health.					
	Health Security Preparedness	9	Number of UHC-P countries that have assessed and updated their National Health Security Preparedness strategies through inclusive and informed policy dialogue, with clear theory of change and targets to measure results.					
	Climate Resilience and Environmental Health	10	Number of UHC-P countries that have integrated environment, climate change and health issues into national health plans as key primary prevention measures					
	Small Islands Developing States	11	Number of UHC-P Small Islands Developing States that have updated their national health strategies.					
	Non Communicable Diseases	12	Number of UHC-P countries that have <b>integrated Non Communicable Diseases</b> into UHC Service Packages at all levels.					
	Ageing including Long Term Care	13	Number of UHC-P countries that have <b>integrated Ageing and long term care</b> into UHC Service Packages at all levels.					
	Refugee and Migrant Health	14	Number of UHC-P countries that have <b>integrated Migrant Health</b> into UHC Service Packages at all levels.					
es	MDCC	15	Number of UHC-P Multi Donor Coordination Committee					
UHC-P objectives	Live Monitoring	16	Number of Live-Monitoring sessions					
) oje(	Country deep dives	17	Number of UHC-P in depth analysis at country level					
90	Stories from the field	18	Number of UHC-P Stories from the Field					
- -	Health Policy Advisors	19	Number of Health Policy Advisors deployed in countries					
5	Sustainability of HPA positions	20	Number of Health Policy Advisors on Fixed-Term positions					

This template will serve as guidance to reorient the work of WHO and its UHC Partnership at all levels.



Universal Health Coverage Partnership
Global Meeting
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#### INTRODUCTION

To capitalize on its work to date and to agree on the way forward, the UHC Partnership organized its Global Meeting on 11-13 December 2024 in Lyon, France. The meeting served as a follow-up to last year's Workshop on the UHC-P in Astana.

Bringing together participants from the 125 countries supported by the UHC Partnership, key development partners and agencies, this pivotal event aimed to harness the global momentum generated by the GPW14 to reorient health systems towards a PHC approach to achieve UHC and health security.

The 3 days of meeting were divided in 3 sequential areas: Day 1- to take stock; Day 2- to adapt; and Day 3-to propel. Having assessed that the world is off track to achieve UHC by 2030, the goal of the meeting was (1) to look at what has been achieved and what are the key remaining priorities to urgently address (to take stock); (2) to understand what is the new demand from Member States, and the new opportunities and challenges for the years to come to incorporate in national reforms (to adapt); and (3) what are the commitments and new investments of the Member States, the WHO and its partners to accelerate progress towards achieving UHC (to Propel).

The Global Meeting served as an important forum to chart a clear path forward based on lessons learned to date, best practices for effective interventions and innovations, and persistent challenges and bottlenecks. It also provided networking opportunities for all stakeholders and highlighted several shifts required from all participants.

#### 1. Day 1 - TAKE STOCK

The first day aimed to take stock of progress and challenges faced by countries in achieving UHC, and to draw lessons for accelerating progress and undertake reforms through the revision of national policies, strategies and plans that address these challenges. Common challenges include mainly health financing, service delivery and workforce as well as the lack of alignment of stakeholders with the national health strategies.

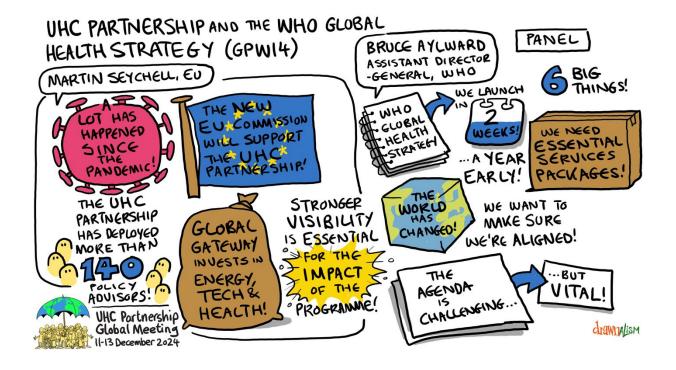
### Session 1 The UHC Partnership and the Global Health Strategy 2025-2028

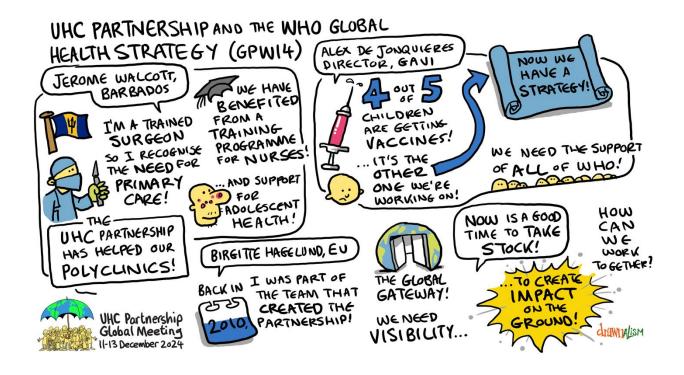
The opening plenary focused on the adaptation of the UHC Partnership to the new Global Health Strategy 2025-2028. There is a shared commitment to the goal of UHC including on financial protection, as evidenced by the dedication of organisations such as the WHO, Global Health Initiatives, Member States and other partners to health systems strengthening. However, while significant progress has been made, half of the world's population has still no access to health services, and more people face financial hardship when seeking care.

This session highlighted the urgent need for unified global efforts to advance Universal Health Coverage (UHC), focusing on equity, resilience, and measurable impact. Key takeaways included the importance of country leadership and collaborative frameworks like the Lusaka agenda, emphasizing "one plan, one budget, one report" to streamline efforts. Diverse challenges, such as financing, workforce gaps, and logistical barriers, require tailored solutions and shared learning from successful countries. The WHO's role as a coordinator and partner was underscored, with expectations to align stakeholders, strengthen partnerships, and drive evidence-based actions. Ultimately, achieving UHC demands collective commitment, integrated strategies, and leveraging partnerships for sustainable progress.

- The world is off track for UHC achievement by 2030
- Strengthening health systems and adopting a PHC approach are key to accelerate progress towards UHC
- Challenges include weaknesses in health system foundations and fragmented and siloed approaches. However, there are also solutions and innovations with many country examples on what works well.
- The "One Country, One Plan, One Budget, One M&E" approach is key for accelerating progress
- WHO and the UHC-P are key in supporting countries, coordinating partners, breaking silos, and improving visibility.









The second plenary session aimed to discuss UHC-P achievements and expectations. It is fair to say that UHC has not yet been fully realised, and we are off track for its achievement by 2030. The UHC Partnership is a key mechanism/platform that will be used through the GPW14 to drive improvement and progress in UHC in countries.

The strong country focus and flexibility (e.g., financing, technical support, bottom-up approach) of the UHC-P's approach has been instrumental to its achievements thus far and will be key for continued strengthening of health system approaches and achieving outcomes/impact at country level.

It is recommended that financing support be requested for longer periods, perhaps 3–5 years, rather than the current short 1-year projects, with the aim of scaling up and following up on projects, and of allowing time to better track and demonstrate outcomes and impact.



- UHC-P is a key mechanism/ platform to drive improvement and progress in UHC in countries. It covers > 120 countries with > 150 UHC Policy Advisers
- UHC-P provides more than funding and technical advice. It plays a key role in:
  - Paving the way to scale up approaches that have addressed key challenges and facilitated progress towards UHC
  - Creating a platform for MoH (as lead), WHO, and partners/stakeholders to come together around a joint, shared and country-led vision for UHC.
  - Facilitating regional and cross-country exchange and learning on key reforms, successes, and challenges to making progress towards UHC.

• The strong country focus and flexibility (e.g., financing, technical support, bottom up approach) of the UHC-P's approach has been instrumental to its achievements thus far, and will be key for continued strengthening of health system approaches and achieving outcomes/impact at country level.

## Session 3 Health workforce, health financing, service delivery and alignment

This session was a series of 8 parallels discussions on health workforce, health financing, service delivery and alignment and harmonization to reorient heath systems towards PHC.

#### **Health Workforce**

Investing in the health and care workforce requires an understanding of the macro-fiscal environment and how it relates to workforce spending. Health labour market analysis provides the evidence needed to guide intersectoral dialogue, shape workforce decisions, and inform policy and investment strategies. Integrating health workforce and macro-fiscal analysis provides a more comprehensive understanding of the impact of investments, resource allocation, and workforce capacity. This ultimately facilitates effective dialogue between the health and finance sectors and supports informed policy decisions. The systematic strengthening of health workforce and financing analytics enables stakeholders to develop realistic scenarios for health workforce investments in the short to medium term.

To ensure the long-term sustainability of investments, reforms must be embedded in governance structures, with appropriate legislation and financing mechanisms. Successful implementation of reforms and an integrated health workforce strategy/plan requires unified commitment from all sectors, under the leadership of the Ministry of Health. This includes reaching consensus on major investment priorities to attract, recruit and retain health and care workers in communities where they are most needed, and to manage the impact of international recruitment and migration. Cross-sectoral collaboration between the health, education and labour sectors is essential to align workforce education and employment with population health needs, and to address persistent failures in the health labour market. Equally important is the monitoring of workforce investments and their impact to ensure accountability, promote better governance, and demonstrate measurable improvements in health, economic and social outcomes.

Delivering health services based on a PHC approach, requires multidisciplinary teams that are organized and tailored to the local context, with a deeper understanding of community health needs and population demographics. This optimizes the use of available human resources while maintaining a focus on the delivery of quality care. Investing in organizational development and team building is crucial to enhancing overall performance.

Key

messages

- Strengthen health system governance & leadership capacity in workforce policy, planning and management
- **Secure investments:** scale up country-led strategic plans & interventions, quality education, skills/training, and employment opportunities to meet domestic needs, respond to migration push and pull factors, and fill key gaps in rural/underserved areas.
- **Develop effective dialogue between the health and finance sectors** that should be based on both health workforce and macro-fiscal analysis.
- Enhance the systematization of health workforce and financing analytics to inform realistic scenarios for health workforce spending in the short to medium term.
- Strengthen intersectoral collaboration/integration (education & health) to align education to population health needs.

# Tailor multidisciplinary approaches to local context, investing in understanding the composition of the community being served to enable the workforce in primary health care settings and facilities to know more about their population and address their needs accordingly.

- Improve health workforce protections, safeguards & working conditions to address attrition and improve retention, advocating for security & safety, fair & equal pay, workplace improvement, professional development.
- **Invest in organizational development and team building** to improve collaboration, performance and service delivery.
- Manage migration: support and ensure the self-sustainability of countries' health workforce.

#### **Health Financing**

Strengthening the evidence base on financial protection is vital as it can catalyse informed policy dialogue. Examples from countries like Georgia and Egypt demonstrate the effectiveness of targeted interventions, such as abolishing copayments or expanding public coverage for high-cost medicines, in reducing financial hardship for households.

Efficiency must also regain prominence as a policy objective alongside equity. For instance, Sri Lanka's historically effective budget-funded, supply-oriented interventions are now challenged by growing fiscal constraints, necessitating a shift towards strategic purchasing. In addition, bulk or pooled procurement strategies, as seen in Belize and Malaysia, can enhance cost efficiency and reduce financial burdens. To advance financial protection, the narrative must expand beyond health economists to build a broader coalition that recognises this as a collective issue. Making financial protection mainstream and fostering cross-sectoral collaborations will be key to achieving sustainable, equitable, and efficient health financing systems.

Finally, in the face of limited fiscal space and a changing donor landscape, stakeholders' alignment is essential. Addressing accountability issues is critical, as challenges in budget execution may stem from

either domestic public financial management (PFM) systems or donor-imposed accountability structures. These discussions need to include the Ministry of Finance, which is often the direct recipient of funds, to ensure coherence and alignment in financial management.

Key messages

- Further building and improving the evidence base on Financial Protection is critical as it can trigger the policy dialogue (e.g. of Georgia and from EURO)
- We know better how to address key drivers of financing hardship (e.g. medicine costs borne by households by abolishing copayment or inclusion into publicly funded coverage for high-cost high volumes (Georgia, Belize, Egypt), bulk/pooled procurement (Belize, Malaysia), etc.
- We need to bring back efficiency as a key policy objective: equity is fundamental, but efficiency is as important
- We need to build a much broader and stronger multi-disciplinary coalition around the financial protection narrative to ensure financial protection, beyond the small circle of health economists

#### **Service Delivery**

Global progress towards UHC has stalled, but countries have shown that an explicit vision for integrated delivery of quality services, combined with improved service design and a supportive environment, can significantly improve both service coverage and quality. Participants emphasized the importance of how services are planned, prioritised, organised, and delivered to accelerate progress towards UHC.

Primary Health Care (PHC)-oriented models of care that foster integrated service delivery are essential to meet people's needs and improve efficiency and resilience. Examples include countries that have operationalised models of care by defining integrated UHC service packages, explicitly defining the roles of specific delivery platforms, describing which services are to be delivered where (Sierra Leone, Sri Lanka), linking service providers (Ethiopia) and creating clear care pathways (Yemen); countries that have strengthened the links of communities and individual to care, such as Argentina and Uzbekistan; and countries that have empowered the primary care's coordination role, such as Lao DPR.

A health system approach that integrates quality of care into all its the building blocks and is guided by strong and committed leadership is crucial for progress. Regions such as AFRO and EMRO emphasized the importance of improving patient safety and establishing national quality policies. WPRO showed how complementing national quality policies with grassroots interventions such as coaching can have an impact. Ethiopia advocated a culture of quality to transform health systems through institutionalised efforts rather than fragmented projects, while Moldova focused on strengthening emergency care amid refugee influxes.

Tailored approaches are needed to establish the foundations, accelerate progress, or transform service delivery to make it fit for purpose. Documenting lessons learned, particularly from low- and middle-income countries, is essential for scaling up successes. A shift in focus is needed, from programmatic and disease-specific investments to addressing structural barriers to comprehensive health systems

development. Partners are urged to align their support to national policies and plans with a common purpose (i.e. access to quality services, with PHC as the approach, and the integrated UHC service package of services as the instrument), with clear delineation of roles and a strong M&E mechanism to monitor implementation.

# Key messages Crises Netw esser Deve and e Cont differ

- Developing PHC oriented models of care is crucial for UHC. It defines how services are organized and delivered, promoting equity, continuity of care, better health outcomes and addressing local health needs. It enhances the system's ability to adapt during crises. It also improves resource allocation.
- **Networking and coordination among healthcare providers** at various levels is essential to improve service delivery, resource sharing, and patient care coordination.
- **Developing and implementing UHC Packages is crucial** for improving service delivery and ensuring that essential health services are accessible to all.
- Contextualization of approaches is key to improve quality, as countries are at different levels of maturity in relation to quality of care.
- Advancing quality of care requires a comprehensive health systems approach, looking at each of the health system building blocks and their interrelations.
- Strong and committed leadership is the main driver to push the quality agenda forward.

#### **Harmonization and alignment**

The **Lusaka Agenda** was launched in December 2023 as the conclusion of the 18-month Future of Global Health Initiatives Process. It sets out five critical shifts in the global health architecture to better support and align the global health financing architecture with country-led health priorities, needs and systems to enable progress towards Universal Health Coverage (UHC).

