# AGENDA

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KEY POINTS

UHPR Timeline 2022

• The WHO shared an update of the general UHPR timeline for 2022 highlighting, key events and UHPR pilots in volunteering countries, particularly the pilots in Portugal and Thailand, the revision of the UHPR background documents and the activities that the Secretariat will be working on over the next months. For more information, please refer to the presentation.

Update by UHPR Secretariat on pilots

• The WHO presented a summary of the pilot experiences: notably the first pilot in Thailand and Portugal.

Thailand

Overview of pilot activities:
- 6 high-level meetings, 2 Simulation Exercises and focus group discussions, 29 key informant interviews and 13 site visits were done

Best Practices:
- Commitment to health and health security at the highest levels
- Principled approach: political commitment, policies informed by evidence and data
- Agile, flexible evidence-based decision making
- Pre-existing accountability mechanism through the National Health Assembly with multi-stakeholders
- Whole of government and whole of society approach at all levels
- Decades of sustained investment in the health system, especially at district level
- Community Resilience
- Use of data, innovation and technology

Challenges
- Integration of data from different sectors and information management for decision making (EOC)
- Stringent and rigid budgetary frameworks didn’t allow for sufficient flexibility to reallocate resources for emergency procurement
- Health care delivery, Primary Health Care and emergency preparedness all present challenges in urban settings and with vulnerable populations
- Opportunity for greater strategic engagement with private sector
- Call centres alignment and flexible capacity
- Medical waste management
- Limited domestic production capacity
- Concern about how to sustain and share innovations
- Pandemic ‘fatigue’ and complacency

Main areas of recommendations:
- Focus attention on strengthening health, well-being and inclusion of vulnerable populations
- Continued investment in multidisciplinary workforce
- Develop and implement a strategy to strengthen data integration
- Additional investment in innovation and digital technology
- Further develop and implement strategies to sustain the gains made during the pandemic response (e.g., governance, policy formulation, technologies, community engagement)
- Strengthen domestic capacities for self-reliance (vaccines, reagents, diagnostic, therapeutics)
Expand and sustain R&D-specific capacities in support of health emergency preparedness
Capture, document and disseminate the best practices and lessons learnt from pandemic

Portugal

Overview of pilot activities:
- 20 high-level meetings, 4 Simulation Exercises, a focus group discussion with 80+ participants, 20 key informant interviews, 11 site visits were done and a UHPR Survey and document review were conducted.

Best Practices:
- Commitment to health and health security at the highest levels
- UN and EU policies, legislation and regulations for health security, health systems and UHC are fully transcribed and integrated into Portuguese laws and other legal instruments
- Inclusive and equitable Health Policies and UHC
- Leveraging existing multisectoral collaboration
- Trusted, adaptable and agile systems
- Development of the National Health Plan 2021-2030 with innovative approaches to health problems and intervention, essential for the attainment of UHC, healthier populations and adequate preparedness
- Development of technology and innovation for information sharing and response activities during the COVID-19 pandemic

Challenges
- Lack of an overarching plan (for PHEPR plans) that complements other sector plans
- Insufficient integration of public health emergency preparedness and response approach in all policies and sectors
- Insufficient HR and incentives (across managerial, technical and service levels)
- Lack of systematic and institutionalized training in PH emergency preparedness and response
- Emergency data management agility and interoperability of existing IT tools need to be improved
- Limited and not sustainable budget and other resources for investment in health emergency preparedness.

Main areas of recommendations:
- Engage high-level decision-makers in the endorsement of the National Health Plan 2021-2030 for UHC, healthier populations and emergency preparedness
- More engagement of the parliament, including through the health commission for PH emergency preparedness and response
- Review and update legislation and policies for emergency response
- Reflect on the alignment between mapping of health districts and administrative breakdown of districts
- Leverage EC/EU policies - Use existing EU instruments within the EU 4 health
- Sustain and institutionalize key partnerships developed during pandemic response
- Increase and make more sustainable the budget lines for health emergency prevention and preparedness, based on lessons learned from COVID-19 pandemic
- Real-time data sharing and better data integration in all sectors
- Enhance risk communication at local levels
- Expand and enhance R&D-specific capacities in support of health emergency preparedness
- Maintain and increase investment in innovation and digital technology
- Capture, document and disseminate the best practices and lessons learnt from pandemic (IAR & AAR)
Lessons Learned from the four UHPR pilots and outputs from the UHPR retreat

- The Secretariat provided a summary of the lessons learned along various components of the UHPR mechanism. For more information, please refer to the presentation.

