AGENDA

<table>
<thead>
<tr>
<th>Time (Geneva)</th>
<th>Agenda Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>14:00-14:10</td>
<td>Opening remarks</td>
</tr>
</tbody>
</table>
| 14:10-14:20   | UHPR Timeline 2022  
Road to the World Health Assembly |
| 14:20-14:50   | Update by UHPR Secretariat on pilots  
Central African Republic  
Iraq |
| 14:50-15:50   | Discussion on UHPR Concept note  
Questions & Answers |
| 15:50-16:00   | Next steps and closing remarks |

KEY POINTS

1. **UHPR Timeline 2022**
   - The WHO shared an update of the general UHPR timeline for 2022 until the World Health Assembly in May, highlighting, key events and UHPR pilots in volunteering countries.

2. **Update by UHPR Secretariat on pilots**
   - The WHO presented a summary of the pilot experiences: notable the first pilot in Central African Republic (CAR) and the ongoing pilot in Iraq:

   **Central African Republic**
Methods: High-level meetings (President, Prime Minister, MoH, Parliamentarians, etc.), 2 Simulation Exercises, focus group discussions on the draft report, document review, key informant interviews, site visits.

Main findings and outputs:
- Key best practices: Highest level political will, heavy involvement of local authorities and community, proper coordination and involvement of national and local authorities in fighting against COVID-19.
- Key challenges: Tropical ecosystem, volatile political, social, economic and security landscape, multisectoral and multistakeholder coordination at all levels, lack of qualified human resources, coordination of international partners.

Main areas of recommendations: Multisectoral coordination, partner coordination, human resources, strengthening the resilience of the health system, one health, response to health emergencies, monitoring, disaster risk management, resilience of health system to achieve UHC and health security.

Iraq

Background:
- The UHPR process was owned and led by the Republic of Iraq, since the beginning of review.
- Letter from WHO Director-General was sent to Iraq early December 2021 acknowledging the commitment of Iraq and confirming the provision of WHO support for the review.
- A National Commission was established involving the Prime Minister, selected Ministers, and Governors to lead the UHPR.
- A technical working group from the health sector was established for conducting the process under the leadership of the National Commission and in coordination with the sectors.

Main findings on Governance
- The crisis management committee to respond to COVID-19 pandemic had limited authority and specific capacities to lead the response
- The decentralization law of 2015 was not fully studied/designed which led to inconsistent implementation at different levels
- A public health emergency preparedness and response plan was developed in 2020 with no engagement of relevant sectors.
- Culture of emergency preparedness doesn’t exist within different levels of decision-makers.

Impact on Service Delivery
- During the past decades, the health system in Iraq has suffered from a severe deterioration in its infrastructure and performance
- Iraq’s low human capital index and poor health outcomes reflect the impact of the conflict and governance constraints.
- The neglect of the health sector by successive governments and the low funding during the past years has led to an insufficient infrastructure of hospitals and primary health care centres that lack sustainability and the lack of human resources and their poor distribution, and this has resulted in major gaps in preventive and curative health services.
• The group raised issues related to the pilots, including:
  o How to prepare countries undergoing a UHPR pilot for including multi-stakeholder and multi-cultural aspects, before doing the pilot, and how UHPR indicators were used measured in CAR and Iraq

3. Discussion on UHPR Concept note - Questions & Answers

• The Co-Chairs facilitated a discussion on the previously shared Concept Note. Constructive recommendations and comments from TAG members were shared:
  o Use the term “conclusions”, rather than “recommendations” at the national level review.
  o How are civil society organizations involved throughout the process?
  o How have methods been tested during the pilots?
  o Important to involve senior government officials and cross-sectoral engagement since the beginning of the UHPR pilot.
  o Highlight further how UHPR builds on existing IHR assessments.
  o Highlight the spirit of solidarity (bringing more elements on collaboration and cooperation).
  o Add a subtitle on rational, principles and objectives.
  o Include the participation of regional bodies and add indicator and data on regional perspective
  o Clarify what UHPR will add to other assessments and specific role it will play on top of other existing assessments
  o Clarify that the peer- review is between Member States
  o Link UHPR with the GPW (in general) and not with the GPW 13 so the document lives beyond the 13th GPW.
  o With regards to the global review phase:
    - Review the terminology used for the adoption of recommendations.
    - In the Expert Advisory Commission, who are non-state actors?
    - How will the commissions work with the Member State under review to come up with the outcome report?
    - How will Member States be selected for the Global Peer Review Commission?

4. Next steps

• TAG members to send written comments on the Concept Note that will be consolidated by UHPR Secretariat (Deadline: March 18th)
• WHO share preliminary thoughts about the supranational commissions (EAC and GPRC) their role and responsibilities to collect comments and suggestions from the TAG.
• Organize meetings of the TAG sub-working groups (based on needs and priorities)
• WHO will reach out to TAG members to join pilots