- Make a stronger commitment to primary health care (PHC) effectively strengthening systems for health.
- Play a catalytic role towards sustainable, domestically financed health services and public health functions.
- Strengthen joint approaches for achieving equity in health outcomes.
- Achieve strategic and operational coherence; and
- Coordinate approaches to products, research and development (R&D), and regional manufacturing to address market and policy failures in global health.

Each of these shifts is embedded in WHO's 14th General Programme of Work (GPW14) which sets out WHO's Global Health Strategy for 2025-2028. WHO proposes to leverage its political, advocacy, strategic coordination, and monitoring functions to support country-level action and impact, with a focus on operationalizing the "one country, one plan, one budget, one M&E" approach. UHC2030 will play a critical and complementary role to WHO through its coordination, outreach and advocacy functions. WHO has

already undertaken several actions through its work on common Health Systems metrics (a near-term priority referenced in the Lusaka Agenda), the development and adoption of the PHC Measurement Framework, and advocacy with GHIs and health donors for adopting the "one country, one plan, one budget, one M&E" approach.

- The approach for alignment is "One Country, One Plan, One Budget, One M&E"
- **Alignment is a must, not a choice** given the pressures on fiscal space and changes in the donor landscape.
- Sorting out the accountability issue for donors is critical as there is a concern it impacts budget execution. Therefore, the question is whether the issue lies with the domestic PFM system or with the accountability structures put in place by donors.
- The Ministry of Finance's participation to discussions to the health aid effectiveness agenda is critical.
- Need to look beyond traditional donors as new donors are coming to fund health.
- Partners / donors / GHIs are urged to support country plans and comply with the Lusaka recommended critical shifts.

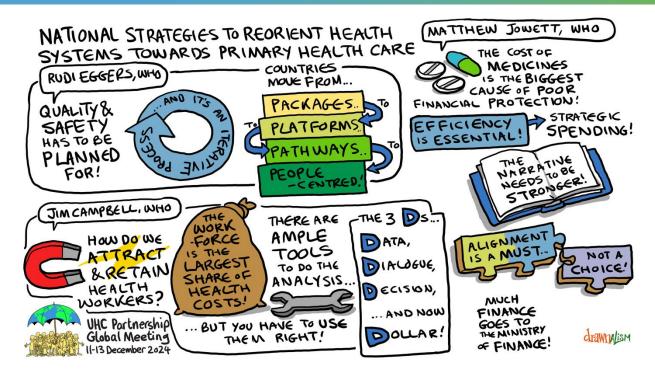
#### **Session 4**

#### **National Strategies to reorient Health Systems towards PHC**

This plenary session underscored the importance of addressing ongoing priority issues related to health workforce, financing, service delivery through quality and models of care, as well as harmonisation & alignment. Recognizing that one size doesn't fit all, the "One country, One Plan, One Budget and One M&E approach" is of utmost importance to progress on all fronts and improve effectiveness and efficiency. Panellists and the audience insisted on the need for a robust, inclusive strategic planning process in countries which serves as a guide for stakeholders in the effective implementation of national health policies, strategies and plans.

The World Health Organization (WHO) has a key role in supporting Member States in addressing ongoing issues related to health workforce, health financing and service delivery. It also helps establish or strengthen national coordination platforms for national dialogue processes and the development, regular monitoring, and evaluation of policies, strategies, and plans aimed at reorienting health systems towards a PHC approach. This process is crucial due to the necessity for alignment across government, donors, the private sector, civil society, and international organizations. The WHO and the UHC2030 have also a key role to play in bringing together the international stakeholders at the Regional and Global levels and ensuring the global monitoring of commitments to UHC.

- The One Country, One Plan, One Budget, One M&E approach is key
- Countries need to ensure updating their national health policies, strategies and plans
  to address ongoing challenges and reorient their health systems towards PHC to
  achieve UHC, with particular attention of addressing issues related to health financing
  and financial protection, availability of the needed workforce, models of care and
  ensure that all the stakeholders remain on plan and on budget.
- The WHO needs to enhance its support to countries in updating their national strategies and strengthening national coordination platforms. This includes bringing together all stakeholders—such as government, private sector, faith-based organizations, national NGOs, civil society, external partners, and international NGOs and organizations—around the UHC as a national goal.





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#### 2. Day 2 - ADAPT

The second day aimed to address new demands from Member States, new opportunities and emerging challenges, and to adapt national health policies, strategies and plans accordingly. It was also an opportunity to present new products and tools developed to improve support to Member States. In the wake of the COVID-19 pandemic, Member States are calling for supporting strategies to improve the resilience of their health systems and to implement the Essential Public health Functions. At the same time, there is a request to integrate new technologies and digitalisation into adapted national health strategies, as well as emerging challenges such as ageing, increasing demand for long-term care, addressing antimicrobial resistance, greening the health systems and addressing new or re-emerging disease linked to climate change, among others.

#### **Session 5** Building resilient Health Systems

Achieving the universal health coverage remains elusive without adequate investment and strengthening of essential public health functions, including prevention, promotion, protection and emergency management. Health system resilience requires robust public health capacity in the health and allied sectors (e.g. veterinary, environmental health, social care, urban planning), as the optimal means to prepare for public health emergencies and maintain essential health services for all in all contexts.

However, experience has demonstrated that health system resilience is not an inevitable by-product of any investment in health systems strengthening or emergency preparedness, but it must be deliberately operationalized with the necessary input, planning, investment and contextualization through an integrated approach. In countries with humanitarian contexts, the Humanitarian Development and Peace Nexus (HDPN) approach, with its focus on health is key to building resilience and must be used in conjunction with the transition to recovery and longer-term development objectives to ensure crosscutting and sustainable impact.

Within WHO, there is a scope for integrating programme specific efforts to support countries in building resilience of health systems to achieve UHC, health security and healthier lives. Facilitating regional learning and sharing of good practices is also critical to scaling up successful strategies across countries. The GPW14 and new phase of UHC-P provide opportunities to adopt innovative approaches and demonstrate the public health and economic benefits of building in health systems resilience.

- UHC won't be achieved if public health (prevention, promotion, protection and emergency management, surveillance and monitoring) is not invested and strengthened.
- Strong health system is the best preparedness for public health emergencies.
- Resilience needs cross-sectoral collaboration.

- Strengthening institutional capacity for essential public health functions is key to build health systems resilience.
- Special attention is needed for humanitarian contexts: recovery and resilience must be done together with the response.
- WHO needs to support countries to strengthen the capacity of their public health institutions to implement the essential public health functions and build the health system resilience.



#### Session 6 Market place

The Market Place was an opportunity in 18 parallel short sessions to present new products, tools and experiences aiming at supporting member States in adapting their policies, strategies and plans to new opportunities and challenges.

TITLES OF THE SESSION	RECOMMENDATIONS
Advancing UHC through effective governance of the private sector in mixed health systems	<ul> <li>WHO should work with Ministries of Health to establish regular multi-stakeholder dialogues, leveraging the Progression Pathway tool to facilitate evidence-based discussions and actionable plans for health systems governance.</li> </ul>
Advancing Universal Health Coverage through rehabilitation: Country experiences in health system strengthening	<ul> <li>Don't just pay lip service to rehabilitation as part of UHC but do it.</li> <li>Contact the rehabilitation team at WHO, through country or regional offices to explore how your country can take steps to build the sector.</li> </ul>
Critical role of PHC in addressing AMR: Entry points for action	<ul> <li>Support the expansion of the AMR PHC initiative to other regions and countries.</li> </ul>
Defragmenting health financing for strategic purchasing – lessons from reforms in Mongolia and Morocco	Further develop the knowledge base on how to implement an effective single, strategic purchaser approach to support the UHC goals.
Delivery in Action: enabling country-driven impact.	<ul> <li>Apply the delivery approach, informed by data and adapted to country context to advance progress on GPW/SDGs and country health priorities to support progress towards achieving UHC.</li> </ul>
Demonstration of results: The case of Timor Leste	<ul> <li>In-depth analyses are necessary to understand if, why and how the activities supported by UHC-P, in particular informed and inclusive policy-making processes, have been able to shape health systems and create national political economies that allow for the reallocation of resources to implement health policies and ultimately improve health system performance and health outputs and outcomes, as presented in the PHC monitoring framework and indicators.</li> </ul>
Design of implementable UHC service packages, based on integrated models of care	WHO and the UHC-P should establish 3-level integrated support teams to assist countries in designing and implementing UHC packages, using the SPDI Platform to define services, local models of care and resource needs.

Gavi, the Vaccine Alliance's Health Systems Strategy	<ul> <li>Enhance dialogue and coordination within WHO teams and levels in support of a health systems approach that will contribute to the operationalisation of the strategy.</li> </ul>
Harnessing Data and Dialogue with a Health Labor Market Approach for Smarter Health Workforce Policies and Investment Decisions	<ul> <li>Secure support from the 3-levels of WHO to enable country-led design and application of HLMAs as the basis for informed HWF policy, planning &amp; investment.</li> </ul>
Health Equity in Action	Barriers assessments across WHO country offices should be implemented widely to fully understand the quantitative data available and target interventions to ensure everyone benefits from health services and products.
How can health programs contribute to social cohesion and peace?	<ul> <li>Further determine – and/or raise awareness about - what we really want to do about 'health and peace', and how we want to do this.</li> </ul>
Improving procurement efficiency for medicines and health products: A country experience	<ul> <li>Sustain country-level leadership, with WCOs coordinating a joint response with partners to address medicines and related challenges, using an evidence-informed approach.</li> </ul>
Integrating IPC into programs for Universal health coverage	<ul> <li>A health system approach is required for improving IPC, encompassing both public and private sector.</li> <li>Innovations and use of digital technology can support action on IPC in countries.</li> </ul>
Lusaka Agenda: What it is and how to operationalize it?	<ul> <li>Partners / donors / GHIs urged to continue supporting a bottom-up in-country approach to Lusaka operationalization, delink funding from meeting 'donor' driven targets and stop supporting one component of the health systems / one programme in a siloed manner (example: malnourished child not screened for vaccination status and the other way around, wrong, vertical incentive).</li> <li>WHO HQ requested to provide technical backstop to support country implementation rather than producing more frameworks and tools.</li> <li>Invest more resources at sub-national (district) levels and operationalize HQ agreements with LA shifts at country level.</li> </ul>
Moving on mental health	Prioritize and promote the inclusion of treatment of mental health conditions in the UHC umbrella.
• The current 'long format' of the course is proving to be of grinterest to countries and regions, with considerable demand participate in the course and satisfaction at its mid-way points.	

	version should continue to be iterated based on the feedback received from participants and facilitators of this Pathfinder edition and be supplemented with further innovative versions which may include a 'short format' mini course and regional/subregional and country-focused (in-person) versions of the course.
Strengthening Social Participation in Health: Experiences from Central Asia	<ul> <li>To support capturing the different mechanisms for social participation currently in place at country level, recognizing that context matter, and supporting dissemination and exchange of best practices across regions.</li> </ul>
Strengthening workforce capacity to deliver the Essential Public Health Functions (EPHFs)	<ul> <li>Integrate holistic public health approach to all efforts – joined up thinking and collaborations are key, rather than vertical, isolated programmes.</li> </ul>

#### Session 7 New opportunities and challenges

This session was organised in 8 parallels discussions to present in more details new opportunities and challenges to be taken into consideration when adapting policies, strategies and plans. The sessions focused on important thematic areas including digital health, preparedness, vulnerable and conflict settings, climate change and resilience, small islands developing states, noncommunicable diseases, ageing and long term care and refugees and migrants' health.

TITLES OF THE SESSION	RECOMMENDATIONS
Digital Health	<ul> <li>Digital health is a crucial enabler of equitable, resilient, and efficient health systems, guided by the Global Strategy on Digital Health as a roadmap to achieve Universal Health Coverage (UHC).</li> <li>Beginning with national digital health strategies, countries must plan for and invest in digital public infrastructure - that makes possible sustainable, standards-based, person-centered digital health systems.</li> <li>Enhanced collaboration, knowledge sharing, and strengthened partnerships are vital to support countries in leveraging digital tools to meet their health system needs effectively.</li> </ul>
Health Security Preparedness	<ul> <li>Health security preparedness is essential for achieving resilient and equitable         Universal Health Coverage (UHC), as it ensures continuity of essential services         during emergencies and fosters system adaptability through strategic         investments.</li> <li>Strengthening health systems requires daily commitment, effective         coordination across sectors, and integration of health security and UHC         frameworks to address interconnected crises and evolving threats         comprehensively.</li> </ul>
Vulnerable and conflict settings	<ul> <li>In vulnerable and conflict settings, government ownership and leadership are essential for advancing Universal Health Coverage (UHC), ensuring health systems continue to function and services are maintained and delivered during times of crisis, to the most vulnerable and hard to reach people, including refugees and migrants.</li> <li>Sustainable investments in resilient infrastructure, agile workforce and platforms for service delivery, and long-term health system strengthening are crucial in emergency contexts – aligned with principles of recovery and development. It is vital that these are done in partnership with both humanitarian and development actors.</li> </ul>
Climate Resilience and	Integrating environmental health and climate change into the UHC Partnership is essential to achieving Universal Health Coverage, requiring inter-

Environmental	programmatic, systemic, cross-sectorial, and community-based approaches
Health	supported by adequate resources.
	Strengthening WHO and health sector capacity, promoting disease prevention,
	engaging communities, and implementing context-specific solutions-such as
	promoting the use of climate/weather and environmental information to
	strengthen surveillance of climate-sensitive diseases and reducing emissions
	and overall environmental impact -are critical steps toward sustainable,
	climate-resilient health systems.
	Health systems in Small Island Developing States (SIDS) face specific challenges
	that require tailored solutions. SIDS countries have already initiated health
	system strengthening efforts, which are built on a foundation of strong primary
Small Islands	health care, with community health at the core. Telemedicine/telehealth
Developing	initiatives should be scaled up to curb overseas treatment and support health
States	and care workers at the local level.
	By joining forces, SIDS can generate economies of scale, as illustrated by the
	pooled drug procurement initiatives. Participants valued the opportunity for
	sharing lessons between SIDS and wished to continue through the
	establishment of regular mechanisms for knowledge exchange.
	Accelerating progress on non-communicable diseases (NCDs) is essential for
	achieving Universal Health Coverage (UHC), given that NCDs are the leading
	cause of premature death, and account for 80% of estimated global morbidity
	and disability.
Noncommunica	A primary health care approach focused on integrated, person-centred
ble Diseases	services, multisectorality and community engagement is key to delivering
	comprehensive NCD care across the life course.
	<ul> <li>Countries should take bold steps to mobilize domestic financing, ensure</li> </ul>
	equitable access to NCD health products and technologies, strengthen NCD
	related competencies of the health and care workforce and develop
	sustainable infrastructure for surveillance and monitoring of NCDs.
	Older people must not be left behind. Promote healthy aging through a
Ageing	continuum of integrated care, including long-term care, is essential for their
including Long	well-being and their community.
Term Care	Strengthen primary health care, multisectoral actions, and provide technical
Term Care	and financial support, along with a unified narrative and share successful
	examples. This can help demonstrate the value of investing in healthy aging
	and encourage member states to prioritize it.
Refugee and	This session emphasized the critical need for integrating evidence based health
Migrant Health	and migration initiatives to address the complex needs of migrant populations
	through multisectoral collaboration. Strengthening partnerships across

- ministries and stakeholders was identified as key to fostering inclusive policy development and comprehensive service delivery.
- Sustainable health financing mechanisms emerged as critical element to reduce barriers and expand access to essential services for migrants without overburdening local/national systems.
- Additionally, building culturally competent and inclusive healthcare services, including capacity-building for health workers and engaging migrant communities in health planning, was highlighted as crucial for enhancing trust and service utilization.
- Lastly, it was highlighted that the growing global trend of including migrant health within UHC and PHC frameworks, calling for sharing country practices to promote collaboration, peer learning, and equitable health outcomes.



