

# Universal Health and Preparedness Review (UHPR) Global Peer Review (GPR)

Meeting held 13–14 February at World Health Organization  
headquarters, Geneva  
OUTCOME REPORT



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## Abbreviations

COVID-19	coronavirus disease 2019
CSO	civil society organization
EU	European Union
GPR	global peer review
ICT	information and communication technology
IHR	International Health Regulations
JEE	Joint External Evaluation
MEF	Monitoring and Evaluation Framework
NGO	nongovernmental organization
Q&A	questions and answers
SNS	Serviço Nacional de Saúde
UHC	Universal Health Coverage
UHPR	Universal Health and Preparedness Review
UN	United Nations
WHO	World Health Organization

## Executive Summary

The inaugural Global Peer Review of the Universal Health Emergency Preparedness, convened on February 13th and 14th, 2024 at the World Health Organization Headquarters in Geneva, Switzerland. This significant undertaking aimed to advance and demonstrate the functioning and benefits of the UHPR, offering Member States an opportunity to evaluate its efficiency within the context of ongoing discussions on the Intergovernmental Negotiating Body (INB).

Three Member States, namely the Central African Republic, Portugal, and Thailand, led the initial UHPR review, while Cameroon, Sierra Leone, and Luxembourg contributed as peer review panelists. Additional WHO Member States participated by providing written feedback on national reports and engaging in moderated Q&A sessions.

### **Review of the Central African Republic**

The Central African Republic (CAR) was represented by the Minister of Health and Population. CAR volunteered as the first country to undertake a UHPR national review. The review process, conducted in December 2021, involved high-level political engagements and technical assessments. The methodology included high-level meetings, simulation exercises, interviews, and technical workshops.

CAR's national review demonstrated a commitment to enhancing health governance and emergency preparedness. While the country showcased strengths in political will, collaboration, and resource mobilization, weaknesses in alignment with international partners and health system functionality were identified. Future collaboration efforts should focus on addressing these weaknesses to strengthen CAR's health system resilience and advance towards universal health coverage.

### **Main Strengths:**

- Strong political will for health at the highest level.
- Existence of a multisectoral committee for COVID-19 response.
- Adoption of National Health Policy (2019–2030) and National Health Development Plan.
- Collaboration with international organizations and neighboring countries.
- Increased domestic resources and high-level resource committee for health.

### **Main Gaps:**

- Insufficient integration of humanitarian assistance.
- Weak monitoring and evaluation system for health programs.
- Lack of integrated medicine supply system.
- Poor health facility functionality and limited geographic coverage.
- High dependency on external aid for health financing.

### **Areas for Future Collaboration:**

- Management of public health emergencies and coordination with humanitarian actors.
- Human resource capacity building for health system resilience.
- Strengthening primary health care towards universal health coverage.
- Developing funding mechanisms for universal health coverage.
- Strategic purchasing and health financing strategies.

Representatives from Cameroon, Portugal, and Sierra Leone provided insightful perspectives and raised questions regarding CAR's health system, risk profile, collaboration with NGOs, gender equality efforts, and response to the COVID-19 pandemic. CAR responded by addressing queries on health budget allocation, maternal mortality rates, human resource development, gender parity initiatives, security challenges, and multisectoral coordination for health emergencies.

During the moderated question and answer session, CAR engaged in a constructive dialogue with other Member States, offering commendations on the quality and transparency of CAR's report while seeking clarifications on various aspects of its health system and emergency response mechanisms. CAR provided detailed responses, highlighting its efforts in resource allocation, collaboration with international partners, gender equality initiatives, and strategies for addressing health challenges amidst security crises.

### **Review of Portugal**

Portugal participated in the first Global Peer Review represented by the Deputy Minister of Health. The national review, initiated in November 2021 amidst the COVID-19 pandemic, involved extensive engagement with multisectoral partners, including ministries, public institutions, and civil society organizations. Portugal's national review utilized a comprehensive methodology incorporating quantitative and qualitative approaches, key informant interviews, high-level advocacy meetings, simulation exercises, and site visits. The engagement spanned 13 ministries, 36 public institutions, and 22 private organizations, facilitating a thorough assessment of the country's health system resilience and emergency preparedness.

### **Main Strengths:**

- Strong commitment to global health security at the highest level.
- Robust nationwide network of public health professionals.
- Successful vaccine uptake rates during the COVID-19 crisis.
- Solid framework for financing health emergencies.
- Proactive engagement in bilateral and multilateral cooperation mechanisms.

### **Main Gaps:**

- Need to complete revision of legislation related to health security.
- Fragmentation of multi-stakeholder coordination efforts.
- Absence of an overarching plan for public health emergency preparedness.
- Challenges in accessing vulnerable populations.
- Limited budgets dedicated to health emergency preparedness and response.

### **Areas for Future Collaboration:**

- Enhancing governance for health security.
- Improving coordination mechanisms.
- Continue to develop the country's all-hazard approach.
- Addressing challenges related to data interoperability.
- Ensuring equitable access to health care for marginalized groups.

As part of the dialogue with the peer review panel, Luxembourg, Sierra Leone, and Thailand engaged in a constructive dialogue with Portugal. They commended Portugal's transparency and shared experiences in responding to the COVID-19 pandemic. Questions and observations focused on governance improvements, sustainable funding mechanisms, data interoperability, equitable access to health care, and regional cooperation. Portugal provided detailed responses, highlighting its methodologies, future plans, and commitments to addressing health challenges.

During the moderated question and answer session, Member States raised questions and observations regarding Portugal's approach to managing relationships with Parliament, improvement of governance, response to radiological and nuclear emergencies, engagement with regional offices, and strategies for addressing climate-related health impacts. Portugal provided additional perspectives, emphasizing multisectoral engagement, decentralized governance structures, and collaborative approaches to health emergency preparedness.

### **Review of Thailand**

Thailand actively participated in the Global Peer Review as represented by the Co-Director from the Ministry of Public Health. The national review in Thailand encompassed an extensive engagement with multisectoral partners, employing a comprehensive methodology that included high-level meetings, simulation exercises, site visits, and interviews. The commitment from the Minister of Health, supported by three ministries and various institutions, underscored Thailand's dedication to assessing its health system resilience and emergency preparedness comprehensively.

### **Main Strengths:**

- Strong political will towards public health emergency preparedness and response.
- Effective multisectoral collaboration facilitates coordinated responses to health emergencies.
- A robust health system bolstered by universal health coverage (UHC) and well-established primary healthcare networks.
- Innovative strategies were employed during the COVID-19 pandemic, including successful case detection, contact tracing, and vaccination efforts.
- Extensive involvement of communities and health volunteers strengthens social capital and enhances emergency response capabilities.