- TAG members who participated in the pilots shared their perspectives:
  - **Justin Koonin in Thailand**
    - Highlighted the difficulty in undertaking a pilot due to challenges presented by WHO and praised the results obtained so far.
    - If UHPR is to be a mechanism to implement continuously and globally, it is important to simplify the process and focus on high-level meetings.
    - On metrics, important to measure most critical aspects and streamline and simplify process of reporting.
    - Civil society engagement was considered at different levels and Thailand has made important progress on CSO and non-state actors engagement.
  - **Dicky Komar in Thailand**
    - Important to simplify the process.
    - The case of Thailand is not representative of most countries.
    - Important to highlight elements of accountability and solidarity of UHPR, through capacity building.
  - **Zaza Tsereteli in Portugal**
    - Recommend simplifying the process.
    - Important to review the indicators and what indicators are strictly necessary.
    - Review pilot protocol to make it clearer, practical and easier to understand for countries to prepare activities.

Discussion on the updated UHPR process and background documents – comments and suggestions from the TAG members

Comments:
- How the mechanism can promote accountability beyond the high-level engagement at the national level? How will countries take on board the findings and how they will be addressed?
- Follow-up on how gaps are addressed by countries after identification. How is this included as part of the UHPR mechanism?
- How is the systems building aspect addressed in the review? This is critical for building preparedness in countries.
- What are the lasting effects and values of a UHPR pilot at the national level?
- We can’t address everything in the span of a pilot. How will TAG members have access to the UHPR National report?
- It's important to understand how you came to these conclusions from the report/indicators and how these were integrated with the high-level discussions and interviews/focus groups you referred to. The methodology you are using to analyse / assess these is not clear.
- While the focus is and should be on emergency preparedness, it will be fatal if the tool does not encompass broader measures concerning the development of equitable and resilient health systems and UHC, which are crucial to effective emergency preparedness.

Suggestions:
- Include highly populous countries and diverse countries with different preparedness and readiness contexts.
• Limit the list of indicators and consider a different set of indicators depending on country setting.
• Streamline the process and prioritize the questions, challenges and gaps to be addressed.
• Better define how to prioritize issues to be addressed.
• It would be important to hear from the Member States that implemented the UHPR pilot: What was the value for the countries themselves?
• Is it possible to have a presentation on how the process and metrics performed rather than the results of the pilots? This would help TAG members who haven’t been to the countries contribute.
• Have a model coordination mechanism led by a senior minister with key national state entities involved, including Parliament and civil society and meet regularly;
• Develop a database in each country for sharing good practices, as well as challenges of implementation;
• Encourage States to prepare mid-term reporting so as to better prepare for the next round and better monitor implementation requirements;
• Ensure the availability of technical assistance and possibly the use of ODA in order to support countries when required; at their request and with their consent.
• Need to expedite things as much as possible, but we also need to get the tool right. We appreciate the period of reflection and refinement before the next round of pilots.

Specific Questions to the TAG subgroups

• **UHPR TAG - Subgroup 1 (Governance and process):**
  o Considering that we will have one Expert Advisory Commission at the Regional Level followed by a Global Peer Review phase, how should both of these be structured and staffed?
  o What procedural aspects should be included to ensure standardization but avoid rigidity in the process?
  o What are the scopes of work you consider essential to be included in both commissions?

• **UHPR TAG - Subgroup 2 (Indicators):**
  o Review the updated list of UHPR indicators and see which ones should be used as core indicators for in-depth review of health security, health systems and UHC country capacities?

• **UHPR TAG - Subgroup 3 (interaction and relation with other mechanisms):**
  o How UHPR interacts with other monitoring bodies, like the GPMB?
  o How to ensure engagement of CSO in the UHPR process and what are some of the predicted challenges the TAG envisions with CSO engagement?
  o What should be the CSO’s role at each step of the UHPR process?

Next Steps

• Secretariat will share updated documents with the TAG for review
• Subgroup of TAG to reconvene, discuss questions and documents shared
• Consultation with regional offices and Member States on the updated UHPR process and documents
• Shaping the UHPR global commissions and holding meetings for the four pilots
• Continue supporting volunteering Member States to undertake UHPR pilots