The plenary session emphasized the need to adapt national health policies, strategies and plans to build resilient systems capable of integrating new opportunities, such as new technologies and digital health, implementing the essential public health functions and in the same time tackling new and emerging challenges such as ageing populations, antimicrobial resistance, or climate change, while managing emergencies. Opportunities such as digital technology, data, multi-sectoral collaboration, and pandemic-driven innovations were highlighted, though long-term resource mobilization remains a challenge. Integration across programs, services, and sectors must prioritize community needs over top-down policies. Digitalization was identified as crucial for Universal Health Coverage (UHC), requiring investments in governance, infrastructure, and local capacities. Cross-sector collaboration is also vital to address complex issues like climate change and non-communicable diseases.

Recommended actions include maintaining the flexibility of UHC-P funding to support health system strengthening and advocating for increased, sustainable and flexible donor funding that aligns with country needs and national policies. This will ensure that resources are used efficiently and effectively to address the health challenges identified and support the broader goals of achieving UHC. The session called for concerted efforts to adapt funding mechanisms and strategies to the evolving health landscape, ensuring that countries can meet their health system goals in a dynamic environment.

#### Similar to the key message of session 4, the approach for adapting national strategies to new opportunities and challenges is: "One Country, One Plan, One Budget, One M&E"

- A key lesson learned from the pandemic is that adapted national health strategies need to integrate the essential public health functions and make sure the objective of resilience is present in all its components
- Integrating innovation, new technologies and digitalisation is critical, but must be driven by the needs of people and communities, alongside top-down policies and planning. Integration needs to happen at different levels – programmatic, service delivery, across sectors, etc., and innovative solutions to increase resources to allow this integration are essential.
- Incorporating climate change related challenges into national planning is critically important, including the way health systems need to be greened, and the way health systems need to adapt to new or re-emerging diseases.
- AMR, ageing and the increasing demand for long term care need to be anticipated and integrated in adapted national health strategies and their followup.



- Alignment of all partners to adapted national health strategies is nowadays a must, not a choice anymore.
- WHO needs to support countries in adapting their national health strategies to **new opportunities and challenges** and in advocating among stakeholders to adhere with the approach of One Country, One Plan, One Budget and one M&E



#### 3. Day 3 - PROPEL

The third day aimed to propel the UHC agenda by ensuring that the UHC-P effectively contributes to the achievement of the GPW14 2025-2028 targets and that the necessary mechanisms are in place to effectively measure results, and that Member States, donors, partners and WHO at all levels reaffirm their commitment to support and accelerate the UHC agenda.

#### Session 9 Driving and accelerating UHC – Connecting Actions to Impact

This plenary session focused on identifying practical actions, insights, and innovations to accelerate progress towards Universal Health Coverage (UHC) in line with GPW 14, with an emphasis on strengthening health system performance and shaping the UHC Partnership's agenda for measurable results. Discussions explored how to contextualize the opportunities and challenges for advancing UHC, highlighting the need to measure and enhance health system performance. It also explored how UHC-P, WHO, and partners can better support countries to measure and improve their health systems' performance, ultimately accelerating progress toward achieving UHC.

Discussions emphasized the need to align external assistance, development partners' priorities, and measurement frameworks with country-specific policies, priorities, and monitoring and evaluation systems. Simplifying measurement frameworks, investing in digital infrastructure for data collection and analysis, and reducing the number of indicators while filling gaps in essential data are critical. Recommendations included strengthening health system performance assessment, which is a shared responsibility of governments, development partners, and donors. The UHC-P should invest more resources into supporting country-led performance assessment initiatives, and development partners must align with countries' unified plans to reduce fragmentation. Addressing data quality, availability, and analysis, especially for essential indicators, must be prioritized to ensure effective implementation.

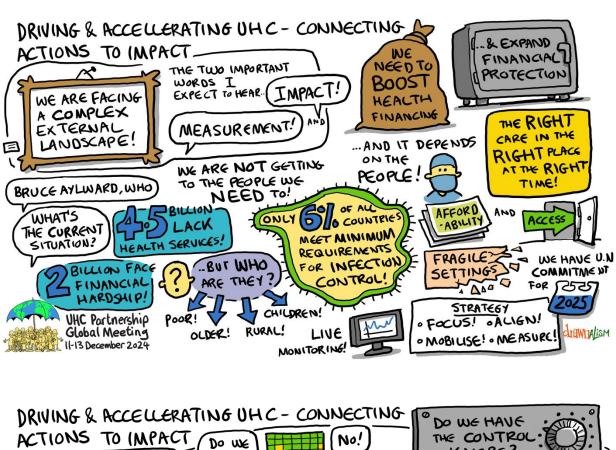
- Moving the needle on UHC will depend on effectively strengthening health system performance assessment. Getting health system performance assessment right is everyone's responsibility: the governments, development partners and donors.
- Measurement frameworks can and must be simplified. The proliferation of measurement frameworks overwhelms the (already limited) in-country capacities. We need fewer indicators while we need to close the gaps in the essential indicators.
- We must invest in digital infrastructure and digital solutions for data collection and data analysis (e.g. AI models).

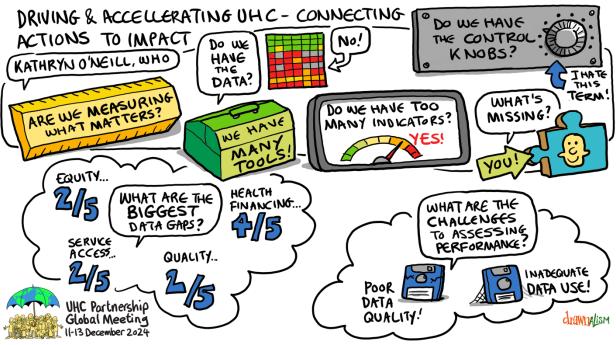


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- Capacities for data quality, availability and analyses must be strengthened as a key priority.
- Development partners' measurement frameworks need to align, in each country, with the national M&E framework.
- UHC-P needs to invest more time and resources in supporting country-led strengthening of health system performance assessment to drive improvements based on country priorities and needs.







#### Session 10 The shifts needed to accelerate progress towards UHC

This plenary session highlighted the importance of coordination, leadership, and alignment at all levels (UHC-P, Member States, donors, and partners) to effectively support countries in achieving UHC. Key points discussed include the need for stronger country-level work, with flexible funding and improved use of data being essential for success. Panellists highlighted the significance of aligning resources and policies, ensuring more predictable and impactful funding at the country level. The importance of flexible funding and empowerment was stressed, as was the need for better data and more collaboration between WHO and donors. The session also highlighted the WHO's role in policy alignment and technical input, along with the importance of building strong partnerships with financial institutions and ensuring sustainable funding from all donors.

The panellists also discussed the shifts needed at various levels to support UHC. For Member States, this includes strong leadership, political commitment, and a focus on Primary Health Care (PHC). WHO, through the transformation agenda, needs to continue prioritizing country focus and flexible funding. And WHO needs to sustain its health systems technical assistance, building on the Action Results Group strategy and recommendations of ensuring a core country presence in each country office, that includes the Health Policy Advisor for UHC. Global Health Initiatives (GHIs) must align with country policies and priorities. Donors are encouraged to provide more flexible funding that aligns with these priorities. The session concluded with a call for all stakeholders to collaborate effectively, ensuring resources are mobilized efficiently and that the commitment to UHC is reflected in the allocation of funds, policies, and actions. A unified approach is seen as crucial to achieving long-term sustainable health reforms.

#### 1. Member States

- **Leadership and Governance:** Strengthen leadership to guide health reforms and ensure political commitment, especially through investments in reorienting health systems towards primary health care.
- Strategic Planning: Update and adapt National Health Policies, Strategies and Plans as the backbone for reforms and alignment of all stakeholders, including external partners.
- Integration and Coordination: Enhance stewardship to bring stakeholders together under one national health plan and budget, and one M&E, prioritizing universal health coverage (UHC).
- **Resource Mobilization**: Increase domestic financing for health systems to reduce reliance on external funding.

#### 2. WHO

- Country Focus: Shift resources and capacities towards supporting Member
   States in the development, implementation and monitoring of their updated
   strategies, including national stakeholders platforms. To this end, the three
   levels of WHO need to be fully aligned in a "one WHO" support to countries on
   the UHC agenda.
- Sustainable Financing: Improve predictability and flexibility in funding, allowing
  for more efficient and tailored support at the country level, and demonstration
  of results through reporting mechanisms. In line with the Investment Round and
  the ARG CPCP strategy, this include the progressive funding of Health Policy
  Advisers with flexible funding, keeping the Voluntary Contributions for activities.
- Transformative Reforms: Implement WHO's transformation agenda, including better data use, decentralization, and the empowerment of country offices for enhanced impact.

#### 3. Donors

- **Flexibility:** Provide less earmarked and more flexible funding to allow countries and WHO to prioritize their needs effectively.
- **Predictability:** Commit to long-term, consistent funding to enhance sustainability and planning.
- Alignment: Work with multilateral organizations like WHO and the World Bank as well as with the boards of the Global Health Initiatives to align efforts and maximize impact on the basis of the "one plan, one budget, one monitoring and evaluation system" principle.

#### 4. Global Health Initiatives

- **Alignment:** Adhere to the "one country, one plan, one budget, one monitoring and evaluation system" approach to better align with country priorities and avoid fragmentation.
- **Integration:** Move away from siloed approaches and support comprehensive health systems strengthening.
- **Country-driven approach:** Focus on building capacity and health systems that meet national needs and priorities, rather than specific international agendas.



#### **Session 11 UHC Partnership Next Steps**

This plenary session aimed to discuss the next steps for the UHC-P. Progress towards UHC is promising but requires significant improvements are needed to realise its full potential. While resources and investments from global organisations and partners remain essential, additional mobilization and strengthened partnerships across the UHC landscape are needed to accelerate progress. Flexibility and a bottom-up approach have been instrumental in the successes of the UHC Partnership, but fragmentation and uneven implementation across countries remain critical challenges. Addressing these issues requires a common understanding of UHC at Member State level and improved coordination between WHO, partners, donors, and governments. Enhanced health system governance and financing based on a primary health care approach and the integration of climate change into UHC efforts can create a more holistic and sustainable way forward.

Fostering partnerships and communities of practice, particularly with non-traditional partners and EU representatives at country level, is essential to advance UHC. Organizations such as FCDO and the European Commission are reviewing their strategies to modernize partnerships and improve alignment with WHO initiatives, while GAVI is emphasizing the importance of country level integration. Improved data systems and evidence-based decision-making will increase the visibility and impact of the UHC Partnership at the country level, making results more demonstrable. Strengthening WHO's coordinating role and improving the presentation of results are critical for maintaining momentum. With a clear definition of UHC, better alignment and increased flexibility, the UHC Partnership can continue to drive impactful and context-sensitive progress towards universal health goals.

- The UHC-P needs to support Member States in the development/adaptation of robust national health policies, strategies and plans and their implementation and monitoring,
- The WHO technical assistance at all levels need to accompany this process by providing technical inputs in the different critical areas (e.g. workforce, financing, governance, service packages and models, quality, public health, resilience, alignment), new opportunities (e.g. technologies, digital health), and challenges (e.g. climate, AMR, Long Term Care, migrants, etc.)
- The donors and GHI need to support the funding of Members States strategies and align with Member States plans implementation and M&E frameworks; they also need to fund technical partners, in particular WHO, in a flexible way, recognizing that one size doesn't fit all and country specificities.
- WHO and the UHC-P need to improve the theory of change and demonstrating results, as well as the visibility of the actions for sustainable long term flexible financing of the UHC agenda.



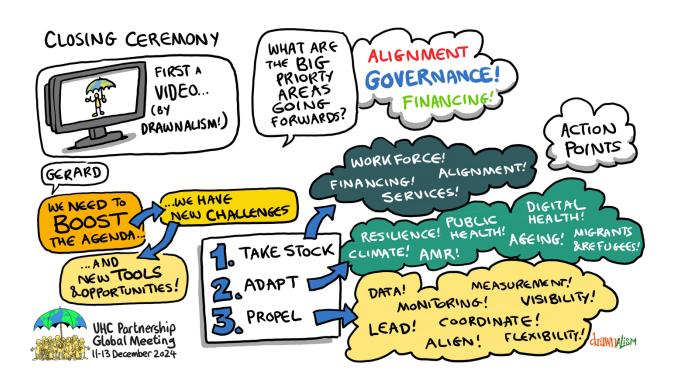


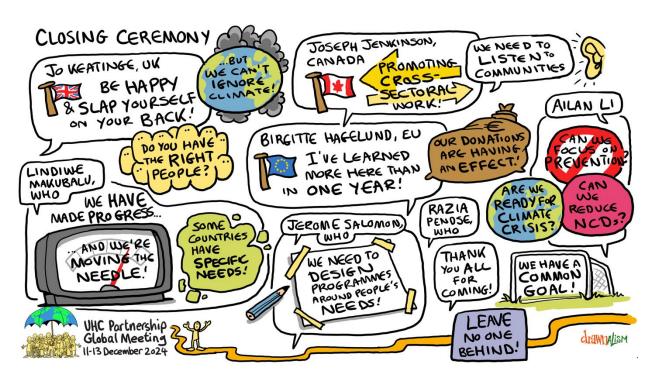
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#### **Session 12 Conclusions**

The UHC-P Global Meeting 2024 highlighted the importance of aligning priorities and actions across all levels to accelerate progress toward Universal Health Coverage (UHC). Key recommendations included boosting the agenda of GPW14 by incorporating new opportunities like digitalization and addressing emerging challenges such as climate change, aging populations, and migration. The discussion emphasized the need for better alignment between partners, countries, and WHO, as well as greater flexibility in funding and execution. Strengthening monitoring and evaluation, governance, and leadership are essential to achieving UHC, with a focus on one plan, one budget, and one monitoring and evaluation framework. The future of UHC-P will depend on effective coordination, improved visibility, and data-driven results.