### **Main Gaps:**

- **Limited** engagement of the private sector.
- Challenges in managing disinformation.
- Integration of multisectoral data within emergency operations centers to inform decision-making.
- Insufficient workforce and surge capacity.
- Marginalized groups, including informal urban settlers and migrant workers, face heightened vulnerability during emergencies.

#### **Areas for Future Collaboration:**

- Strengthening collaborative efforts in pandemic management and response.
- Enhancing digital health systems and data integration to improve surveillance.
- Fostering greater collaboration with the private sector in research and policy formulation.
- Strengthening regional cooperation, particularly in areas such as genome sequencing, training, and information sharing.
- Developing comprehensive plans aligned with regional and global initiatives to enhance health security.

As part of the dialogue with the peer review panel, representatives from Central African Republic, Cameroon, and Portugal engaged in constructive dialogue with Thailand, commending its leadership in conducting the UHPR pilot process and transparency in reporting. Some specific recommendations (reflected in the separated annexes) were directed towards Thailand's innovative actions during the COVID-19 pandemic and effectiveness in case detection and management. Questions were raised regarding Thailand's experiences in achieving universal health coverage, strategies for mitigating public health risks, and advancements in data digitalization.

As part of the moderated Q&A, Member States raised questions and observations regarding challenges in rural health access, engagement of civil society organizations and the private sector, as well as investments in the national review process. Details of these Q&A are available in the separate annex shared with this report.

## Introduction

In line with the Universal Health and Preparedness Review (UHPR) concept note,<sup>1</sup> recorded in resolution WHA75 on 20 May 2022, the UHPR is being organized in two phases: (1) a national review and (2) a global peer review (GPR). Between December 2021 and May 2023, five Member States volunteered to pilot the national review and three Member States expressed their wish to complete the piloting cycle with the testing of the GPR in February 2024. Following a consultation with all Member States on the working methods for the GPR on 3 July 2023, and by a direct request of UHPR pilot countries, the WHO Secretariat hosted the first GPR.

The first GPR of the UHPR was held on 13 and 14 February 2024 at World Health Organization (WHO) Headquarters, Geneva, Switzerland with the participation of WHO Member States. This exercise will advance and showcase the UHPR concept for consideration by Member States, in light of ongoing negotiations about the International Health Regulations (IHR) as part of the International Negotiating Body and IHR-Working Group. Three countries piloted the national review of the UHPR and volunteered to be reviewed during this first peer review exercise:

- The Central African Republic
- Portugal
- Thailand.

Three other Member States, Cameroon, Sierra Leone and Luxembourg, agreed to serve on the peer review panel, alongside those Member States piloting UHPR. Representatives of other WHO Member States were able to engage with the process by providing written comments on the national reports and the moderated questions and answers (Q&A). The review process of the peer review is based on two steps.

1. Prior to the Global Peer Review, all WHO Member States, and civil society organizations were invited to provide written comments on the national report of each Member State undertaking the review; this process took place from 19 January to 9 February 2024.
2. The second step involved the GPR; sessions of the review were conducted as follows.
  - a. First, the Member State undertaking the review delivers a high-level presentation on the key findings of the national review in the country;
  - b. The Member State undertaking the review engages in a dialogue with a peer review panel, composed of three Member States;
  - c. the Member State undertaking the review engages in a dialogue with all Member States, as part of the moderated Q&A.

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<sup>1</sup> Available at: [https://cdn.who.int/media/docs/default-source/health-security-preparedness/uhpr/a75\\_21-en-uhpr-concept-note.pdf?sfvrsn=e80f9008\\_1&download=true](https://cdn.who.int/media/docs/default-source/health-security-preparedness/uhpr/a75_21-en-uhpr-concept-note.pdf?sfvrsn=e80f9008_1&download=true)



This report is a description of the process and the findings as determined during review of the Central African Republic, Portugal and Thailand.

## Preparation phase of the GPR

The launch of the preparation phase of the GPR began on 19 January 2024, with a written request by WHO for all Member States to provide written comments on the national reports of Member States undergoing the review, sent in parallel to civil society organizations via established focal points in WHO.

Leading up to the meeting, WHO held a number of bilateral preparatory meetings as well as three separate preparatory sessions for each peer review, in the presence of all involved Member States; these meetings were held virtually, with a core group of WHO staff facilitating the discussion at WHO headquarters.

Written comments to the Central African Republic's UHPR national report were provided in advance of the meeting by 13 Member States: Cameroon, Canada, Eswatini, Germany, Kenya, Nigeria, Paraguay, Portugal, Qatar, Sierra Leone, Slovakia, Switzerland, Thailand, and three CSOs.

Written comments on Portugal's national report were provided in advance of the meeting by eight Member States: Canada, Germany, Paraguay, Slovakia, Switzerland, Qatar, Sierra Leone, Thailand, and two CSOs.

Written comments on Thailand's national report were provided in advance of the meeting by eight Member States: Bangladesh, Cameroon, Canada, Germany, Luxembourg, Nigeria, Portugal, Sierra Leone, and two CSOs.

More details on written comments received as part of the GPR can be found in Annexes 4-9.

## Overview of proceedings as part of the first GPR

Table 1 shows the presenting countries and composition of review panels during the meeting, 13–14 February 2024.

**Table 1. country pairings for the first GPR**

Date	Presenting country	Member State review panel
13 Feb 2024	Central African Republic	Cameroon, Portugal, Sierra Leone
13 Feb 2024	Portugal	Luxembourg, Sierra Leone, Thailand
14 Feb 2024	Thailand	Central African Republic, Portugal, Cameroon

The delegation of the Central African Republic involved in the GPR was led by HE Minister of Health & Populations, Central African Republic, Dr Pierre Somsé. The peer review panel for the Central African Republic was composed of:

- Portugal, represented by the Director General of Health, Ministry of Health, Ministry of Health, Dr Rita Sá Machado
- Cameroon, represented by the Secretary General of the Ministry of Public Health, Professor Louis Njock
- Sierra Leone, represented by HE Deputy Minister of Health, Dr Charles Senessie.

Portugal's delegation involved in the GPR was led by the Deputy Minister of Health, Dr Margarida Tavares. The peer review panel for Portugal was composed of:

- Luxembourg, represented by HE the Minister of Health and Social Security, Dr Martine Deprez
- Sierra Leone, represented the Deputy Minister of Health, Dr Charles Senessie
- Thailand, represented by the Advisor for Global Health at the Ministry of Public Health in Thailand, Dr Viroj Tangcharoensathien.

