BACKGROUND

The World Health Organization (WHO) selected experts to serve as members of the Universal Health and Preparedness Review (UHPR) Technical Advisory Group (TAG) to guide the technical basis for the UHPR.

This global group of 21 technical experts convened for the first time on the 28th and 29th of October to formally launch the UHPR TAG.

AGENDA

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1. **Feedback from TAG subgroup 1 – GOVERNANCE AND PROCESS**
   - The group presented initial recommendations based on lessons from the UPR exercise, on the implementation of recommendations, following the review process, governance and procedural aspects. For further reference please consult meeting report of working group session.
   
   - Questions and comments from TAG members were raised around issues related to:
     - Avoid duplication of existing monitoring tools and improvement of existing recommendations at policy and governance level.
     - Specific plans for LIC, where capacity and financial support are particularly limited.
     - After review, recommendations should be specific and SMART to allow adequate tracking.
     - Financial support to be linked with a technical fund as is the case in UPR. This would enable the support of the implementation of recommendations and link UPR with SDGs.
     - Break down at regional, sub-regional and country-level needed and collection of data at those levels would be useful.
     - Process between recommendation, assessment and acceptance by countries, and the subsequent review already indicated, in the technical documents.

   The WHO Secretariat gave an update on the pilot preparations in CAR and how these are being set up and progressing. This process is being documented, so that lessons learned can be gathered and used as a reference for other countries. The TAG will be debriefed on the CAR pilot at the earliest opportunity.

2. **Feedback from TAG subgroup 2 – TECHNICAL INDICATORS AND METRICS**
   - The group presented initial recommendations based on the subgroup’s discussions. The areas, the indicators should cover and how they could be measured more adequately were discussed. For further reference please consult meeting report of working group session.
   
   - Questions and comments from TAG members were raised around issues related to:
     - How to capture health equity within and between countries.
     - Data collection capacity and research capacity strengthening not reflected in many instances.
     - The possibility to collect only the most important information to be more precise in the measurement preparedness.
     - How to consider better urban and rural regions as these might be affected differently.
     - Not to make indicators too complex as countries might feel overwhelmed. Ownership contextualization of the indicators will be very important.
     - How to prioritize some indicators over others. Given that response is adaptive, it is important to consider that static metrics might have limitations since system and communities will react differently.
     - Ensure clarity on what should be measured. It is crucial to review areas of community’s trust as indicators.
     - Every country has a specific context; CAR for instance has a humanitarian situation that might need additional indicators to adequately reflect the situation.
     - The challenge of how to integrate all indicators holistically.
3. Feedback from TAG subgroup 3 – INTERACTION AND RELATIONSHIP WITH OTHER MECHANISMS

- The group presented initial recommendations around adequate government structures for multisector engagement and implementation of after-review recommendations. Indicators were included that reflect community engagement and government commitment as well as ensuring the pilots document feasibility of the process. For further reference please consult meeting report of working group session.

- Questions and comments from TAG members were raised around issues related to:
  - The monitoring and evaluation tools and UHPR were mapped. This describes how they communicate with each other and explain the added value of UHPR with regards to existing M&E tools.
  - Consider indicators that reflect the current domestic funding situation. UHPR mainly focused on health emergencies, but it is important to be as inclusive as possible.
  - Weather preparedness is considered for infectious diseases and also other non-infectious emergencies such as chemical radiations.
  - How will countries respond to the peer-review process by fellow Member States? o How to ensure high-level buy-in and inclusion of other crucial sectors, including military and other stakeholders in the process.
  - Multisectoral engagement is important to be institutionalized, and roles clearly defined, including existing multisector engagements.
  - Political engagement, to be as inclusive as possible.
  - Should UHPR be mandatory or voluntary? – Learn from experience of UPR
  - On predictable and sustainable financing. It is known what financial needs countries have. Important to review how these can be addressed and through what channels. There may be different sources at country level that could be channelled down to different areas in need.

4. Update by UHPR Secretariat

- Recommendations from TAG members are being reviewed continuously and included in UHPR technic documents.
- The components related to recovery of health systems and countries as a whole are being reviewed and include in documents.
- On pilots, the Central African Republic has advised to include French speaking experts, as no translations will be provided. Therefore, TAG members that would be eligible to participate, should have a good working knowledge of French.
- 23 countries have shown interest for UHPR. Several missions are planned during Q1 of 2022.
- On UHPR mock commissions, important to review options and share recommendations to WHO, for pilot.

5. Next steps

- Prior to next TAG meeting, the WHO Secretariat will share outcome of other working group discussions so that concrete recommendations can be provided by TAG members.
- Adjusted documents will be shared with TAG to have final review.
- TAG members will be consulted on pilot reviews.
- We will convene the third TAG meeting within a month (to be discussed with the Co-Chairs).