Universal Health and Preparedness Review (UHPR)
Member States information session

14 December 2022
Agenda

1. Welcome remarks – Dr Tedros Adhanom Ghebreyesus, WHO Director-General
2. Opening remarks – Dr Mike Ryan, Executive Director, WHO Health Emergencies Programme
3. Piloting the UHPR: results and experiences from the four pilot countries
   - HE Anutin Charnvirakul, Deputy Prime Minister & Minister of Public Health, Thailand (video message), followed by a technical presentation by Dr Khanchit Limpakarnjanarat, Advisor to the Department of Disease Control, Ministry of Public Health, Thailand
   - HE Dr Pierre Somsé, Minister of Health and Populations, Central African Republic
   - Dr Hani Musa Bader, Technical Deputy Minister, Ministry of Health, Iraq followed by a technical presentation by Dr Riyad Al-Hilfi, Director-General, Ministry of Health, Iraq
   - Dr Rui Portugal, Deputy Director-General, Ministry of Health, Portugal, followed by a technical presentation by Dr Paula Vasconcelos, Coordinator, Public Health Emergency Center, Ministry of Health, Portugal
4. Way forward on the UHPR - Dr Stella Chungong, Director Health Security Preparedness
5. Facilitated Q&A
6. Closing remarks - Dr Mike Ryan, Executive Director, WHO Health Emergencies Programme
Welcome Remarks
Dr Tedros Adhanom Ghebreyesus, WHO Director General
Opening Remarks
Dr Mike Ryan, Executive Director, WHO Health Emergencies Programme
Piloting the UHPR
Experiences and results from Thailand, the Central African Republic, Iraq and Portugal
Piloting the UHPR in Thailand
HE Mr Anutin Charnvirakul
Deputy Primer Minister and Minister of Public Health (video message)

Dr Khanchit Limpakarnjanarat, Advisor to the Department of Disease Control, Ministry of Public Health
Piloting the UHPR in Thailand, April 2022
Dr. Khanchit Limpakarnjanarat
Advisor, Department of Disease Control
MOPH, Thailand
Country context

- Thailand’s long term investments in infrastructure, technology and human resource capacity, providing the robust and well-resourced medical and public health system.

- Experience with SARS-1, H5N1 Avian influenza, pandemic H1N1 influenza and MERS helped Thailand build expertise and understanding that enhanced preparedness.

- “Whole of government” and “whole of society” approach was adopted in Thailand.

- Active and consultation were actively sought from sectors of society, both public and private to mitigate impacts of the outbreak and protect national health security.
Piloting the UHPR in Thailand: process (I)

UHPR Highlighted multi-sectoral collaboration
Information from various stakeholders provided to experts panel on the issue of COVID-19 pandemic response:

Evaluated on 3 pillars

1) Governance and leadership
2) National health emergency system
3) Sustainable financing
Piloting the UHPR in Thailand: process (II)

- 13 Site visits
- 6 High Level Meetings
- 29 Sessions of Interview
- 2 Simulation exercises

Thailand selected 12 areas for evaluation
1) Research
2) Work Force Development
3) Medical Waste Management
4) Disease Control
5) Risk Communication
6) Access to Basic Health Services
7) Access to Essential Medicine
8) Essential Health Services
9) Vaccine Management
10) EOC
11) Health Information
12) Laboratory
Key highlights from the UHPR pilot in Thailand

- Governance and leadership
- National Health Emergency System
- Sustainable Financing
Key highlights from the UHPR pilot in Thailand (I)

Governance and leadership

• There is clear engagement from senior leaders who coordinate with various sectors, including the public, private, social and educational sectors.

• Whole-of-government led by PM, whole-of-society approach, agile and adaptive to emerging size of pandemic, use of sciences in decision and transparent communication to public on cases and deaths, public health and social measures.
Key highlights from the UHPR pilot in Thailand (II)

National Health Emergency System

• A good coordinating structure is in place, in particular the operations of the CCSA and the National and Provincial Communicable Disease Committee.

• Public health emergency response systems are flexible and data-driven.

• RRT and a robust lab. network are critical to rapid detection, investigation and response including internationally recognized FETP program.

• Operational cooperation among sectors especially the VHV network has been existing in all parts of the country. It is an important mechanism to support the work of disease prevention and control.

• People can access free COVID-19 treatments and vaccines.

• Advanced Technology and Innovation Includes applied research to identify operational and policy direction.
Sustainable Financing

• A strong public health system and UHC have been in place for a long time. As a result, the country's public health system is sustainable and predictable.

• Significant budget approval from Central Fund and internal borrows to address pandemic. All patients Thai and non-Thai access to care with zero copayment including vaccine.
Challenges from the UHPR pilot

• Health emergency response in urban and vulnerable population
• Migrant population residing in Thailand (2,167,937 registered migrant workers in Thailand, Ministry of Labour, 2022): access to education and health services, relied on mainly NGO operation
• Strategic partnership with private sector
• Data integration of multi-sectoral for policy decision
• Sustain innovation as a result of pandemic response
• Medical waste management
• Production capacity of medical countermeasures including vaccine and diagnostic tests
• Effective and coordinated communication with public and patients who need support
• Public financial management has yet to be strengthened for timely disbursement to responses at the front-line
• Need effective anti-fake news communication
Conclusion

• Method and process of UHPR are in pilot stage and need well advance planning, multi-sectoral coordination, and simplification. Plus, it should be flexible to country context

• UHPR can be a useful tool for evaluation at national and sub-national levels. It engages with highest political level and create accountability for delivery of NAPHS

• Thailand will move forward with action to the useful recommendations
Piloting the UHPR in the Central African Republic
HE Dr Pierre Somsé, Minister of Health and Populations
Universal Health and Preparedness Review