Thailand's delegation involved in the GPR was led by Dr Chawetsan Namwat, Director, Ministry of Public Health Thailand. The peer review panel for Thailand was composed of:

- The Central African Republic, represented by HE Minister of Health & Populations, Dr Pierre Somsé
- Portugal, represented by the Director General, Ministry of Health, Dr Rita Sá Machado
- Cameroon, represented by the UHPR national focal point in the Ministry of Public Health in Cameroon, Dr Annicet Mintop.

Each session was chaired by WHO, represented by Assistant Director-General Dr Samira Asma.

The following sections provide a summary of the dialogue that occurred during each of the three sessions.

## Peer review of the Central African Republic

The Central African Republic represented by the Minister of Health and Population, expressed its appreciation to Member States, the WHO Secretariat and its Director-General for their support to the national review in the country, which has enhanced the country's preparedness and response capacities. The country highlighted its commitment to the UHPR to ensure health governance from a human rights perspective and provided a detailed presentation on key findings from the national review conducted in December 2021, as well as country context and methodology of the national review.<sup>2</sup>

**Country context:** The Central African Republic is a landlocked country with an estimated population of 5.4 million. It faces significant health challenges, including high maternal mortality rates, and ranks low on the universal health coverage (UHC) index. These issues have been exacerbated by prolonged periods of crisis and widespread poverty.

**Methodology of the national review:** The Central African Republic was the first country to volunteer for a UHPR national review. According to the representative of the Central African Republic, the exercise assigned 70% weight to political engagements and 30% to technical aspects of the review, highlighting the critical importance of political consultations, particularly with the Head of State, in driving progress. The national review process included high-level meetings, high-level simulation exercises and individual interviews. Technical components consisted of meetings with CSOs and technical workshops. In addition, a review of various technical assessments, including the review of the IHR Monitoring and Evaluation Framework (MEF) was conducted.

### Key findings of the national review: best practices, gaps and priority areas for cooperation

The following best practices and gaps were identified under each of the three pillars being reviewed, as part of the national review: governance, systems and finance. Priority areas for cooperation were also highlighted.

#### Governance strengths

- Strong political will for health at the highest level, as evidenced by "Ten Areas of Presidential Impulse for Universal Health Coverage (UHC)".
- Existence of a multisectoral committee for the response to COVID-19.
- Adoption of the National Health Policy (2019–2030) as part of the country's National Health Development Plan.
- Strengthening the health system's resilience through enactment of the National Health Development Plan (PNDS) 2022–2026.
- Involvement of community leaders in decision-making on health-related issues.

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<sup>2</sup> Full presentation available here: [https://apps.who.int/gb/MSPI/pdf\\_files/2024/02/Item1\\_13-02.pdf](https://apps.who.int/gb/MSPI/pdf_files/2024/02/Item1_13-02.pdf)

### Systems strengths

- The use of local scientific studies for decision-making by the Ministry of Health and Population.
- Collaboration with the Pasteur Institute of Bangui for health security.
- Cross-border collaboration between the Ministry of Health and Population, United Nations (UN) organizations, international nongovernmental organizations (NGOs) and neighbouring countries, including the Democratic Republic of Congo, the Republic of Congo, Chad and Cameroon.
- Active coordination among government ministries on the One Health approach<sup>3</sup> and relevant technical and financial partners.

### Finance strengths

- Improved access to health services through a targeted free-care policy for pregnant and breastfeeding women, children under five, and other selected programmes (HIV, tuberculosis, etc.).
- Increased domestic resources for investment in the health system.
- High-level resource committee co-chaired by ministers of health and finance.
- Flexibility in global financing by the World Bank and Global Fund health security initiative were highlighted.

### Governance gaps

- Limited alignment with international partners, and national priorities.
- Lack of integration of humanitarian assistance and National Health Development Plan.
- Insufficient accountability of stakeholders, particularly humanitarian partners.
- Weak monitoring and evaluation system for health programmes.

### Systems gaps

- Lack of an integrated system for the provision of medicines and health care products.
- Poor or non-functional health facilities due to ongoing security crisis with recurrent violence towards staff and destruction of health facilities.
- Limited geographic coverage of health care services (32%).
- Lack of qualified human resources (6/10 000 inhabitants) due to brain drain and ongoing political and security crisis.

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<sup>3</sup> One health [website]. Geneva: World Health Organization; 2024 ([https://www.who.int/health-topics/one-health#tab=tab\\_1](https://www.who.int/health-topics/one-health#tab=tab_1), accessed 19 March 2024).

### Finance gaps

- High dependency on external aid for national health financing.
- Inadequate aid effectiveness.
- Absence of financial mechanisms for provision of health coverage.
- Limited capacity of the national budget to adequately fund health emergencies.

### Priority areas for cooperation: governance

- Management of public health emergencies.
- Coordination with humanitarian actors.
- Aid effectiveness with monitoring and evaluation.

### Priority areas for cooperation: systems

- Human resource capacity building for health system resilience.
- Acceleration of the Global Health and Peace Initiative to stabilize health system.
- Strengthening primary health care towards UHC.
- Strengthening community engagement.
- Digitalization for diagnostics and health care provision.
- Management of medicine supplies and medical items.

### Priority areas for cooperation: finance

- Establishing a funding mechanism for UHC.
- Engaging in strategic purchasing.
- Developing a health financing strategy.

The Central African Republic concluded that the UHPR was generating a paradigm shift in the country which contributed to the streamlining of multisectoral cooperation and brought to the fore the complex link between health security, peace, environment and development. It was further noted that UHPR has enabled the country to integrate emergency preparedness and response into its health development plan and build its capacity.

### Dialogue with the peer review panel

As part of the dialogue with the peer review panel, the following questions or observations were raised by the representatives of Cameroon, Portugal and Sierra Leone, respectively.

Cameroon commended the Central African Republic on the quality of its national report, reflected on the number of shared areas of concern due to the common land border and raised the following questions or observations.

- Cameroon requested more information on the health system including national health policy, organization of health services and health systems governance.

- Cameroon requested more information on the risk profile of the Central African Republic and how the country intends to face new challenges given existing vulnerabilities. Cameroon recommended that the country's risk assessment be expanded to include other risks than those related to measles and cholera.
- Cameroon requested more information on the presence of NGOs in the country.
- Cameroon requested more information on governance and funding, especially the existing system of cash advances.