Panellists from various regions and organizations stressed the significance of multisectoral action, political commitment, and the need for adaptation in the face of climate change and other global health trends. A shared focus on strengthening health systems, particularly through Primary Health Care, was seen as vital to reducing health inequities. Donors and partners were urged to better align their support with national strategies, emphasizing flexible funding and coordinated efforts. The closing remarks of the ADGs underscored the importance of robust, evidence-based national plans, as well as the need for improved data to measure the impact of UHC reforms, particularly in reaching the most vulnerable populations and ensuring equitable access to health services.







### **ANNEXES**

- Annex 1 Concept notes
- Annex 2 List of participants
- Annex 3 Agenda
- Annex 4 Session summary
- Annex 5 Presentations
- Annex 6 Slido responses



### **ANNEX 1 – CONCEPT NOTE**





Universal Health Coverage Partnership Global Meeting

> 11-13 December 2024 Lyon, France

## CONCEPT NOTE

## The Universal Health Coverage Partnership

The Universal Health Coverage Partnership (UHC-P) is the World Health Organization's (WHO) largest platform for international cooperation on UHC. With a presence in over 120 countries and an impact on the health and wellbeing of billions of lives, the UHC-P is dedicated to strengthening national capacities and processes for the development, implementation, monitoring and evaluation of health strategies and reforms towards fostering primary health care (PHC) oriented health systems.

The support provided is tailored to the national context, bottom-up, and flexible. It covers a wide range of thematic areas, including health systems governance, access to medicines and health products, health workforce, health financing, service delivery, health information, and health systems performance, preparedness, and resilience.

Additionally, the UHC-P has integrated support to national priorities on communicable and non-communicable diseases, and health security since 2019, to address the escalating demand on health systems. Looking ahead, while continuing to address these critical areas, the UHC-P will also tackle emerging issues, such as planetary health, environmental and climate change, antimicrobial resistance, and digital technologies in health.

## The 14th New WHO Global Health Strategy (GPW 14)

The overarching goal for the GPW14 is to promote, provide and protect health and well-being for all people, everywhere.

Inherent in this goal are the principles of equity in health service coverage and health systems resilience, both of which are fundamental for accelerating and sustaining progress towards the health-related Sustainable Development Goals (SDGs), and to future-proof health and care systems. It also reflects the transformative potential of a primary health care approach to strengthen essential health systems capacities as a foundational element, the drive to enhance country capacities for measurable impact and the key role of other, non-health sectors in creating health and well- being, particularly in addressing the determinants of health, the root causes of ill health and health inequities.

Achieving this overarching goal will require WHO to fully execute its catalytic, convening and coordinating roles in global health.

"This pivotal event aims to take stock of the progress, adapt to new opportunities and challenges and advance towards achieving universal health coverage."

### The UHC-P Global Meeting

To capitalize on its work to date and to agree on the way forward, the UHC-P is organizing its Global Meeting on 11-13 December 2024 in Lyon, France. The meeting will serve as a follow-up to last year's Workshop on the UHC-P in Astana.

This pivotal event aims to harness the global momentum generated by the GPW14 to reorient health systems towards a PHC approach, achieving UHC and health security. Bringing together participants from all the countries supported by the UHC Partnership, key development partners and agencies.

The Global Meeting will serve as an important forum to chart a clear path forward based on lessons learned to date, best practices for effective interventions and innovations, and persistent challenges and bottlenecks. It will also provide networking opportunities for all stakeholders. Guided by the GPW14, these discussions will be crucial in shaping the UHC-P agenda for the coming years with a particular emphasis on the need to demonstrate results based on a theory of change.

### **General information**

**Date:** 11-13 December 2024

Place: Lyon

Venue: Centre de Congrès

**Participants:** Member States representatives; Donors' representatives; Technical partners; WHO

**Additional event:** UHC Day celebration (12 December)

### **Objectives**

- **1 To take stock** of progress and challenges faced by countries in achieving UHC, and to draw lessons for refocusing UHC-P work plans. (Where are we?).
- **2 To agree** on priority areas and adapt the working methods to make UHC-P more effective in supporting countries to reorient their health systems towards PHC (How can we move forward?).
- **3 To recommend** actions and propel to ensure that the UHC-P contributes effectively to the achievement of the GPW14 2025-2028 targets, using its well-established accountability mechanisms such as the live monitoring, the annual report, the multi-donor coordination committee and the communication strategy. (Where do we go?).

### **Expected outcomes**

- **1 Assess:** Participants reach a shared understanding of the key issues and priorities for reorienting health systems towards a PHC approach. This will inform future UHC Partnership work plans.
- **2 Transform:** A common agenda for the UHC-P within the GPW14 framework is defined and country work plans are adapted accordingly.
- **3 Institutionalize:** The UHC-P policy advisors group and the accountability mechanisms are leveraged as WHO assets to advance the UHC agenda.
- **4 Energize:** The global network of dedicated supporters for UHC is reinvigorated and expanded.
- **5 Demonstrate:** The global dimension of the UHC-P and its results from over 125 countries are showcased to illustrate the impact of WHO technical assistance and attract partners.



### **ANNEX 2 – LIST OF PARTICIPANTS**



# UNIVERSAL HEALTH COVERAGE PARTNERSHIP GLOBAL MEETING

11-13 December 2024



Centre de Congrès Lyon, France December 2024

### **Provisional List of Participants**

(Version-2, 10 December 2024)

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**ANNEX 3 – AGENDA** 



### **LOGISTICS**

### DATE:

December 11-13, 2024

### TIME:

09:00-17:30

### **VENUE:**

Centre de Congrès de Lyon, 50 quai Charles de Gaulle, Lyon, France

### **THEMES**







**PROPEL** 

### **Meeting Overview**

The Universal Health Coverage Partnership (UHC-P) Global Meeting, hosted by the World Health Organization (WHO) will focus on advancing the 14th General Programme of Work (GPW14), which aims to improve global health and wellbeing. The meeting's primary objectives are to assess progress toward Universal Health Coverage (UHC), define priority areas for future efforts, and ensure the UHC-P effectively contributes to the GPW14 targets. The meeting will bring together stakeholders from various countries and development partners to discuss best practices, challenges, and innovations in the pursuit of UHC.

### **MATERIALS**





TAKE STOCK -	- WEDNESDAY 11 [	DECEMBER 2024	
08:00 - 0G:00	Registration		
0G:00 - 10:30	Plenary: The UHC Partnership and WHO's new Global Health Strategy 2025-2028 (GPW14)		
10:30 - 11:00	Break		
11:00 – 12:30	<b>Plenary</b> : UHC Partnership achievements and expectations—Interactive session		
12:30 - 14:00	Lunch		
	Salle Bellecour 1 (Registration level)	How to increase health and care workforce investments with financing constraints	
	Salle Bellecour 2 (Registration level)	Attraction and retention of health and care workers	
	Salle Bellecour 3	Optimization and evolution of <b>multidisciplinary</b>	
	(Registration level)	teams in PHC to meet current and future needs	
14:00 – 15:30 Parallel Sessions	Salle Tête d'Or 1 (Level 1)	Enhancing <b>financing accountability</b> through better aid alignment	
	Salle Tête d'Or 2 (Level 1)	What can be done to improve <b>financial protection</b> in health?	
	Salle Gratte Ciel 1 (Level 2)	A systems approach to delivering quality care and patient safety: Challenges, lessons, and opportunities ahead	
	Salle Gratte Ciel 2 (Level 2)	Reorienting <b>Models of Care</b> towards PHC	
	Salle Gratte Ciel 3 (Level 2)	<b>Donors and partners</b> alignment for integrated service delivery	
15:30 - 16:00	Break		
	Plenary: National strategies to reorient health systems towards primary		
16:00 – 17:30	health care		
17:30 – 1G:30	UHC Partnership cock	tail event	



ADAPT - THU	RSDAY 12 DECEMBE	ER 2024		
07:30-08:30	Universal Health Cove	erage Day celebration		
0G:00 -10:30	Plenary: Building resili	Plenary: Building resilient health systems		
10:30 -11:00	Break			
11:00 –11:40 Marketplace	Salle Bellecour 1 (Registration level)	Design of implementable UHC service packages, based on integrated models of care		
	Salle Bellecour 2 (Registration level)	How Health programmes can contribute to social cohesion and peace?		
	Salle Bellecour 3 (Registration level)	Delivery in Action: Enabling country-driven impact		
	Salle Tête d'Or 1	Strengthening <b>Social Participation</b> in Health: Experiences from Central Asia		
	(Level 1) Salle Tête d'Or 2 (Level 1)	Harnessing Data and Dialogue with a <b>Health Labour</b> Market Approach for Smarter Health Workforce Policies and Investment Decisions		
	Salon Tête d'Or (Level 1)	Moving on mental health		
	Salle Gratte Ciel 1 (Level 2)	Gavi, the Vaccine Alliance's Health Systems Strategy		
	Salle Gratte Ciel 2	Improving procurement efficiency for medicines and		
	(Level 2)	health products: A country experience		
	Salle Gratte Ciel 3 (Level 2)	Strengthening <b>PHC Leadership</b>		
	Salon Gratte Ciel	Health Equity in Action		
		Room Switch		
11:50 – 12:30 Marketplace	Salle Bellecour 1 (Registration level)	Advancing Universal Health Coverage through rehabilitation: Country experiences in health system strengthening		
	Salle Bellecour 2 (Registration level)	Critical role of PHC in addressing AMR: Entry points for action		
	Salle Bellecour 3 (Registration level)	Demonstration of results: The case of Timor Leste		
	Salle Tête d'Or 1 (Level 1)	Advancing UHC through effective governance of the private sector in mixed health systems		
	Salle Tête d'Or 2 (Level 1)	Strengthening workforce capacity to deliver the Essential Public Health Functions (EPHFs)		
	Salon Tête d'Or (Level 1)	Moving on mental health		
	Salle Gratte Ciel 1 (Level 2)	Lusaka Agenda: What it is and how to operationalize it?		
	Salle Gratte Ciel 2	Defragmenting health financing for strategic purchasing		
	(Level 2) Salle Gratte Ciel 3	<ul> <li>lessons from reforms in Mongolia and Morocco</li> <li>Integrating IPC into programs for Universal health</li> </ul>		
	(Level 2)	coverage		
12:30 -14:00	Lunch C Universal Hea	alth Coverage Daycelebration		



	T		
14:00 –15:30	Salle Bellecour 1	Digital health: Harnessing appropriate technology	
Parallel sessions	(Registration level)	to strengthen UHC Goals	
	Salle Bellecour 2	Leveraging impact of health security preparedness	
	(Registration level)	for universal health coverage	
	Salle Bellecour 3	Achieving UHC in vulnerable and conflict settings:	
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	Calla Tâta di On 1 / Laval	Why climate resilience and environmental health	
	Salle Tête d'Or 1 (Level	are essential for universal health coverage: lessons in	
	1)	prevention, sustainability, and action	
	Salle Tête d'Or 2	Reorienting Small-Island Developing States' health	
	(Level 1)	systems towards <b>PHC</b> : challenges and solutions	
	Salle Gratte Ciel 1	Primary health care reforms to address	
	(Level 2)	noncommunicable diseases	
	Salle Gratte Ciel 2 (Level 2)	Strengthen care systems to provide continuum of	
		integrated care for older people including long-term	
		care and foster healthy ageing	
	Salle Gratte Ciel 3	New opportunities and challenges: refugee and	
	(Level 2)	migrant health	
15:30 -16:00	Break		
16:00 -17:30	Plenary: Adapting nationa	ll strategies to new opportunities andchallenges	
18:00 -18:30	Universal Health Coverage Day celebration		

PROPEL- FRIDAY 13 DECEMBER 2024		
0G:00 -10:30	Plenary: Driving and Accelerating UHC – Connecting action toimpact	
10:30 -11:00	Break	
11:00 -12:30	Plenary: The shifts needed to accelerate progress towards UHC	
12:30 -14:00	Lunch	
14:00 -15:30	Plenary: UHC Partnership: Nextsteps	
15:30 -16:00	Break	
16:00 -17:30	Closing ceremony	



### **ANNEX 4 – SESSION SUMMARIES**





Universal Health Coverage Partnership Global Meeting

> 11-13 December 2024 Lyon, France

# SESSION SUMMARIES



### Universal Health Coverage Partnership Global Meeting 11-13 December 2024 Lyon, France

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### Session 1, Wednesday 11 December 2024; 09:00 – 10:30 in Forum 6

Plenary: UHC Partnership and the Global Health Strategy 2025-2028 (GPW14)

Session Coordinator: Denis Porignon

Session Moderator: Natasha Azzopardi-Muscat & Awad Mataria

Rapporteurs: Redda Seifeldin & Kira Koch

#### **Session summary:**

This session aims to understand the current status of Universal Health Coverage (UHC) and the UHC Partnership (UHC-P) while capturing the views and expectations of WHO, partners, and countries on both. It seeks to foster a global agreement on the concerning state of UHC and the need for a "reset," supported by GPW14.

#### **Speakers & Interventions:**

#### Opening remarks:

- o Tedros Adhanom Ghebreyesus, Director-General, World Health Organization
- Martin Seychell, Deputy Director-General, Directorate-General for International Partnerships, European Commission

#### Member States

- o Jerome Walcott, Minister of Health and Wellness, Barbados
- Carla Paredes, Minister of Health, Honduras
- Elias Kapavore, Minister of Health, Papua New Guinea
- Ghafur Muhsinzoda, Deputy Minister of Health and Social Protection of the Population,
   Republic of Tajikistan

#### Donors

- Birgitte Hagelund Head of Section, Health INTPA, European Commission
- o Amelie Schmitt, Advisor (Health), Permanent Mission of France to the UN at Geneva
- Clarisse Geier, Secrétaire de Légation, Ministère des Affaires étrangères et européennes, de la Défense, de la Coopération et du Commerce extérieur, Luxembourg
- Sharif Egal, Senior Policy Officer Global Health & SRHR, Ministry of Foreign Affairs,
   Netherlands
- Jo Keatinge, Health Advisor for Health Systems Strengthening, Foreign, Commonwealth & Development Office, UK

#### **Partners**

- o Alex de Jonquieres, Director, Health System Strengthening, **Gavi, the Vaccine Alliance**
- o Olga Bornemisza, Senior Specialist, Health Systems Strengthening, Global Fund

#### WHO

o Bruce Aylward, Assistant Director-General, Universal Health Coverage/ Life-Course, WHO



### Session 2, Wednesday 11 December 2024; 11:00 – 12:30 in Forum 6

Plenary: UHC Partnership achievements and expectations – interactive participatory session

Session Coordinator: Denis Porignon

Session Moderator: Lluis Vinals Tores & Olga Bornemisza Rapporteur: Jeremy Cheong Chi Mo & Briana Rivas-Morello

#### **Session summary:**

This session explores the progress of the UHC Partnership (UHC-P), focusing on achievements since its inception in 2011, the outcomes of Phase 4, and the anticipated directions for Phase 5 (2025 onwards). Participants will also engage in interactive discussions to shape the future trajectory of UHC-P.