Portugal commended the Central African Republic for its leadership in conducting the UHPR national review and for the thoroughness and transparency demonstrated in its report, whose information is of great value. In addition, it commended several aspects of the Central African Republic, namely the strong commitment to the GPR exercise; the involvement of the organizational structures established for COVID-19 in coordination with multisectoral governmental and nongovernmental stakeholders; country investment in international partnerships for training activities; and the active coordination between partners in the areas of public, animal and environmental health, as part of the One Health approach.

Representatives from Portugal put forward the following questions or observations.

- Portugal requested the Central African Republic to share its experience on managing the COVID-19 Pandemic.
- Portugal enquired about the Central African Republic's progress on gender equality and protection.
- Portugal requested more information on how a single budget with numerous humanitarian stakeholders can be effectively managed while ensuring flexibility. Portugal enquired how the government can maintain an effective financial oversight to manage crises.
- Portugal requested more information on the collaboration of the government with NGOs to ensure the population of the Central African Republic achieved equitable access to health care.
- Portugal requested more information on the Central African Republic's bilateral and multilateral approaches regarding One Health.

Sierra Leone highlighted the following questions and observations.

- Sierra Leone observed that there is significant destruction of health care facilities in the Central African Republic due to ongoing humanitarian and security crises. Reconstruction will imply a significant financial investment. Sierra Leone requested more information on the existence of a development plan for the re-construction of health care infrastructure in the country.
- Sierra Leone would like to request more information on the highest and lowest risks experiences by the country.
- Sierra Leone requested more information on the Central African Republic's approach to balancing health and economic considerations during the recent COVID-19 pandemic.
- Sierra Leone enquired if the country conducted any after-action reviews or intra-action reviews during or after the COVID-19 pandemic.
- Sierra Leone observed the country mentioned insufficient human resources as a key issue at the national level. Sierra Leone requested more information on any plans at the national level to enhance the capacity of its health work force.

- Sierra Leone requested more information about the proportion of the national budget currently being allocated to the health sector.
- Sierra Leone requested more information about the country's bilateral and multilateral collaboration on One Health.
- Sierra Leone requested more information on how the Central African Republic is intending to use its collaboration with NGOs to ensure fair and equal access to health care for its population?

The Central African Republic thanked representatives of Cameroon, Portugal and Sierra Leone for the number of insightful perspectives and questions and provided the following responses and reflections.

- On the overall health status, policies, and challenges, representatives from the Central African Republic stated the government is currently allocating 15% of its national budget to health, illustrating a steady rise since 2008 when the allocation was 13%. In addition, the Central African Republic is a tropical country, which witnesses various outbreaks not limited to cholera and measles (there have been outbreaks of Mpox, for example). The health ministry has ongoing collaborations with the Institute Pasteur in Bangui. The country also collaborates with neighbouring countries such as the Democratic Republic of Congo to carry out joint assessments and cross-border surveillance. During the Mpox outbreak, for example, the Central African Republic established the only Mpox treatment center in the region, which also provides treatment for non-nationals. Maternal mortality rates in the Central African Republic are among the highest in the world. The government has made addressing this a key strategic priority, evidenced by the establishment of a maternal mortality reduction committee.
- Human resources remain an important challenge for the country. The Central African Republic is committed to establishing a framework for investments in human resource development. As part of this effort, the government in collaboration with partners has started to establish schools and universities to increase health workforce numbers.
- On the role of women in the Central African Republic, the Minister declared that this is a priority for the government, as evidenced by the establishment of a law on gender parity, the aim of which is that 35% of leadership roles in public institutions be occupied by women. The Central African Republic has a Ministry for the Rights of Women and Girls which provides essential leadership on this matter. The Ministry of Health has also established an approach that mandates that community health workers should always work in pairs, ensuring gender balance with one woman and one man in each team, to promote gender-sensitive approaches.
- On the security situation and its impact on the health sector, the Central African Republic highlighted that peace and stability are essential conditions for a significant improvement of population health and the economy. The country's resilience is seen a result of the multisectoral approach, involving several partners across different sectors. It was mentioned that security situation in the country is not homogenous: acute crisis continues in some areas, while others have stabilized significantly, allowing for a level of recovery. The Central African Republic has received humanitarian support in some geographical areas, but the distribution remains uneven.
- On multisectoral engagement, the Central African Republic mentioned that since the COVID-19 pandemic, multisectoral coordination is managed by the Prime Minister's

office. This elevation of the health emergency agenda to the highest level of government was able to secure effective oversight and action for health emergencies.

#### Dialogue with all Member States as part of the moderated Q&A

The following questions and observations were raised from Member States as part of the moderated Q&A.

- Thailand requested more information on how the country aligns national budgetary resources with pandemic preparedness and response priorities.
- Germany requested more information on how the government ensures alignment and integration of actions between different actors and partners with operations in the national territory.
- The Republic of Congo commended the Central African Republic on its presentation and mentioned the country has learned significant lessons from the Central African Republic's experience responding to the COVID-19 pandemic. The Republic of Congo is currently undertaking its own UHPR national review and is observing similar challenges to those highlighted by the Central African Republic. The Republic of Congo highlighted that both countries share challenges in the field of human resources and lack of physical equipment. The Republic of Congo recommends the Central African Republic focus on areas involving good governance, resource mobilization and health-systems resilience.
- The Dominican Republic requested more information on the country's experience engaging other government ministries beyond the health sector.

The Central African Republic thanked Member States for their questions and shared the following responses.

- Regarding the coordination of donors and partners, the Central African Republic highlighted the country's reliance on external support to maintain essential services, including on health, during a decade-long humanitarian and security crisis. The Central African Republic highlighted Germany's continued support in this area which has supported 22 capacity-building projects, as well the acquisition of equipment and contraceptives, as well as support to strengthen communities. Acknowledging its dependency on external support, the Central African Republic is prioritizing enhanced efforts towards aid effectiveness, aligning with the principles outlined in the Paris Declaration. In line with its global commitments, the country has devised a unified plan and monitoring framework. In line with the global commitments, such as the Declaration, the Central African Republic has developed a single plan and monitoring model.
- Regarding multisectoral collaboration, the Central African Republic explained it leveraged the involvement of the highest-level of government in the COVID-19 response to ensure an effective mobilization of partners during the national review. As part of the national review, the country used the COVID-19 response committee, under the direct authority of the Prime Minister, as the multisectoral body to undertake the review. This has helped to ensure multiple ministries and partners are engaged. Even after the review, this body remained active and now meets every four months, depending on need. In addition, there is a small One Health group with focal points from different ministries in place as well as a multisectoral committee at national level, to strengthen collaboration. For example, this includes an ad hoc working group on human capital, governance, human rights, national



education, women and children, chaired by health and education ministries. These groups allow ministers to meet and discuss issues which require multisectoral responses.

More information on points raised by Member States during the peer review of the Central African Republic can be found under Annex 1.

## Peer review of Portugal

The Portuguese Permanent Representative to the UN in Geneva opened Portugal's peer review session, highlighting the UHPR as a vital tool of international cooperation for global health security. He emphasized the initiative's alignment with Portugal's policy of inclusion, underscoring health as a fundamental human right. He expressed the country's hope for the initiative to address longstanding challenges to achieve global health.

The Deputy Minister of Health Portugal highlighted the UHPR as an opportunity to enhance the country's preparedness for health emergencies, building on the country's recent developments in public health emergencies. She outlined Portugal's public health efforts prior to the COVID-19 pandemic, including a national plan for influenza, various evaluations of the health system, and increasing emergency preparedness capacities. Emphasizing Portugal's global health commitment, she cited international training collaboration with the WHO European Region under the Global Outbreak Alert and Response Network (GOARN), participation in simulation exercises, including the Exercise JADE in 2022,<sup>4</sup> and contributions to the global pandemic response. Additionally, she mentioned bilateral efforts with several Member states, highlighting a concrete example of collaboration with Spain to strengthen cooperation for environmental and epidemiological surveillance, as well as laboratory collaboration with the International Association of National Public Health Institutes (IANPHI). She emphasized UHPR's role in consolidating existing activities within a whole-of-society approach to identify health gaps and areas for collaboration with other Member States.

As a member of the national secretariat of the UHPR, the Coordination Officer in the Public Health Emergencies Operations Centre in Portugal, presented key findings from Portugal's national review.<sup>5</sup>

**Country context:** Portugal, with a population of approximately 10.3 million, is composed of a mainland and two autonomous regions, the archipelagos of the Azores and Madeira in the Atlantic Ocean. With a longstanding border, Portugal has been a member of the North Atlantic Treaty Organization since 1949, the UN since 1955, and the European Union (EU) since 1986. Portugal's national health service (Serviço Nacional de Saúde, SNS), established in 1979, guarantees access to health care services for all residents in Portugal.

**Methodology of the national review:** The national review was initiated in Portugal in November 2021, with a country visit taking place in May 2022 amidst the COVID-19 pandemic. Previous to the visit, the country appointed focal points from different institutions and partners from other

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<sup>4</sup> Exercise JADE 2022: report. Copenhagen: WHO Regional Office for Europe; 2023 (<https://www.who.int/europe/publications/i/item/WHO-EURO-2023-7327-47093-68880>, accessed 22 March 2024).

<sup>5</sup> Unpublished presentation slides are available here: [https://apps.who.int/gb/MSPI/pdf\\_files/2024/02/Item2\\_13-02.pdf](https://apps.who.int/gb/MSPI/pdf_files/2024/02/Item2_13-02.pdf).

sectors, facilitating the engagement during the visit. The wide-ranging review involved 13 ministries, 36 public institutions, and 22 private organizations and CSOs. The methodology encompassed both initial quantitative and qualitative approaches with over 20 key informant interviews, more than 20 high-level advocacy meetings, four simulation exercises with more than 100 participants at national and regional levels, 11 site visits in three regions, and focus group discussions with over 80 participants. Visits to the regions were based on thematic subjects identified as priority areas in phase 1 of the UHPR, covering environmental health, migrants, public health services and points of entry, according to the health profile of each region with a transversal approach on UHC, workforce and multisectoral collaboration.

### Key findings of the national review: best practices, gaps and priority areas for cooperation

The following best practices and gaps were identified under each of the three pillars being reviewed, as part of the national review: governance, systems and finance. Priority areas for cooperation were also highlighted.

#### Governance strengths

- Strong commitment to global health and health security at the highest level of government.
- Existing body of legislation on health security, reflecting effective integration of commitments made as part of both UN and EU membership.
- Establishment of the right to UHC under the Constitution of 1976, leading to the creation of the SNS in 1979.
- The national health plan (*Plan Nacional de Saúde*) is revised every 10 years, identifying national priorities, with the current national health plan (2021–2030) prioritizing the strengthening of national preparedness and response to pandemics and other public health threats as one of its five pillars.

#### Systems strengths

- Longstanding public trust in the national health system, spanning both its institutions and health workforce, as evidenced by the successful vaccine uptake rates observed during the COVID-19 crisis. Moreover, the system's reliance on scientific data and expertise, as well as the mobilization of experts to inform policy-making during the pandemic, further illustrated this aspect.
- Robust nationwide network and distribution of public health professionals and health authorities ensuring essential public health functions at national and subnational levels.
- Integration of preparedness and response to health emergencies within regular public health activities.
- Surveillance system under the Epidemic Intelligence Framework, integrating indicator-based surveillance and event-based surveillance and ensuring early warning systems.

- Application of information and communication technology (ICT) tools to improve information management and data analysis.
- Existence of a national reference laboratory ensuring international standards for biosafety and biosecurity.

#### Finance strengths

- Ad hoc financing for rapid response to public health emergencies during the COVID-19 pandemic.
- Solidarity for global health security through bilateral and multilateral cooperation mechanisms, with a focus on Portuguese-speaking countries.
- Allocation of funds from the Sanitary and Food Safety Plus Fund to surveillance and control of risks for food safety and consumer health.
- Implementation of the start-up voucher programme aimed at developing start-up projects in the health sector.
- Implementation of EU and other international grants and scholarship programmes.

#### Governance gaps

- Incomplete revision, update, and implementation of some aspects of legislation related to health security.
- Need to clarify the country's all-hazard approach and corresponding coordination mechanism for IHR (2005) implementation.
- Absence of a specific plan addressing IHR (2005) core capacity improvements, especially budgeting and intersectoral coordination.
- Fragmentation of multi-stakeholder coordination efforts, such as inadequate information-sharing approaches among different sectors.

#### Systems gaps

- Absence of an overarching plan for public health emergency preparedness and response, addressing all public health threats.
- Difficulty in accessing effectively hard-to-reach populations.
- Challenges related to interoperability and information management of existing ICT tools.
- Difficulty in allocating human resources, due to the lack of incentives for retention and for systematic training at all levels.

#### Finance gaps

- Lower spending on health (both per capita and as a share of GDP) compared to the EU-wide average, with comparatively high out-of-pocket medical expenditures.

- Limited budgets dedicated to health emergency preparedness and response, leading to reactive spending during pandemics.
- Low level of investments in health promotion and prevention, with funds primarily allocated to clinical response.
- Lack of flexibility in reallocating resources.
- Lower research and development expenditures compared to other EU countries.