- Ghafur Muhsinzoda, Deputy Minister of Health and Social Protection of the Population,
   Republic of Tajikistan
- o Ilker Dastan, Health Policy Advisor, WHO Country Office, **Tajikistan**
- o Gerard Schmets, Deputy Director, Special Programme for Primary Health Care, WHO/HQ



### Session 3, Wednesday 11 December 2024; 14:00 - 15:30

Parallel Sessions: Reorienting health systems towards primary health care from a workforce, financing, and service delivery lens, including alignment issues

Rooms (Level)	Торіс	
Salle Bellecour 1	How to increase health and care workforce investments with financing	
(Registration level)	constraints	
Salle Bellecour 2	Attraction and retention of health and care workers	
(Registration level)		
Salle Bellecour 3	Optimization and evolution of multidisciplinary teams in PHC to meet	
(Registration level)	current and future needs	
Salle Tête d'Or 1	Enhancing financing accountability through better aid alignment	
(Level 1)		
Salle Tête d'Or 2	What can be done to improve financial protection in health?	
(Level 1)		
Salle Gratte Ciel 1	A systems approach to delivering quality care and patient safety:	
(Level 2)	Challenges, lessons, and opportunities ahead	
Salle Gratte Ciel 2	Reorienting Models of Care towards PHC	
(Level 2)		
Salle Gratte Ciel 3	Donors and partners alignment for integrated service delivery: Why it	
(Level 2)	matters, how was it managed?	

#### **WORKFORCE**

# <u>Salle Bellecour 1: How to increase health and care workforce investments with financing constraints</u>

Session Coordinators: Pascal Zurn & Hélène Barroy Session Moderators: Pascal Zurn & James Fitzgerald

Rapporteur: Juana Paola Bustamante

#### **Session summary:**

Countries worldwide are facing workforce challenges that hinder progress on UHC and health security. The health workforce shortage is projected to reach over 11 million by 2030, particularly in low-and lower-middle income countries. The WHO Health Workforce Support and Safeguards List 2023 identifies 55 countries that are furthest behind on UHC. Paradoxically, many of those countries are also facing high-levels of unemployment among new graduate nurses and physicians notably due to budget constraints and rigid civil service regulation. Addressing health workforce challenges necessitates substantial financial investments that the macro-fiscal context, which is marked by uneven recovery growth rates and budgetary constraints, is unlikely to be able to support. Specifically, low-and-middle income countries face a drop in economic growth from 4.2 percent in 2023 to a projected 4.0 percent in 2024 and 2025 (IMF, 2024). After recovering in 2021–22, the revenue-to-GDP ratios in low-income countries have remained stagnant. Debt, which declined in



2021-22, has started to increase again and remain above pre-pandemic levels; half of low-income countries is at risk of debt distress in 2024. Against this backdrop, it is fundamental to bring clarity on the critical linkage between health workforce spending and macro-fiscal factors to improve the dialogue between health and finance stakeholders and inform future funding allocation decisions.

#### **Speakers & Interventions:**

- o Ngoy Nsenga, WHO Representative to the **Central African Republic**
- o Ertenisa Hamilton, Director, Family Health Care Services, Guyana
- o Bounserth Keoprasith, Director-General, Ministry of Health Laos PDR
- Abdullahi Nour Omar Guraash, Head, Health Governance and Stewardship Unit, Ministry of Health and Human Services, Federal Republic of Somalia
- o Asela Gunawardena, Director General of Health Services, Ministry of Health, Sri Lanka
- Ghafur Muhsinzoda, Deputy Minister, Health and Social Protection of the Population,
   Republic of Tajikistan
- Abigail Kangwende, Deputy Chair, Health Services Commission, Ministry of Health,
   Zimbabwe
- James Asamani, Team Lead, Health Workforce, WHO/AFRO
- o Hélène Barroy, Senior Public Finance Expert, WHO/HQ
- o Jim Campbell, Director, Health Workforce Department, WHO/HQ

#### Salle Bellecour 2: Attraction and retention of health and care workers

Session Coordinator: Tomas Zapata & Rania Kawar

Session Moderator: Tomas Zapata

Rapporteur: Paul Marsden

#### **Session summary:**

Attracting health workers to rural and remote areas is a complex and multifaceted policy dilemma, which requires implementing a bundle of interventions in an integrated manner to address inadequate supply of health workers to meet the health needs of these populations. Issues pertaining to working and living conditions, career progression and continuing education opportunities, and remuneration constitute barriers to building and sustaining an effective health and care workforce. In many settings, these challenges are further compounded by demographic shifts, such as an aging population, and a workforce nearing retirement age. Persistent underinvestment in workforce sustainability has led to low replacement rates and left many health systems in crisis. International recruitment of health workers, particularly from low resource to high resource settings has partially mitigated the low domestic output in health professions education.

- o Md Saiful Islam, Deputy Secretary, Ministry of Health, Bangladesh
- o Marbel Magaña, Director del Primer Nivel de Atencion, El Salvador
- o Patrick Wheatle, Regional Technical Director, Ministry of Health, Jamaica
- o Jamela Al-Raiby, WHO Representative to Jordan
- Vlad-alexandru Mixich, Advisor on Health Policy, WHO Country Office, Republic of Moldova
- Representative from the Philippines
- o Gulin Gedik, Coordinator, Health Workforce, WHO/EMRO



# Salle Bellecour 3: Optimization and evolution of multidisciplinary teams in PHC to meet current and future needs

Session Coordinator: Ibadat Dhillon & Rania Kawar Session Moderators: Ibadat Dhillon & Benjamin Puertas

Rapporteur: Rania Kawar

#### Session summary:

Aligning education and competencies with the needs of the health system is critical to ensuring that the workforce is equipped to meet both current and future demands, and to detect and respond to emerging health issues. Competency-based education, which integrates team-based care principles, along with continuing professional development, is essential for primary care teams to address both local and emerging health challenges. The rising demand for chronic and long-term care calls for greater integration between the health and social care sectors, along-side improved coordination with specialists. Digital health innovations, including telemedicine, are transforming services in primary health care settings, enhancing access to services and facilitating remote consultations. Expanding roles within primary care teams, such as the inclusion of community pharmacists or advanced nurse practice, has proven effective in reducing the workload pressures and improve access to services. It is important to understand the profile of the health and care workforce to plan and organize the workforce. Effective governance at national and subnational levels is critical for assuring both their support and accountability, and ensuring the delivery of quality care. This includes, policies that support flexible team structures adaptable to local health needs, combined with robust accountability and performance monitoring mechanisms.

#### **Speakers & Interventions:**

- Mahamadi Tassembedo, Director, Promotion and Education, Ministry of Health, Burkina
   Faso
- Alison Morales, Chief Integration and Development Ministry of Health, Chile
- o Syed Jaffar Hussain, WHO Representative to the Islamic Republic of Iran
- o Jenny Stephens, Director Public Health, Ministry of Health, Vanuatu
- o Melitta Jakab, Head of Office, WHO European Centre for Primary Health Care, WHO/EURO
- o Giorgio Cometto, Unit Head, Health Workforce Policies and Standards, WHO/HQ

#### **FINANCING**

#### Salle Tête d'Or 1: Enhancing financing accountability through better aid alignment

Session Coordinators: Hélène Barroy & Susan Sparkes

Session Moderator: Awad Mataria Rapporteur: Susan Sparkes

#### **Session summary:**

This session will delve into the critical role of financing within the aid alignment agenda. It will provide a comprehensive overview of how financing arrangements and processes are integral to aligning aid with national health priorities and systems. Participants will gain valuable insights into opportunities



and challenges related to the use of domestic public financial management (PFM) systems by donors. Domestic system requirements, as well as potential reforms to donor financing mechanisms will be featured. It will also discuss approaches for tracking progress of alignment at country-level. Country experiences will highlight work around cross-programmatic inefficiencies and PFM bottlenecks as a constraint to aid effectiveness.

#### **Speakers & Interventions:**

- o Representative from Ecuador
- Dipendra Raman Singh, Additional Health Secretary, Ministry of Health and Population,
   Nepal
- o Soofiya Younus, Deputy Director General, Ministry of Health, Pakistan
- o Charles Olaro, Director, Health Services Curative, Ministry of Health, Uganda
- o Awad Mataria, Director, Universal Health Coverage/ Health Systems, WHO/EMRO
- o Kalipso Chalkidou, Director of Health Financing and Economics, WHO/HQ
- Susan Sparkes, Health Financing Technical Officer, WHO/HQ

#### Salle Tête d'Or 2: What can be done to improve financial protection in health?

Session Coordinator: Matthew Jowett & Gabriela Flores

Session Moderator: Ogo Chukwujekwu

Rapporteur: Fahdi Dkhimi

#### **Session summary:**

This session will delve into the significant challenge of bringing the world back on target to meet SDG 3.8.2 by 2030; poor financial protection is the major issue holding back progress on UHC. A detailed picture of the scale of this challenge, and the main underlying drivers, had been made available through numerous UHC Global Monitoring Reports (WHO and World Bank). The issue of out-of-pocket spending on medicines as the dominant component of household spending on health for the general population is a common feature in most regions globally; new work to investigate the complex underlying factors for this trend will be discussed.

- Julio Sabido, Chief Executive Officer, Ministry of Health & Wellness, Belize
- Mai Farid, Chief Executive Officer, Universal Health Insurance Authority, Egypt
- Ketevan Goginashvili, Chief Specialist, Health Policy Division, Ministry of Labour, Health and Social Affairs, **Georgia**
- Muhammad Asmi Syabil Bin Ahmad Sukri, Chief Assistant Director, Planning Division, Ministry of Health, Malaysia
- Chatura Wijesundara, Ag. Team Lead (Health System), WHO Country Office, Sri Lanka
- Nicholas Crisp, Deputy Director General, National Department of Health, South Africa
- Lluis Vinyals, Director, Division of Health Systems and Services, WHO/WPRO



#### SERVICE DELIVERY

# <u>Salle Gratte-Ciel 1: A systems approach to delivering quality care and patient safety:</u> <u>Challenges, lessons, and opportunities ahead</u>

Session Coordinators: Blerta Maliqi, Ernesto Bascolo, Sepideh Bagheri Nejad

Session Moderator: Gina Tambini Rapporteur: Sepideh Bagheri Nejad

#### **Session summary:**

Achieving UHC requires ensuring that all individuals and communities can access high-quality healthcare without financial hardship. While coverage is improving, quality remains a significant challenge. Poor-quality care accounts for over 5 million avoidable deaths annually—more than the 3.6 million deaths due to lack of access. Additionally, unsafe care incurs significant financial costs, amounting to over \$1 trillion globally each year. WHO is actively supporting countries in developing and implementing QOC and patient safety policies, including the Global Patient Safety Action Plan (GPSAP) 2021–2030. Recognizing the varying levels of health system development, a "quality of care maturity model" can help countries tailor evidence-based strategies to their specific contexts. Emphasizing the need for high-level commitment, the session will explore setting and monitoring QOC and patient safety targets, alongside securing the infrastructure, workforce, and funding necessary to implement sustainable national strategies and action plans.

#### **Speakers & Interventions:**

- o Gina Tambini, Head of WHO Country Office, Colombia
- Bejoy Nambiar, Coordinator, Strategic Health Policy & Planning, WHO Country Office,
   Ethiopia
- Miljana Grbic, WHO Representative and Head of Country Office to the Republic of Moldova
- o Theopista Kabuteni John, HSS Team Lead, WHO Country Office, Rwanda
- o Howard Sobel, WHO Representative to the **Solomon Islands**
- o Pierre Kariyo, Technical Officer, Patient Safety, WHO/AFRO
- o Mondher Letaief, Regional Advisor, Health Systems Development, WHO/EMRO

# Salle Gratte-Ciel 2: Reorienting Models of Care (MoC) to meeting changing health needs

Session Coordinators: Teri Reynolds, James Fitzgerald Session Moderators: Teri Reynolds and Ernesto Bascolo

#### **Session summary:**

Reorienting models of care toward primary health care (PHC) is essential to address the global burden of noncommunicable diseases (NCDs) and the needs of ageing populations. PHC offers an inclusive, equitable, and cost-effective framework for delivering person-centred, integrated services. However, NCDs cause 74% of global deaths annually, with most premature deaths occurring in low- and middle-income countries, while ageing populations face significant gaps in spdiintegration of health and social care services, ensuring accessibility and affordability for all. This session will explore how countries are adopting PHC-oriented care models to enhance prevention



and treatment of NCDs and support healthy aging, with a focus on practical examples and lessons learned.

#### **Speakers & Interventions:**

- o Cristobal Cuadrado, Health System Advisor, PAHO/WHO Country Office, Argentina
- Innocent Bright Nuwagira, WHO Representative and Head of Country Office to Sierra Leone
- Uktam Ismailov, Head of Science, Education and Innovations Department, Ministry of Health Uzbekistan
- Silviu Domente, WHO Representative to Georgia
- Ezechiel Bisalinkumi, Team Lead Health Systems Governance, WHO Country Office,
   Yemen
- Chatura Wijesundara, Health Economics and Systems Analysis, WHO Country Office Sri Lanka
- Shogo Kubota, Coordinator Health Systems and Services Division WHO/WPRO

#### Salle Gratte-Ciel 3: Donors and partners alignment for integrated service delivery

Session Coordinators: Ann-Lise Guisset & Ernesto Bascolo

Session Moderator: Renee Van de Weerdt & Cristian Morales Fuhrimann

Rapporteur: Ann-Lise Guisset

This session will focus on the critical role of integrated service delivery within a primary health care (PHC) approach to achieving universal health coverage (UHC). Participants will reflect on lessons from low-income countries, exploring how political agendas for integrated services have been advanced with donor and partner support. Key discussions will include addressing systemic bottlenecks caused by disease-specific funding silos, the evolution of partner roles in strengthening integrated delivery, and how alignment of external aid with national priorities can enhance PHC-based systems. Anchored in the Lusaka Agenda, the session will spotlight opportunities to bolster sustainable, people-centred health systems through coherence among global health initiatives and stronger primary care platforms.

#### **Speakers & Interventions:**

#### Part 1 - Discussants

- o Renee Van de Weerdt, WHO Representative to the Federal Republic of Somalia
- Adanmavokin Justin Sossou, Team Lead Universal Health Coverage and Life Course,
   Burundi
- Colette Selman, Director Core countries, GAVI

#### Part 2: Country experience panel:

- o Boureima Hama Sambo, WHO Representative to the **Democratic Republic of the Congo**
- o Carla Paredes, Minister of Health, Honduras
- Roderick Salenga, Health Policy Advisor, Team lead Health Systems, WHO Country Office, Indonesia
- o Elias Kapavore, Minister of Health, Papua New Guinea

### Session 4, Wednesday 11 December 2024; 16:00- 17:30 in Forum 6

Plenary: National strategies to reorient health systems towards PHC – Interactive plenary session

Session Coordinator: Denis Porignon

Session Moderator: Kasonde Mwinga & Matthias Reinicke

Rapporteur: Yu Zhang & Zhamin Yelgezekova

#### **Session summary:**

This session aims to discuss how to integrate the key bottlenecks identified in Session 3 and ways to address them into "reset" national health strategies. It will emphasize the importance of a robust, ongoing planning process in countries to guide stakeholders in effectively implementing, or supporting the implementation of, the national health policy and its priorities.