Determined through the national review, Portugal was able to showcase the following added value of the UHPR approach:

- Comprehensively mapping the country's capacities and capabilities.
- Increasing visibility of national and subnational engagement to global preparedness and response.
- Contributions to global instruments: identification of best indicators and methods in the context of member states of the EU/European Economic Area.
- Strengthening the coordination between health authorities, health sector and civil society.
- Recognizing overlapping gaps between health and other sectors.
- cataloguing main lessons from COVID-19 and identification of priority areas to achieve sustainability of ICT- tools and information management in the health sector.
- Better mapping of country capacities and capabilities with respect to population health coverage and preparedness and response.
- Engagement of the parliamentary commission on health for matters involving public health emergencies.

Portugal concluded the presentation by noting that the UHPR was a comprehensive way to review the national health system, based on existing tools under the IHR-MEF. The importance of multisectoral engagement and strengthening the leadership of health authorities through scientific and evidence-based data was highlighted.

#### Dialogue with the peer review panel

Luxembourg commended Portugal on the quality of its national report as well as its openness to share experiences and lessons from its experience responding to the COVID-19 pandemic. As part of the dialogue with the peer review panel, the following questions or observations were raised by the representatives of Luxembourg, Sierra Leone and Thailand, respectively.

- Luxembourg commended Portugal's support for Lusophone countries.
- Luxembourg expressed interest to learn more about the improvement of governance for health security resulting from the national review in Portugal.
- Luxembourg requested more information on regulatory measures that could enhance the response to radiological and nuclear emergencies in the future.
- Luxembourg requested more information on Portugal's approach to securing sustainable funding for preparedness efforts, aiming to ensure proactive rather than reactive responses to potential emergencies.

- Luxembourg requested more information on efforts to ensure data interoperability and digitalization, given that these are shared challenges for several countries in the region.

Sierra Leone thanked Portugal for its presentation and commended the country for sustaining high levels of public trust in its health system along with its COVID-19 response. The following questions and observations were raised.

- Sierra Leone noted the strong health care structure and the successful COVID-19 vaccine roll out of Portugal. Sierra Leone requested more information on ensuring equitable access to health care, for example for marginalized groups, such as refugees and migrant workers.
- Sierra Leone requested more information on the commitment of the highest level of government to health security and the One Health approach.
- Sierra Leone requested more information on details regarding the implementation of a multi-hazard preparedness plan, particularly focusing on existing multisectoral collaboration.
- Sierra Leone requested more information on Portugal's approach to sustaining vaccination programmes for COVID-19 and other diseases not in the childhood vaccination scheme.
- Sierra Leone requested more information on existing mitigating measures to respond to the risk of floods, identified as an important risk in some areas.

Thailand thanked Portugal for its presentation, which highlighted important issues from a national, regional and global perspective. Thailand commended Portugal for sharing COVID-19 vaccinations with other countries during the pandemic, particularly given many countries did not have equitable access to countermeasures such as COVID-19 vaccinations. The following questions and observations were raised.

- Thailand noted that Portugal enjoys a number of positive aspects of health, including low maternal mortality and high skilled birth attendance, timely financing for COVID-19 response, capacity to manage misinformation and build public trust.
- Thailand remarked that Portugal has several comparative advantages, especially linked to a dedicated budget allocation, a nationwide network of public health professionals, health authorities linked with primary health care and other sectors, a robust surveillance system through Epidemic Intelligence Framework, a Biosafety Level-3 (BSL-3) national reference laboratory, and a robust health system as demonstrated by UHC service coverage index of 88. Further, Thailand noted that non-nationals pending legalization had access to health services similar to nationals during the COVID-19 pandemic.
- Thailand invited Portugal to share more information regarding its business continuity plan, to highlight how essential health services were maintained during the COVID-19 pandemic.
- Thailand invited Portugal to share more information on how equitable access to health was provided to migrants and refugees in the country.
- Thailand noted that Portugal used the national review as a means to enhance visibility regarding challenges and priorities in the field of health emergency preparedness.
- Thailand requested more information on Portugal's Public Financing Plan and on how funds can be rapidly disbursed to frontline response and reallocated during emergencies.
- Thailand invited Portugal to expand bilateral and multilateral cooperation with low-income countries, especially in the WHO African Region, and to support the strengthening of IHR core capacities for health emergency prevention, preparedness and response.

Portugal thanked representatives of Luxembourg, Sierra Leone and Thailand for their insightful perspectives and provided the following responses and reflections.

- Regarding future plans in the field of ICT, Portugal highlighted that the integration of ICT and data management solutions presented a challenge. In Portugal, data sharing practices vary and include ad hoc informal networks. However, there is a crucial need for institutional processes and formalized tools for data integration and interconnectivity of systems – to ensure the sustainability of these approaches and the use of the integrated data.
- Portugal explained that the methodology adopted for the national review drew from various sources, from quantitative national and international reports to grey literature documents, as well as the information collected through the simulation exercises and focus group discussions, conducted as part of the national review.
- Regarding Portugal's development cooperation, the overarching principle is to prioritize equity and inclusion across all endeavours. Over the past years, official development assistance has increased steadily, with a particular emphasis on Portuguese-speaking countries. Nevertheless, provision of such assistance is expanding to other nations as well.
- In managing flood-related issues, Portugal has established a dedicated committee for civil protection, as it did for radiological and nuclear emergencies.

#### Dialogue with all Member States as part of the moderated Q&A

The following questions and observations were raised by Member States as part of the open Q&A.

The Dominican Republic noted the systematic review with whole-of-government partners as part of the national review. Dominican Republic requested more information about Portugal's approach to managing relationships with the Parliament, given frequent fluctuations in line with the electoral calendar.

the Central African Republic recognized Portugal's commendable transparency in presenting the results of its review, which highlighted areas of improvement. the Central African Republic requested more information on how Portugal is bridging the gap between curative and preventive care systems.

Germany inquired about Portugal's perspective on the added value of the UHPR in relation to the resources invested and the utilization of insights gained from the national review. Germany also sought clarification on the mandate of Portugal's five regional administrative areas concerning health emergency preparedness. Furthermore, Germany requested additional details on Portugal's approach to managing radiological and nuclear emergencies within the framework of the IHR.

Switzerland requested more information on the level of engagement of the Regional Office for Europe as part of the national review and enquired about possible benefits of the UHPR at the regional level.

The United States requested more information on the utility of the UHPR with respect to existing tools under the IHR Monitoring and Evaluation framework.

Samoa noted the worsening effects of climate change across the world. Samoa requested more information on the existence of a national strategy to address the health-related impacts of climate change.

Portugal thanked Member States for their questions and shared the following additional perspectives.

- Regarding the methodology of the national review, Portugal emphasized its focus on engaging multisectoral partners, which was identified as the primary added value of the UHPR compared to other tools. The quality and breadth of involvement with partners were seen as significantly more substantial than with other methodologies. Additionally, Portugal highlighted the forward-looking nature of the review, which will support developing a national vision for addressing challenges over the next decade. Furthermore, the Ministry of Health underscored the importance of engaging civil society actors and high-level government officials, as this empowers the Ministry of Health across all levels, from local to national.
- Portugal provided more information on its decentralized public health governance structure, consisting of regional administrative areas on the mainland and two island regions. The national health authority serves as the overarching body responsible for ensuring an efficient and prompt response across the entire territory.
- Portugal clarified its approach to handling radiological and nuclear emergencies, highlighting the robust collaboration between the health sector and the country's environmental agency at the national level.
- Regarding the response to health impacts of climate change, Portugal explained the country has a national strategy, which involves all relevant national ministries, including the Ministry of Health.

More information on points raised by Member States during the peer review of Portugal can be found under Annex 3.



## Peer Review of Thailand

Thailand, represented by Dr Chawetsan Namwat, Ministry of Public Health Thailand, provided a presentation on key findings from Thailand's national review, followed by the country context and pilot methodology.<sup>6</sup>

**County context:** Thailand is an upper-middle-income country with a population of approximately 71.6 million whose health outcomes have significantly improved in the past decades, as evidenced by improvements in lower under-five mortality and reduced maternal mortality rates. In addition, the country accomplished complete UHC, offering a comprehensive package with minimal or negligible co-payments. Compared to other upper-middle-income countries, the financial health burden is lower, with total health expenditures standing at 4.4% of GDP, and out-of-pocket expenditures having decreased over time to 10%. Simultaneously, increasing life expectancies in Thailand are underpinning a rapid shift towards an ageing demographic. Consequently, chronic ailments like diabetes have emerged as primary contributors to the burden of disease. Furthermore, the changing demographic profile has also made the country more susceptible to emerging infectious diseases, especially considering that the country is a major tourist destination.

**Methodology of the national review:** Thailand committed to conduct the national review in 2021, which was carried out from January to July 2022 amid the COVID-19 pandemic. The methodology included six high-level meetings, two simulation exercises, 13 site visits and 29 interviews. The minister of health (who at the time was also holding the position of Deputy Prime Minister) was strongly committed to the national review, mobilizing support from three ministries and other institutions, including the National Health Security Office and the Social Security Office, while also raising awareness of the national review among non-health sector stakeholders.

**National health emergency preparedness capacities:** Even prior to the COVID-19 pandemic, Thailand had high-level political commitment to public health emergency preparedness and response, with a whole-of-government and whole-of-society approach, allowing authorities to the provincial governors to lead emergency response. Decisions are made rapidly based on science and evidence, and decades of investment in primary health care and UHC provide full access to prevention and treatment without co-payments. The health system also involves a wide network of health volunteers with robust social participation country-wide, which mobilizes social capital and builds networks, as part of that whole-of-society approach.

### Key findings of the national review: best practices, gaps and priority areas for cooperation

The following best practices and gaps were identified under each of the three pillars being reviewed, as part of the national review: governance, systems and finance. Priority areas for cooperation were also highlighted.

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<sup>6</sup> Unpublished presentation available here: [https://apps.who.int/gb/MSPI/pdf\\_files/2024/02/Item1\\_14-02.pdf](https://apps.who.int/gb/MSPI/pdf_files/2024/02/Item1_14-02.pdf).

### Governance strengths

- High-level commitment to preparedness and response to public health emergencies.
- Effective multisectoral collaboration.
- Effective whole-of-government and whole-of-society approaches.
- Effective public communications leading to very high vaccine coverage.
- Community Involvement and mobilizing social capital.
- Existence of a National Health Assembly mechanism to serve as platform for dialogue between relevant stakeholders.

### Systems strengths

- A strong and adaptable national and subnational coordination mechanism is in place for emergency preparedness, drawing from valuable insights gained from past disease outbreaks.
- Well-established national and subnational mechanisms with trained staff on incident command system, including a national Emergency Operations Center.
- A resilient health system with UHC and primary health care networks

### Financing strengths

- Flexible health financing.
- Allocating existing funds for emergency response through the introduction of internal loans for all sectors, including financial aid and economic rehabilitation.
- Balancing health, economic and labour interests to maintain continuity of private-sector activities during the COVID-19 pandemic.

### Governance gaps

- Limited engagement of government with private sector, such as private hospitals, clinics and companies.
- Politicization of COVID-19 vaccines as part of parliamentary debate, leading to misinformation adversely affecting social trust in government response.

### Systems gaps

- Inadequate multisectoral data integration within the Emergency Operations Center to make policy decisions.
- Suboptimal medical waste management practices.
- Insufficient workforce and surge capacity during health emergencies.
- Inadequate measures or capacity to respond to fake news or misinformation.

- High vulnerability of marginalized populations, including residents of informal urban settlements, and migrant workers.

### Financing gaps

- Limited investment in domestic production of pandemic response products.
- Rigid public financial management, which hindered timely budget execution.
- Inadequate multisectoral coordination resulting in a lack of financial support for populations in need.

### Priority areas for cooperation

Thailand highlighted the following areas for strengthened cooperation, identified as part of the national review.

- Pandemic management.
- Public health and social measures.
- Risk communication and infodemic management.
- Regional cooperation on genome sequencing, training and the integration of surveillance under the One Health approach, regional capacity to manufacture personal protective equipment, therapeutics and vaccines and epidemiological data sharing.
- Collaboration with the ASEAN Center for Public Health Emergencies and Emerging Diseases (ACPHEED) to strengthen IHR core capacities, especially cross-border collaboration, was underscored as a priority area.

Several remedial actions were taken to address challenges identified by the national review, including investments in innovation, digital technology, and data integration; strengthening multidisciplinary health workforce; and increasing domestic capacities in the areas of diagnostics, therapeutics, and vaccines; strengthening multisectoral collaboration; documenting medical waste management in health care facilities and communities as well as the development of standard operating procedures for future use; and disseminating best practices on prevention, preparedness and response to pandemics.

In closing, Thailand explained that the national review “connected the dots” of numerous lessons learned from Thailand’s past outbreaks. The national review provided deep qualitative details and involved policy-makers across all sectors. Finally, it was noted that the pandemic provides an opportunity to review multisectoral collaboration in ways that will have a positive and long-lasting impact on public health.