#### **Speakers & Interventions:**

#### Member States

- Mesfin Kedebe, Director of Planning, Ministry of Health, Ethiopia
- o Rima Dmayanti, Head of PHC Integration Working Group, Indonesia
- Bek Nogoibaev, Head Strategic Planning, Ministry of Health, Kyrgyzstan

#### **Donors**

- o Tim Roosen, Ministry of Foreign Affairs and International Development Cooperation,
- Jo Keatinge, Health Advisor for Health Systems Strengthening, Foreign, Commonwealth & Development Office, UK

#### **Partners**

Alex de Jonquieres, Director, Health System Strengthening, Gavi, the Vaccine Alliance

#### WHO

- o Amalia Del Riego, PAHO/WHO Representative to Barbados and Eastern Caribbean Countries,
- o Jim Campbell, Director, Health Workforce Department, WHO/HQ
- Juliet Bataringaya, WHO Representative to Botswana
- o Kalipso Chalkidou, Director, Health Systems Financing and Economics, WHO/HQ
- o Marjolaine Nicod, Coordinator, UHC2030 Secretariat
- o Rudi Eggers, Director, Integrated Health Services, WHO/HQ

### **UHC-P Cocktail, Wednesday 11 December 2024; 18:00 – 22:00**

Informal Gathering





# WPRO and SEARO: Celebrate bold actions towards UHC Reform in the Asia-Pacific Region on UHC Day; 7:30-8:30 Plenary room in Forum 6

Livestreamed: https://youtube.com/live/7oPyNZnrE\_Q?feature=share.



#### **Session summary:**

Insightful webinar jointly hosted by WHO, ADB, World Bank, UNICEF, and UNFPA focusing on actionable steps toward achieving sustainable Universal Health Coverage (UHC). This virtual and in-person event will spotlight key challenges and successes in advancing UHC in the Asia-Pacific, a region where 60% of the world's population resides.

- o Insights from representatives from Fiji, Indonesia, the Philippines, and Sri Lanka on the practical actions their countries are implementing to advance UHC reforms.
- Perspectives from leading organizations, including ADB, World Bank, UNICEF, and UNFPA, on the support available to countries navigating UHC reforms.
- Experiences and reflections from participants of the UHC Partnership Global Meeting.

#### **Speakers and interventions:**

- o Representatives from Fiji, Indonesia, the Philippines, and Sri Lanka
- Representatives from Asian Development Bank, World Bank, UNICEF and UNFPA

### Session 5, Thursday 12 December 2024; 09:00-10:30 in Forum 6

**Plenary: Building Resilient Health Systems** 

Session Coordinator: Sohel Saikat

Session Moderators: Jim Campbell & Tim Roosen

Rapporteur: Redda Seifeldin & Yu Zhang

#### **Session summary:**

This session brings together key stakeholders to discuss public health challenges way forward in advancing national to global policies, plans, investments, and practices, and for building health system resilience with the essential public health functions and a PHC approach. It will explore the co-benefits of resilience and EPHFs in strengthening health systems foundations while addressing emerging threats such as, climate change, ageing & long-term care, migrants. The session will also highlight WHO's work focusing on building health systems resilience and draw country-level experiences across WHO regions.

- o Awad Mataria, Director, Universal Health Coverage/ Health Systems, WHO/EMRO
- James Fitzgerald, Director, Health Systems and Services, PAHO/WHO/AMRO
- Kasonde Mwinga, Director, Universal Health Coverage, Life Course Cluster, WHO/AFRO
- Lluis Vinals Torres, Director, Health Systems and Services, WHO/WPRO
- o Manoj Jhalani, Director, Health Systems Development, WHO/SEARO
- Natasha Azzopardi Muscat, Director, Country Health Policies and Systems, WHO/EURO



- o Alma Morales, Head of WHO Country Office, Bolivia
- o Osborne Liko, Secretary for health, Papua New Guinea
- o Harriet Akello Pasquale, Under Secretary, Ministry of Health, **South Sudan**
- o Jarno Habicht, WHO Representative and Head of Country Office to **Ukraine**
- o Representative from **Somalia**

### Session 6, Thursday 12 December 2024; 11:00-12:30

#### **Marketplace Sessions**

Rooms	11:00-11:40	11:50-12:30
Salle Bellecour 1 (Registration level)	Design of implementable UHC service packages, based on integrated models of care	Advancing Universal Health Coverage through rehabilitation: Country experiences in health system strengthening
Salle Bellecour 2 (Registration level)	How Health programmes can contribute to social cohesion and peace?	Critical role of PHC in addressing AMR: Entry points for action
Salle Bellecour 3 (Registration level)	Delivery in Action: Enabling country-driven impact	Demonstration of results: The case of Timor Leste
Salle Tête d'Or 1 (Level 1)	Strengthening Social Participation in Health: Experiences from Central Asia	Advancing UHC through effective governance of the private sector in mixed health systems
Salle Tête d'Or 2 (Level 1)	Harnessing Data and Dialogue with a Health Labour Market Approach for Smarter Health Workforce Policies and Investment Decisions	Strengthening workforce capacity to deliver the Essential Public Health Functions (EPHFs)
Salon Tête d'Or (Level 1)	Moving on mental health	Moving on mental health
Salle Gratte Ciel 1 (Level 2)	Gavi, the Vaccine Alliance's Health Systems Strategy	Lusaka Agenda: What it is and how to operationalize it?
Salle Gratte Ciel 2 (Level 2)	Improving procurement efficiency for medicines and health products: A country experience	Defragmenting health financing for strategic purchasing – lessons from reforms in Mongolia and Morocco
Salle Gratte Ciel 3 (Level 2)	Strengthening PHC Leadership	Integrating IPC into programs for Universal health coverage
Salon Gratte Ciel	Health Equity in Action	

#### Marketplace 11:00 - 11:40

## Salle Bellecour 1: Design of implementable UHC service packages, based on integrated models of care: SPDI tool (11:00 – 11:40)

Session Coordinators: Teri Reynolds & John Fogarty

Session Moderator: John Fogarty

#### **Session summary:**

WHO's UHC Service Planning, Delivery and Implementation (SPDI) Platform is supporting countries to develop and implement well-designed health service packages - a key mechanism for hitting the SDG targets on UHC. By facilitating a structured assessment of current service delivery, the platform also can help reorient local models of care towards a primary health care (PHC) approach. SPDI allows countries to quickly create context-relevant UHC packages, as well as shift services to respond to emergencies. This session will explore how countries have used WHO's SPDI Platform to design and implement packages of services for UHC. These resources can be applied to advance UHC, support humanitarian response and implement programme specific services.

#### **Speakers & Interventions:**

- o Rajesh Narwal, Deputy Head of WHO Country Office, Bangladesh
- o Sangay Wangmo, Team Lead, Health System WHO Country Office, Bangladesh
- Mohammed Al-Emad, Technical Officer-Universal Health Coverage, WHO Country Office, Jordan
- Amanda Shriwise, Health Policy Adviser, WHO Country Office, Kyrgyzstan
- o Gulin Gedik, Coordinator, Health Workforce, WHO/EMRO

## Salle Bellecour 2: How Health programmes can contribute to social cohesion and peace? (11:00 – 11:40)

Session Coordinator & Moderator: Mathilde Boddaert

#### **Session summary:**

This session will introduce WHO's Global Health and Peace Initiative (GHPI) and highlight how it translates into practice through country-level programs that integrate health and peace outcomes. Participants will learn how WHO and the health sector contribute to peace by designing interventions sensitive to conflict dynamics, promoting social cohesion, dialogue, and resilience to violence. Examples from WHO Country Offices will showcase diverse entry points, from policy to community levels, to effectively link health and peace in different contexts. The session aims to raise awareness and provide practical insights into implementing 'Health and Peace' programming and its added value.

- o Marie Chantal Haoua Kambire-Diarra, Officer-in-Charge (OIC), Guinea Bissau
- o Clement Lugala Peter Lasuba, WHO Representative to Liberia
- o Jarno Habicht, WHO Representative and Head of Country Office to Ukraine



#### Salle Bellecour 3: Delivery in Action: Enabling country-driven impact (11:00 – 11:40)

Session Coordinator: Pavel Ursu Session Moderator: Jennifer Horton

#### Session summary:

This session will offer an overview and dialogue on how applying the Deliver for Impact approach can support countries to advance towards achieving UHC. Examples of delivery for impact work with countries and suggestions on applying to accelerate steps for improved service coverage and reduced financial hardship through WHO's collaborative work with countries will be shared.

#### **Speakers & Interventions:**

- o Ilker Dastan, Health Policy Advisor, WHO Tajikistan
- Ghafur Muhsinzoda, Deputy Minister of Health and Social Protection of the Population,
   Republic of Tajikistan
- o Laurent Musango, Head of WHO Country Office, Madagascar
- o Brian Chirombo, Head of WHO Country Office, Rwanda
- Liviu, WHO representative Kyrgyzstan

## Salle Tête d'Or 1: Strengthening Social Participation in Health: Experiences from Central Asia (11:00 – 11:40)

Session Coordinator: Gabriele Pastorino Moderator: Natasha Azzopardi Muscat

#### **Session summary:**

This session will offer a platform to discuss and exchange on how social participation for universal health coverage, health and well-being can be strengthen at country level. It will remind why social participation is central to UHC and the Primary Health Care agendas and will offer examples of policies and approaches implemented in Central Asia, with a particular focus on the experiences of Tajikistan and Kyrgyzstan.

#### **Speakers & Interventions:**

- Gafur Muhsinzoda, First Deputy Minister of Health and Social Protection of the Population, Tajikistan
- Liviu Vedrasco, Head, WHO Country Office, Kyrgyzstan

# Salle Tête d'Or 2: Harnessing Data and Dialogue with a Health Labour Market Approach for Smarter Health Workforce Policies and Investment Decisions (11:00 – 11:40)

Session Coordinator: Juana Paola Bustamante

Session Moderator: Paul Marsden

#### **Session summary:**

The session explores the importance of NHWA and data-driven decision-making in formulating effective health workforce policies for UHC. It provides practical steps - using a best practice country

example – for addressing workforce barriers and gaps for delivering UHC (e.g., shortages, maldistribution, absorption, access & equity).

#### Key questions for discussion (Interactive session with audience):

- How evidence from workforce data can lead to tangible policy change? (e.g., increased funding, improved service delivery).
- How can countries and participants access and apply these skills and approaches? (HLMA, policy dialogue)
- o What key insights can participants provide to strengthen and maximize these approaches?
- How can we use the analysis depending on national context and data availability?

#### Salon Tête d'Or: Moving on mental health (11:00 – 11:40)

Session Coordinator & Moderator: Dan Chisholm

Rapporteur: Sudipto Chatterjee

#### **Session summary:**

This session will explore the path toward Universal Health Coverage (UHC) for individuals living with mental health conditions, emphasizing the importance of accessible, evidence-based, and personcentered services that promote well-being and enhance life opportunities. It will highlight how WHO's Special Initiative for Mental Health (SIMH) has supported mental health system strengthening, enabling 60 million more people across nine countries to access quality care since 2019. Drawing on experiences from Nepal and Paraguay, the session will distill key insights and achievements, showcasing practical steps toward integrating public health principles into policies, emergency plans, and service delivery for transformative change.

#### **Speakers & Interventions:**

- o Rajesh Pandav, WHO Representative to Nepal
- Marcelo Korc, PAHO/WHO Representative to Paraguay

#### Salle Gratte Ciel 1: Gavi, the Vaccine Alliance's Health Systems Strategy (11:00 – 11:40)

Session Coordinator: Alex de Jonquieres & Ranjana Kumar

Session Moderators: Ranjana Kumar

Rapporteur: Margot Nauleu

#### **Session summary:**

The session will focus on Gavi's new Health Systems Strategy, highlighting its role in enhancing health systems and promoting equity and sustainability in immunization. It will include a high-level presentation on the strategy, followed by a panel discussion with key stakeholders discussing the development, implementation, and alignment of the strategy with broader health agendas. The session aims to engage participants in understanding the key shifts and enablers necessary for the successful delivery of the strategy.

#### **Speakers & Interventions:**

Olga Bornemisza, Senior Specialist, Health Systems Strengthening, Global Fund



- Jo Keatinge, Health Advisor for Health Systems Strengthening, Foreign, Commonwealth & Development Office, **UK**
- o Awad Mataria, Director, Universal Health Coverage/ Health Systems, WHO/EMRO
- o Bruce Aylward, Assistant Director-General, Universal Health Coverage, Life Course, WHO
- o Tana Wuliji, Senior Technical Advisor, Universal Health Coverage/Life-Course, WHO/HQ

## Salle Gratte Ciel 2: Improving procurement efficiency for medicines and health products: A country experience (11:00 – 11:40)

Session Coordinator: Christophe Rerat

Session Moderators: Henrik Axelson & Inès Ayadi

Rapporteur: Angela Akol

#### **Session summary:**

The objective of the session is to amplify the successes of the joint technical cooperation (involving the 3 levels of WHO and the World Bank) to address public supply challenges in Tunisia and to provide concrete solutions in a broader context of economic difficulties. The session will increase awareness of interdependencies between pharmaceutical blocks and healthcare financing and create linkages for technical cooperation and partnership targeting areas for potential action to increase efficiency in the supply of healthcare products.

#### **Speakers & Interventions:**

o Inès Ayadi, Ministry of Health, Tunisia

#### Salle Gratte Ciel 3: Strengthening PHC Leadership (11:00 – 11:40)

Session Coordinator and Moderator: Faraz Khalid

Rapporteur: Erica Barbazza

#### **Session summary:**

This session will spotlight the regional cohort modalities in the Pathfinder Edition of WHO's "Strengthening Primary Health Care Leadership: Global Capacity Building Course." Launched in 2024, this 80-hour course aims to empower leaders to champion health equity, promote social justice, and uphold the right to health for all. Delivered over 10 modules in both synchronous and asynchronous formats, the course fosters regional engagement with dedicated cohorts in each WHO region. The session will also explore future opportunities for Member States to engage with the course and how to optimize country leadership in shaping GHI investments to support PHC-oriented health systems.

- Hyppolite Kalambay, Medical Officer, Health Policies and Strategic Planning, WHO/AFRO
- o Ibadat Dhillon, Regional Advisor for PHC, WHO/SEARO
- Chelsea Taylor, Technical Officer, Primary Health Care and Global Health Initiatives,
   WHO/WPRO



#### Salon Gratte Ciel: Health Equity in Action (11:00 – 11:40)

Session Coordinator: Emilie Di Grazia Session Moderator: Alia El-Yassir Rapporteur: Emilie Di Grazia

#### **Session summary:**

This session will focus on the implementation of health equity tools, with a focus on barrier assessments, to enhance understanding of country-specific inequalities in achieving universal health coverage. This session will primarily highlight country experiences and foster discussion with WRs and other audience members on practical actions for tangible results, as well as strategies to further integrate this approach into ongoing work.

- Joy Ufere, she is Technical Officer, Child and Adolescent Health, UHC, WHO Nigeria (recording)
- Simona Atanasova, Health Policy Advisor, Technical Officer, Primary Health Care, WHO
   North Macedonia (recording)
- o Frank Lule, WHO Representative to Ghana
- o Neema Rusibamayila Kimambo, WHO Representative to the Republic of Malawi

#### Marketplace 11:50 - 12:30

# Bellecour 1: Advancing Universal Health Coverage through rehabilitation: Country experiences in health system strengthening (11:50-12:30)

Session Coordinator: Antony Duttine & Elanie Marks

Rapporteur: Mai Eltigany

#### **Session summary:**

As countries work towards universal health coverage, strengthening rehabilitation within health systems is essential for improving population health outcomes. This session explores different approaches to expanding rehabilitation services, highlighting experiences in primary care integration and emergency preparedness and response as illustrative examples. Through country cases, we will examine how different health system strengthening approaches can enhance rehabilitation service delivery and coverage.

#### **Speakers & Interventions:**

- o Siddhartha Sankar Datta, WHO Representative and Head of WHO Country Office, Armenia
- o Rose Dlamini, Deputy WHO Representative, Ethiopia

## Bellecour 2: Critical role of PHC in addressing AMR: Entry points for action (11:50-12:30)

Session Coordinator: Anand Balachandran

Session Moderators: Nienke Bruinsma & Anand Balachandran

Rapporteur: Nienke Bruinsma

#### **Session summary:**

Antimicrobial resistance is a serious threat to modern medicine today with an estimated 4.9 million deaths associated with drug-resistant bacterial infections per year. 80% of antibiotic use also takes place at the community and PHC level. The WHO core package of AMR interventions based on a people-centred approach provides guidance for countries to consider interventions that strengthen their health systems, and primary health care in particular, but can also help address AMR. The interventions cover multisectoral policy and actions (national/subnational level), primary health care and essential public health functions (facility level), and empowering people and communities.

This session will showcase key entry points identified during WHO's recent pilot initiative supporting primary health care (PHC) managers in addressing antimicrobial resistance (AMR). Participants will gain insights into strategies such as improving access to essential antibiotics, adopting the WHO AWaRe antibiotic book, strengthening workforce training on infection prevention and appropriate antibiotic use, and enhancing health information systems to monitor antimicrobial use. The session will also emphasize empowering communities through awareness-raising initiatives, illustrating the critical role of PHC in combating AMR.



#### **Speakers & Interventions:**

- Roderick Salenga, Health Policy Advisor, Team lead Health Systems, WHO Country Office, Indonesia
- o Skender Syla, WHO Representative and Head of Country Office to Kazakhstan
- Naveed Asghar, Health Policy Advisor, NPO Health Systems, WHO Country Office,
   Pakistan

#### Bellecour 3: Demonstration of results: The case of Timor Leste (11:50-12:30)

Session Coordinator: Denis Porignon & Jeremy Cheong Chi Mo

Rapporteur: Jeremy Cheong Chi Mo

#### Session summary:

In 2021, the UHC Partnership was subject to the European Commission's results-oriented monitoring review. The role of health policy advisers was particularly highlighted in order to strengthen WHO's support to Member States and to achieve high quality results in the development, implementation and/or strengthening of public health policies and interventions. However, to ensure the sustainability of the intervention, the report recommended that the health policies developed in the initial phases should be implemented, monitored and evaluated.

To follow up on this recommendation, the UHC-P Secretariat has developed an experimental approach to demonstrate the impact of the UHC Partnership in the case of Timor-Leste. The main challenge is to link reported activities to health and health system indicators. This session will aim to discuss how to improve the demonstration and the reporting on the impact of the UHC Partnership around the case of Timor-Leste.

#### **Speakers & Interventions:**

- Arvind Mathur, WHO Representative to Timor-Leste
- o Vinay Bothra, Health Policy Advisor, WHO Country Office, **Timor Leste**
- Ibadat Dhillon, Regional Advisor for PHC, WHO/SEARO
- o Jeremy Cheong Chi Mo, UHC-P Secretariat
- o **DDI** Representative

## <u>Tête d'Or 1: Advancing UHC through effective governance of the private sector in</u> mixed health systems (11:50-12:30)

Session Coordinator & Moderator: David Clarke

Rapporteur: Anna Cocozza

#### Session summary:

The session will present WHO's ongoing efforts to support governments in effectively governing the private health sector to advance UHC. Through insights from WHO country offices, the session will present real-world, context-based examples that illustrate the unique challenges different countries face in managing private sector contributions to achieve UHC. WHO's Progression Pathway will be highlighted as a tool to help countries assess governance gaps, identify opportunities, and leverage



multi-sectoral efforts for more effective health system integration, building on WHO country and regional work of the past years. This session aims to deepen understanding of WHO's role in supporting countries governing the contribution of the private sector to create equitable, resilient, and accessible health systems.

#### **Speakers & Interventions:**

- o Ahmed Yehia, Health Economist, WHO Country Office, Egypt
- Nambiar Bejoy, Coordinator, Strategic Health Policy and Planning & Team Lead-UHC Cluster, WHO Country Office, Ethiopia
- o Tomas Roubal, Adviser on Health Policy, WHO Country Office, Georgia
- o Asrat Sofonias, Policy Adviser, Coordinator, Health Systems, WHO Country Office, Ghana
- o Hafeez Assad, WHO Representative to Kuwait
- Marina Madeo, Health Policy Advisor (Universal Health Coverage), WHO Country Office,
   Somalia
- o Axelson Henrik, Health Systems Adviser, WHO Country Office, Tunisia
- Awad Mataria, Awad Mataria, Director, Universal Health Coverage/ Health Systems, WHO/EMRO

# <u>Tête d'Or 2: Strengthening workforce capacity to deliver the Essential Public Health</u> Functions (EPHFs) (11:50-12:30)

Session Coordinators: Khassoum Diallo & Siobhan Fitzpatrick

Session Moderator: Sohel Saikat Rapporteur: Siobhan Fitzpatrick

#### **Session summary:**

In this session, attendees will consider holistic approaches to building the capacity of the public health workforce to deliver the EPHFs. These include outcomes-design approaches to inform context relevant health or health workforce strategic plans and National Actions Plans for Health Security: prioritizing the programmes and services to deliver the EPHFs for the context; tools to map and quantify the existing workforce capacity to inform needs assessment; and competency-based approaches to education of the public health workforce. Attendees will hear from two countries, to be confirmed. In the open discussions, attendees will be invited to consider the opportunities, and some of the ways to overcome challenges, to implementing recommended approaches to workforce strengthening in their context.

#### Salon Tête d'Or: Moving on mental health (11:50 – 12:30)

Session Coordinator & Moderator: Dan Chisholm

Rapporteur: Sudipto Chatterjee

#### **Session summary:**

This session will explore the path toward Universal Health Coverage (UHC) for individuals living with mental health conditions, emphasizing the importance of accessible, evidence-based, and personcentered services that promote well-being and enhance life opportunities. It will highlight how WHO's Special Initiative for Mental Health (SIMH) has supported mental health system strengthening, enabling 60 million more people across nine countries to access quality care since



2019. Drawing on experiences from Nepal and Paraguay, the session will distill key insights and achievements, showcasing practical steps toward integrating public health principles into policies, emergency plans, and service delivery for transformative change.

#### **Speakers & Interventions:**

- o Rajesh Pandav, WHO Representative to Nepal
- o Marcelo Korc, PAHO/WHO Representative to **Paraguay**

### Salle Gratte Ciel 1: Lusaka Agenda: What it is and how to operationalize it? (11:50 – 12:30)

Session Coordinators: Susan Sparkes, Kathryn O'Neill and Briana Rivas Morello

Moderator: Marjolaine Nicod Rapporteur: Katja Schemionek

#### **Session summary:**

The session focuses on operationalizing the Lusaka Agenda and the "one plan, one budget, one M&E" approach, highlighting progress, challenges, and needs in aligning global health priorities with country-led plans. Discussions will focus on common health system metrics, strengthening primary health care, and fostering coherence in global health financing for Universal Health Coverage.

#### **Speakers & Interventions:**

- Mesoud Mohammed Ahmed, Statistics and Information Lead, Strategic Affairs Lead Executive Office, Ministry of Health, Ethiopia
- o Tomas Valdez, Health planning advisor, WHO Country Office, Mozambique
- Marina Madeo, Health Policy Advisor (Universal Health Coverage), WHO Country Office,
   Somalia
- Ogochukwu Chioma Chukwujekwu, Team Lead, Health Financing, WHO/AFRO
- Susan Sparkes, Technical Officer, Health Financing and Economics, WHO/HQ

# <u>Salle Gratte Ciel 2: Defragmenting health financing for strategic purchasing – lessons</u> from reforms in Mongolia and Morocco (11:50-12:30)

Session Coordinator & Moderator: Fahdi Dkhimi

Rapporteur: Amy Louise Cawthorne

#### **Session summary:**

In many countries, COVID 19 opened a political window of opportunity for massive health financing reforms, as is the case for Mongolia and Morocco. The goal of these major reforms is to better protect their respective populations against the risk of financial hardship in case of health service utilization, while providing government with more leverage on service provision in the country – i.e. more influence on where people are treated, for what and how. Key lessons can be drawn from these experiences in terms of reform content, process and emerging challenges, which will shape WHO support in health financing in the near future.



- Dr Houcine El Akhnif, National Professional Officer, Health Systems, WHO Country Office,
   Morocco
- Lluis Vinals Torres, Director Division of Health Systems and Services, WHO/WPRO

## Salle Gratte Ciel 3: Integrating IPC into programs for Universal health coverage (11:50 – 12:30)

Session Coordinator: Benedetta Allegranzi

Session Moderator & Rapporteur: Sepideh Bagheri Nejad

#### **Session summary:**

Infection prevention and control (IPC) as a contributor to high quality health care delivery This session will provide an overview of the Global Action Plan and Monitoring Framework (GAPMF) for IPC, highlighting its role in improving quality and safety in healthcare within the Universal Health Coverage (UHC) agenda. A brief presentation on the GAPMF and strategies to strengthen IPC in primary care will be complemented by country examples from Indonesia, Jordan, and Ukraine, showcasing improvements at the primary healthcare level. The session aims to encourage the adoption of the GAPMF and explore practical strategies for enhancing IPC in primary care to ensure quality care and patient safety.

- Inraini Syah, National Professional Officer (Universal Health Coverage), WHO Country Office, Indonesia
- o Jamela, AL-Raiby, WHO Representative to Jordan
- Solomiya Kasyanchuk, National Professional Officer (Health Financing), WHO Country Office, **Ukraine**



# UHC Day Celebrations in the African, Eastern Mediterranean and European regions; 12:30 – 14:00 in Forum 6

Livestreamed: https://youtube.com/live/UtWzzdEZ7Yk?feature=share



#### **Session summary:**

An engaging session on Universal Health Coverage (UHC), featuring insights from global regions, powerful testimonials, and a dynamic discussion with experts and participants. This virtual and inperson event will spotlight key challenges and successes in advancing UHC worldwide, emphasizing financial protection, health system resilience, and the role of primary health care in emergencies. Video testimonials and case studies from patients, donors, and countries showcasing progress and challenges.

Presentations from Africa, Eastern Mediterranean and European regions:

- Africa: Findings from a decade-long regional report on financial protection, with reflections from Namibia.
- o Eastern Mediterranean: UHC in emergency settings, featuring insights from Djibouti, Syria and Yemen.
- Europe: Lessons from the regional report on financial protection, on the platform UHC
   Watch and UHC progress in Ukraine during wartime.
- Interactive Q&A and engagement with panelists.

#### **Speakers and interventions:**

o Representatives from Namibia, Ukraine



### Session 7, Thursday 12 December 2024; 14:00 - 15:30

Parallel Sessions - New Opportunities And Challenges: Ageing, Long Term Care, Digital Health, Climate Change, AMR, Crisis & Migrants

Rooms (Level)	Торіс	
Salle Bellecour 1	Digital health: Harnessing appropriate technology to strengthen UHC Goals	
(Registration level)		
Salle Bellecour 2	Leveraging impact of health security preparedness for universal health	
(Registration level)	coverage	
Salle Bellecour 3	Achieving UHC in vulnerable and conflict settings: hope or reality?	
(Registration level)	Achieving of to in vulnerable and conflict settings. Hope of reality:	
Salle Tête d'Or 1	Why climate resilience and environmental health are essential for universal	
(Level 1)	health coverage: lessons in prevention, sustainability, and action	
Salle Tête d'Or 2	Reorienting Small-Island Developing States' health systems towards PHC:	
(Level 1)	challenges and solutions	
Salle Gratte Ciel 1	Drimary health care reforms to address nanoammunicable diseases	
(Level 2)	Primary health care reforms to address noncommunicable diseases	
Salle Gratte Ciel 2	Strengthen care systems to provide continuum of integrated care for older	
(Level 2)	people including long-term care and foster healthy ageing	
Salle Gratte Ciel 3	New apportunities and shallongest refuges and migrant health	
(Level 2)	New opportunities and challenges: refugee and migrant health	

# Salle Bellecour 1: Digital Health: Harnessing appropriate technology to strengthen UHC Goals

Coordinators: Alain Labrique, Garrett Mehl, Derrick Muneene, Sameer Pujari, Andrew Pattison

Moderator: Derrick Muneene Rapporteur: Derrick Muneene

#### **Session summary:**

This session will focus on leveraging digital health technologies to accelerate progress toward Universal Health Coverage (UHC). Through knowledge sharing and technical collaboration, participants will explore strategies to enhance health systems' demand, supply, and accountability using innovative digital solutions and technical products.

#### **Speakers & Interventions:**

Debbie Muirhead, Technical Officer, WHO Country Office, **Malaysia** Julio Pedroza, Health Systems and Services Advisor, **Brazil** Lucien Manga, Head of WHO Country Office, **Côte d'Ivoire** Roderico Ofrin, Head of WHO Country Office, **India** 



### <u>Salle Bellecour 2: Preparedness Simulation exercise: Leveraging Impact of health</u> <u>security preparedness for Universal Health Coverage</u>

Session Coordinator: Ludy Suryantoro,

Session Facilitator: Ludy Suryantoro & Romina Stelter

#### **Session summary:**

Global health security preparedness is essential to prevent, detect, and respond to transboundary health threats, as demonstrated by the COVID-19 pandemic and recent outbreaks such as Mpox and Marburg virus. Strengthened emergency preparedness, rooted in Universal Health Coverage (UHC), is critical for maintaining essential health services during crises and fostering resilience. National Action Plans for Health Security (NAPHS), IHR amendments, and the "One Health" approach highlight the importance of multisectoral collaboration and integrated frameworks to manage health emergencies effectively. Country experiences, including improved surveillance, laboratory networks, and resource mapping, illustrate the vital role of resilient health systems in advancing UHC and health equity. This session will explore how integrating health security preparedness into UHC frameworks can promote pandemic readiness, equitable access, and stability across borders, contributing to the global commitment to leaving no one behind.

This session will be a emergency preparedness simulation exercise.