## Dialogue with the peer review panel

As part of the dialogue with the peer review panel, the following questions or observations were raised by the representatives of the Central African Republic, Cameroon and Portugal, respectively.

The Central African Republic raised the following questions or observations.

- The Central African Republic noted that Thailand has experienced many disease outbreaks and public health emergencies of international concern in the past. The high level of tourism and migration in and out of country provides Thailand with a unique experience, which it can share with other countries. The Central African Republic requested more information on how non-discriminatory measures were implemented at points of entry during the COVID-19 pandemic.
- The Central African Republic requested more information on the current status of local vaccine manufacturing efforts against COVID-19.
- The Central African Republic requested more information on Thailand's cooperation with the private sector and Ministry of Employment.
- The Central African Republic sought additional insights into the community-centric aspects of Thailand's response to existing vulnerabilities, particularly in rural or village settings, and how these challenges are being addressed.
- The Central African Republic requested more information on subregional and regional experiences in preparedness.

Cameroon raised the following questions or observations.

- Cameroon requested more information on the legal framework governing UHC in the country.
- Cameroon requested more information on the role of civil society as part of the national review.

Portugal commended Thailand for its leadership in conducting the UHPR pilot process and for the thoroughness and transparency demonstrated in its report, whose information is of great value. In addition, it commended several aspects highlighted during the review, namely innovative actions taken during the COVID-19 pandemic; the effectiveness in conducting case detection, contact tracing, and case management during COVID-19; and lastly, the public-private partnership that occurred, allowing the fostering of innovations.

Portugal raised the following questions or observations.

- Portugal requested more information on Thailand's experiences and lessons learned regarding the achievement of 100% of UHC.
- Portugal requested more information on Thailand's strategies to mitigate public health risks.
- Portugal requested more information on Thailand's experience in data digitalization.
- Portugal requested more information on Thailand's plans on health security, its alignment with regional and global initiatives, as well as examples of concrete examples of planned bilateral or multilateral cooperation.

Thailand thanked representatives of the Central African Republic, Cameroon, and Portugal for their insightful perspectives, and shared the following responses and reflections.

- In Thailand, while the burden of disease is related to top risks faced by the country, the country also prioritizes potential emerging diseases. Additionally, there exists a programme with networks dedicated to threat and hazard identification. National disease control programmes are established across the national territory, with a focus on prioritizing risks.
- At points of entry (both at seaports and land crossings), Thailand empowers the health workforce to enhance preparedness for the future. During the early stages of the pandemic, Thailand took the same approach as some other countries at points of entry, with efforts focusing on protecting the most vulnerable populations from COVID-19.
- Concerning the current status of national vaccine production, Thailand expressed its intention to launch a local production initiative, particularly leveraging the presence of an AstraZeneca production plant, as a contracted manufacturing organization, within the country. Prior to the pandemic, local vaccine production was not viable for Thailand. However, the country underscores that addressing this gap will significantly strengthen future endeavours in health emergency preparedness.
- On the role of the private sector, Thailand highlighted its extensive engagement across a spectrum of activities with a high level of alignment between the government and private entities throughout the response to COVID-19. Thailand took the notable decision of implementing a vaccination programme for factory workers, surpassing the efforts of many other nations, to ensure continuity of economic activities, maintain livelihoods and protect the health of workers. This achievement underscores the collaborative efforts between the Ministry of Labor and the Ministry of Public Health, demonstrating Thailand's commitment to ensuring widespread vaccination coverage.
- Amidst the COVID-19 pandemic, Thailand adopted a proactive strategy centred on safeguarding and leveraging the benefits of UHC, which provides a critical safety net for citizens. The early activation of the Emergency Operations Center at the beginning of the pandemic facilitated increased resources and budget allocations for response efforts. In addressing vaccine distribution, measures were implemented to provide compensation for severe adverse events following vaccination, aimed at bolstering public trust in vaccines. Thailand noted that throughout the pandemic, firm public action was able to reduce widespread concerns regarding the potential financial burden of treatment on households, further underscoring the country's commitment to the principles of UHC.
- Thailand explained that the COVID-19 pandemic clearly highlighted the potential of digital technologies as tools for health emergency response and preparedness. For example, Thailand developed a dashboard of real-time cases, integrating data from private hospitals, which ensured stakeholders had access to comprehensive and high-quality pandemic response data. Moving forward, Thailand will aim to further enhance digital systems, also focusing specifically on the development of technological skills for the health workforce. In the tourism sector, Thailand has implemented an ICT platform that allows tourists upon entry to input relevant information, to feed into surveillance systems.

## Dialogue with all Member States as part of the moderated Q&A

The following questions and observations were raised by Member States as part of the moderated Q&A.

- Samoa requested more information regarding the response to challenges to preparedness and access to health in rural areas.
- Sierra Leone invited Thailand to share more experiences and best practices regarding the engagement of CSOs and the private sector.
- The United States of America noted the number of site visits undertaken as part of the national review and requested more information on staff time and investments on this process. In addition, the United States asked Thailand to share any comparative perspectives of organizing both the Joint External Evaluation (JEE) of the IHR and peer review of the UHPR.
- Indonesia expressed interest in learning more about gaps related to digital health, the functioning of primary health care at the district level and primary health care in Thailand more generally.
- Kenya requested more information on collaboration with the private sector.

Thailand thanked Member States for their questions and shared the following additional perspectives.

- In Thailand, the health services have evolved even in the most rural areas. In a typical rural setting, people can access at least one small clinic or a private health service within a 30–40-minute walking distance. Thailand has an established network of health volunteers, who were highly involved in contact tracing during the pandemic. The government communicates through the provincial and district levels to keep the momentum on health security across the national territory. To ensure decision-making and implementation remained effective, the government also conducted table-top exercises involving local-level authorities.
- In Thailand, collaboration with the private sector focuses primarily on research, production of diagnostics and medicines. The private sector is also regularly consulted through formal consultation mechanisms on health policy and legislation. For example, the scientific committee of the Ministry of Public Health has members representing the private sector.
- Regarding the difference between the UHPR and other tools, including the JEEs, Thailand expressed its view that for the country, the UHPR has been a unique opportunity to engage other sectors beyond health. As a result of the national review, the Ministry of Public Health has observed a heightened awareness of challenges and priorities in the field of health emergency preparedness among all relevant actors. The methodology of the UHPR national review was more qualitative than previous tools, focusing on engagements and consultations with relevant stakeholders that will facilitate more exchanges of information and coordination among multiple sectors moving forward.

More information on points raised by Member States during the peer review of the Central African Republic can be found under Annex 2.