#### Salle Bellecour 3: Achieving UHC in vulnerable and conflict settings: hope or reality?

Session Coordinator: Teresa Zakaria Session Moderator: Teresa Zakaria

Session Rapporteur: Zhamin Yelgezekova

#### **Session summary:**

This session will examine the impact of conflict and vulnerability on progress toward Universal Health Coverage (UHC), highlighting the unique challenges and achievements of countries facing humanitarian emergencies. Participants will explore critical investments, local innovations and adaptations in service delivery to sustain health systems in resource-constrained and access-challenged settings. The session will emphasize the importance of tailored approaches for different contexts and the role of partnerships with development and humanitarian actors, including local stakeholders, in advancing UHC amidst adversity. Lessons learned will inform future strategies and adaptations for achieving health equity in crisis-affected areas.

- o EMRO
- Haiti
- Libya
- Myanmar
- Palestine
- South Sudan
- o Sudan
- Ukraine



# Salle Tête d'Or 1: Why Climate Resilience and Environmental Health Are Essential for Universal Health Coverage: Lessons in Prevention, Sustainability, and Action

Session Coordinators: Annette Prüss, Elena Villalobos, Jennyfer Wolf

Session Moderators: Annette Prüss & Liviu Vedrasco

Rapporteur: Marcelo Korc

#### Session summary:

A stable climate, safe water, clean air, and unpolluted soils are fundamental to human health. Yet, environmental risks - including climate change, pollution, and ecosystem destruction - are major contributors to the global disease burden, affecting millions of lives every year. These challenges threaten public health and achieving UHC by exacerbating demand on health systems such as through increased infectious diseases, heat-related illnesses, malnutrition, and displacement.

The health sector has a key role in protecting communities. It acts not only through practical measures to prevent disease and promote health but also by raising awareness of the critical importance of healthy environments for human health and well-being. However, as climate change, pollution, and ecosystem degradation intensify, they place increasing pressures on health systems, complicating the delivery of quality care, especially in vulnerable regions.

To address these challenges, health systems must become more resilient. This includes also ensuring access to safe drinking water, sanitation, and hygiene; managing waste effectively; providing reliable energy; ensuring the safe use of chemicals and radiation and a healthy, protected workforce. At the same time, the health sector needs to increase its own environmentally sustainable practices.

Integrating climate resilience and environmental health strategies and interventions into Universal Health Coverage (UHC) offers a path forward. By working across sectors, the health sector can lead the required transformations and at the same time enhance its own capacity to protect human well-being. This session will explore the integration of environment, climate change, and health into UHC, featuring practical country examples and showcasing the support available to countries through the WHO.

- o Representative from **Barbados**
- o Blanche Anya, WHO Representative to the **Republic of Chad**
- Mark Jacobs, WHO Representative to the South Pacific based in Suva, Fiji and Director,
   Pacific Technical Support
- o Roderico Ofrin, WHO Representative to India
- o Rajesh Sambhajirao Pandav, WHO Representative to Nepal



# Salle Tête d'Or 2: Reorienting Small-Island Developing States' Health Systems towards PHC: challenges and solutions

Session Coordinator: Ann-Lise Guisset & Fahdi Dkhimi

Small Island Developing States (SIDS) face unique challenges such as limited land mass, small populations, migration of skilled human resources, and a narrow range of resources. They are highly dependent on international trade and vulnerable to global shocks. Additionally, SIDS struggle with health issues like a high burden of non-communicable diseases (NCDs), obesity, and vector-borne diseases. These combined challenges make it particularly difficult to strengthen and reorient their health systems, necessitating specific solutions.

The session aims to present WHO-supported interventions that help reorient health systems in SIDS and identify future challenges. These include: access to services (role delineation and service packages, the role of community health works and primary care for dispersed population), access to medicine (pooled procurement and regulation) and health and care workforce (production, regulation, migration). It will also explore potential ways to streamline peer learning on health systems across WHO SIDS member states.

#### **Speakers & Interventions:**

- o Bernard Valentin, Principal Secretary, Seychelles
- Bruno Santos, Director Pharmaceutical Affairs, Cape Verde
- o Dhanraj Conhye, Permanent Secretary, Mauritius

#### Salle Gratte-Ciel 1: Primary health care reforms to address noncommunicable diseases

Session Coordinators: Alarcos Cieza & Martyna Hogendorf

Session Moderator: James Fitzgerald

Rapporteur: Mai Eltigany

#### **Session summary:**

Noncommunicable diseases (NCDs), such as cardiovascular disease, diabetes, cancer and chronic respiratory diseases, represent the leading cause of disease burden worldwide which is expected to continue increasing. Today, roughly 86% of premature deaths (between 30 to 70 years of age) from NCDs occur in low- and middle-income countries (LMICs). Health systems in most LMICs are simply not designed to provide the care that people need to address these chronic conditions. The increasing need for care needs to be addressed to advance health equity and ensure financial protection for all alongside public health measures to prevent NCDs.

Primary health care (PHC) is the best vehicle for integrating NCD services and strengthening health systems to maximize population health. However, the implementation of NCD services through PHC depends entirely on context and health system readiness. Local evidence of feasibility, effectiveness and sustainability of service delivery is required to showcase best practices across different levels of care and various settings, and to inform further scale-up. Given that NCDs currently account for the most significant disease burden, all PHC reforms, are in fact, NCD reforms. In this session, countries will reflect on success stories of integrating services for NCDs through primary health care, share realistic challenges, and discuss support needed from WHO and partners.



#### **Speakers & Interventions:**

- o Alma Morales, PAHO/WHO Representative to **Bolivia**
- o Nonhlanhla Dlamini, Deputy WHO Representative, Ethiopia
- o Alba Maria Ropero, PAHO/WHO Representative to the **Dominican Republic**
- o Gampo Dorji, Team Lead on NCDs, WHO Country Office, Nepal

#### Salle Gratte-Ciel 2: Ageing including Long Term Care

Session Coordinators, Moderators & Rapporteurs: Yuka Sumi & Enrique Vega

#### **Session summary:**

Populations around the world are rapidly ageing and this demographic transition will impact on almost all aspects of society. The Sustainable Development Goals demonstrate a renewed global commitment to reinvigorate health systems, underpinned by Universal Health Coverage (UHC) whereby all people and communities have access to needed quality health services without risk of financial hardship. To achieve UHC, inclusive of older people, a transformation is needed in the way that care systems are designed, and health and social services are provided to respond to diverse needs of older people.

This session will discuss the key considerations of health and care systems and concrete actions for implementation of continuum of integrated person-centred care for older people by showcasing country examples.

#### **Speakers & Interventions:**

- o Mario Cruz Penate, PAHO/WHO Representative to Cuba
- o Assad Hafeez, Head of WHO Representative to Kuwait
- Rabindra Abeyasinghe, WHO Representative to Malaysia, Singapore and Brunei Darussalam
- o Anne Marie Ancia, WHO Representative to the Republic of Mauritius
- Vlad-alexandru Mixich, Advisor on Health Policy, WHO Country Office, Republic of Moldova
- o Alaka Singh, WHO Representative to Sri Lanka

### Salle Gratte-Ciel 3: New Opportunities And Challenges: Refugee and Migrant Health

Session Coordinators: Ms Nour Hassan, Dr Claudia Marrota, and Ms Eva Brocard

Session Moderator: Mr Daniel Mic

Rapporteurs: Dr Saverio Bellizzi and Dr Candelaria Araoz

This session will explore WHO's approach to optimizing national health systems to meet the health needs of refugees, migrants, and displaced populations, a critical component of achieving Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs). Through country examples the session will highlight initiatives such as health system reviews, workforce capacity building, national research agendas, and the development of monitoring frameworks. These examples underscore the importance of tailored, evidence-based actions to ensure equitable and inclusive health services for all.



#### **Speakers & Interventions:**

- o Alison Morales, Head of Integration and Development, MoH, Chile
- o Charles Njuguna, Head of WHO Country Office, Uganda
- o Gina Tambini, Head of WHO Country Office, Colombia
- o Jamela Al-Raiby, Head of WHO Country Office, Jordan
- o Kristina Kohler, Liaison Officer, WHO Country Office, Estonia
- o Sanaa Cherqaoui, Head of the Cooperation Division, MoHSP, Morocco
- o Ali Ardalan, Regional Adviser, WHO EMRO
- o Ernesto Bascolo, Unit Chief, Primary Health Care and Integrated Services Delivery, PAHO
- o Santino Severoni, Director, Health and Migration, WHO HQ

### Session 8, Thursday 12 December 2024; 16:00-17:30

Plenary: Adapting National Strategies To New Opportunities And Challenges

Session Coordinator: Denis Porignon

Session Moderators: James Fitzgerald & Anja Leetz

Rapporteur: Yu Zhang & Sophie Genay

#### **Session summary:**

The session is to understand how to develop modern national health strategies for resilient health systems that incorporates new opportunities and challenges such as digitalization, ageing populations, antimicrobial resistance (AMR), and climate change, while also addressing the consequences of emergencies/ crisis.

#### **Speakers & Interventions:**

#### Member States

- Bounserth Keoprasith, Director General, Ministry of Health, Lao PDR
- Soofia Yunus, Deputy Director General (Health), Ministry of National Health Services,
   Pakistan

#### Donors

 Jo Keatinge, Health Advisor for Health Systems Strengthening, Foreign, Commonwealth & Development Office, UK

#### **Partners**

• Olga Bornemisza, Senior Specialist, Health Systems Strengthening, **Global Fund** 

#### WHO

- Ailan Li, Assistant Director-General, Universal Health Coverage, Healthier Populations, WHO/HQ.
- Anne Marie Ancia, WHO Representative to the Republic of Mauritius
- Alaka Singh, WHO Representative to Sri Lanka
- Alain Labrique, Director, Department of Digital Health and Innovation, WHO/HQ



# AMRO/PAHO: UHC Day Celebration: Universal Health: Equitable access with financial protection in the Americas, 18:00 – 18:30 in Forum 6

Livestreamed: https://youtube.com/live/Uj6ax7GUFbc?feature=share



#### Session summary:

Launch of PAHO/WHO's 2024 regional report, "Progress in Universal Health in the Americas: Addressing Unmet Healthcare Needs, Gaps in Coverage, and Lack of Financial Protection, through Primary Health Care." This event will explore the critical findings of the report, which highlights barriers to access healthcare in the Americas, socioeconomic disparities, financial burdens, and systemic challenges.

- Regional insights into how unmet healthcare needs, service coverage and financial protection impact health outcomes.
- Discussion on removing financial and non-financial barriers to healthcare, with a focus on the disproportionate burden on populations in situations of vulnerability.
- Exploration of policy interventions to strengthen primary healthcare (PHC) based health systems and expand financial protection and access to care for all.

#### **Speakers and interventions:**

- Representatives from Barbados and from Paraguay
- Eva Jané Llopis, PAHO/WHO Representative to Argentina

#### Session 9, Friday 13 December 2024; 9:00-10:30

Plenary: Driving and accelerating UHC – Connecting Actions to Impact

Session Coordinators: Briana Rivas-Morello & Tana Wuliji

Session Moderators: Rudi Eggers & Jo Keatinge Rapporteur: Viktoriia Karpenko & Franziska Schuster

#### **Session summary:**

This session will aim to identify practical actions, insights, and innovations to drive and accelerate progress towards UHC (as per GPW 14) through health system performance strengthening, and to shape the UHC Partnership's agenda for more impactful, measurable results. The discussions and interventions will help to contextualize the current opportunities and needs to accelerate progress towards UHC, emphasize the importance of measuring and strengthening health systems performance to move the needle towards UHC achievement, and help to identify how UHC-P, WHO and partners can better support countries to more effectively measure and accelerate health systems performance and its impact on UHC.

- Joseph Jenkinson, Advisor, Global Affairs Canada
- o Carla Paredes, Minister of Health, Honduras
- o Bruce Aylward, Assistant Director-General, Universal Health Coverage/ Life-Course, WHO



- o Innocent Nuwagira, Head of WHO Country Office, Sierra Leone
- Kathryn O'Neill, Unit Head, Health Services Performance Assessment, WHO/HQ
- Pavel Ursu, Director, Delivery for Impact, WHO/HQ

### Session 10, Friday 13 December 2024; 11:00-12:30

Plenary: The Shifts Needed To Accelerate Progress Towards UHC

Session Coordinator: Denis Porignon

Session Moderator: Manoj Jhalani & Kalypso Chalkidou

Rapporteurs: Alison Dunn & Chelsea Taylor

#### **Session summary:**

This session will explore how WHO's transformation is enhancing the sustainability and impact of the Universal Health Coverage Partnership (UHC-P). It will cover how shifts within WHO, such as the new GPW14 will accelerate UHC progress. It will examine how partners can support UHC through the principles of one plan, one budget, and one monitoring & evaluation framework.

#### **Speakers & Interventions:**

- Birgitte Hagelund Head of Section, Health INTPA, European Commission
- Alaka Singh, WHO Representative to Sri Lanka
- o Søren Brostrøm, Senior Adviser, Organizational Change, WHO/HQ

### Session 11, Friday 13 December 2024; 14:00-15:30

PLENARY: UHC Partnership: Next Steps – From Action Points From The Meeting

Session Coordinator: Denis Porignon

Session Moderators: Suraya Dalil & Deusdedit Mubangizi

Rapporteur: Viktoria Karpenko & Yu Zhang

#### **Session summary:**

This session will summarize key action points and propose next steps for Phase 5 of the UHC Partnership (2025–2028). It will focus on identifying major action points to guide the work of Health Policy Advisors (HPAs) in countries while gathering feedback, propositions, and suggestions from key stakeholders, including HPAs, WHO Representatives (WRs), Ministries of Health (MoH) representatives, and donors/partners. The session will also outline a list of action points and propose next steps for the UHC Partnership, with a strong emphasis on demonstrating measurable results at the country level.

- Suraya Dalil, Director, Special Programme for Primary Health Care, WHO/HQ
- Deusdedit Mubangizi, Director, Health Product Policy and Standards, WHO/HQ



### Session 12, Friday 13 December 2024; 16:00-17:30

**Plenary: Closing Ceremony** 

Session Coordinator: Denis Porignon Session Moderator: Bruce Aylward

Rapporteurs: Susanna Volk & Franziska Schuster

#### **Session summary:**

The Universal Health Coverage Partnership Meeting in Lyon, France, will conclude with a closing plenary, featuring a film, presentations, and a panel discussion with VIPs, including ministers and representatives from WHO, donors, and partners. The focus will be on reviewing key conclusions, major shifts required to accelerate progress towards UHC, and reinforcing global commitments to support the UHC agenda.

#### **Speakers & Interventions:**

#### Member States

- o Jerome Walcott, Minister of Health and Wellness, Barbados
- o Carla Paredes, Minister of Health, **Honduras**

#### **Donors**

- o Amelie Schmitt, Advisor (Health), Permanent Mission of France to the UN at Geneva
- o Birgitte Hagelund Head of Section, Health INTPA, European Commission
- Clarisse Geier, Secrétaire de Légation, Ministère des Affaires étrangères et européennes, de la Défense, de la Coopération et du Commerce extérieur, Luxembourg
- Jo Keatinge, Health Advisor for Health Systems Strengthening, Foreign, Commonwealth & Development Office, **UK**
- o Joseph Jenkinson, Advisor, Global Affairs Canada
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