UHPR

Pilot in Central African Republic (CAR)

Dr Pierre SOMSE
Minister of Health and Population

14th December 2022
Central African Republic – Context

- Landlocked country with a population of 4.7 million
- Three decades of military-conflicts
- IDP: > 600 000 inhabitants
- Extreme poverty rate 71.4%

- Mortality Maternal-infantile rate 826/100.000
- Malaria mortality rate 72/100.000
Protracted humanitarian health emergency Grade 3

8 ongoing epidemics: Covid-19, Measles, Rabies, Monkey Pox, Yellow fever, Guinean worn, whooping cough, meningitis

Alerts: RVF

High Risk: EVD

Rainforest ecosystem

### Joint External Evaluation (JEE)

<table>
<thead>
<tr>
<th>Capacities</th>
<th>Number of indicators</th>
<th>Scores</th>
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</thead>
<tbody>
<tr>
<td>Prevention</td>
<td>12</td>
<td>No Capacity</td>
</tr>
<tr>
<td>Detection</td>
<td>6</td>
<td>No Capacity</td>
</tr>
<tr>
<td>Response</td>
<td>10</td>
<td>No Capacity</td>
</tr>
<tr>
<td>Others (PoE, CRN)</td>
<td>6</td>
<td>No capacity</td>
</tr>
</tbody>
</table>

70% (34/49): No capacity
CAR – Health System and UHC

- UHC service Coverage Index: **32/100**
- Human resources in health ratio 7.3 / 10,000 inhabitants (<23/10000)
- Household expenditure on health: 43.7% (>25% compared to WHO standards)
- Low geographic coverage of health care and services
- Inadequate health care infrastructure;
- Lack of a national supply and distribution mechanism for health
CAR-UHPR- added value

Unlike other national and partner health assessment mechanisms the UHPR in CAR sought to:

- 1st assessment that aligned health systems, health security and UHC.
- High level political commitment with Head of State, Prime Minister, Parliamentarians.
- Seek high-level national and international commitment: enhance global solidarity for national capacity building.
- Strengthen the framework for coordination with partners, multi-sectoral collaboration and community engagement;
- Review the effectiveness of development assistance in the area of public health;
- Strengthen strategic planning for the implementation of the Health National Development Plans and Sustainable Development Goals.
CAR: UHPR Political leadership

- Crisis committee: Head of State
- Technical committee: Prime Minister
- Strategy and Methodology Group (MoH)
- UHPR National Secretariat (decree of the PM)
- Community dialogue
Organization of 2 simulation exercises (national and subnational levels)
120 participants

Advocacy meetings with national leaders and international authorities

Key informant interviews
28

Analysis of relevant indicators selected
86

Field visit
5 settings/sites

Document review:
147 references

6 National Workshop
+260 participants

Community dialogue
312 participants

All this provided inputs and contributed to the Final Report
CAR- UHPR completion of existing information

AAR (Nov ‘17)

COVID-19 IAR (Nov ‘21)

STAR (Dec ‘19)

JEE (Dec ‘18)

SPAR 2021

UHPR (Dec ‘21)

HNDP 2022-2026 (Sep ‘21)

NAPHS 2022-2026 (Sep ‘21)

Two years operational plan and investment case
CAR- Lessons learnt from UHPR

- **Highest level commitment** – President’s and Prime Minister level engagement

- **Engagement of stakeholders** – private, civil society, national & international

- UHPR took into account **vulnerabilities and other social determinants** of health (and outbreak too).

- **Simulation exercises** are a powerful tool to measure health security readiness ensuring a genuine involvement and ownership at political level.

- Addressing the unifying concept between **PH emergency risk mitigation, preparedness, response, recovery and development** – **PHEM, Disaster Risk Management & Development Management**

- Interlinkage between **health security and development & Health and peace**
CAR- UHPR way forward

- The UHPR process is informing:
  - Review of National Health development Plan 3\textsuperscript{rd} Generation and WHO CCS: integrate UHPR recommendations.
  - Programmatic operationalization of the "One health" and "Health in all policies" concepts, NAPHS and Investment Case for resource mobilization
  - Strengthening transparency and mutual accountability: National Committee of Health Sector.
  - Strengthening crucial role of governance in health: governance, leadership, coordination and stewardship.
  - Sustaining High-level engagement: regular report to national authorities.
  - Integration of health security projects: AFRO health emergency flagships.
CAR - UHPR key results

- The implementation of UHPR recommendation:
  - Exhaustive review of the report by Minister of Health: March-June 2022
  - Health National Multisectoral Coordination: July 2022
  - Frontline Field Epidemiology Training programme: August 2022
  - PROSE, SURGE, TASS: September 2022
  - Coordination mechanism with International NGO: November 2022
  - Preparation of application to pandemic preparedness fund: Dec 2022
  - Report signed by the Head of State and submitted to WHO: Dec 2022
UHPR: “A Game Changer in Health Security and UHC.”
Piloting the UHPR in Iraq

HE Dr Hani Musa Bader
Technical Deputy Minister, Ministry of Health

Dr Riyad Al-Hilfi, Director-General, Ministry of Health, Iraq
Universal Health and Preparedness Review
The Republic of Iraq
December 2021-March 2022

Member States information session, 14 December 2022
<table>
<thead>
<tr>
<th><strong>Country context</strong></th>
<th><strong>40 million</strong> total population</th>
<th><strong>21 Governorates (18 North &amp; 3 Kurdistan)</strong></th>
<th><strong>250,000</strong> refugees and <strong>1.2 M IDPs</strong></th>
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<tbody>
<tr>
<td><strong>4.1 million</strong> in need of humanitarian assistance</td>
<td><strong>55%</strong> are between 16-60 years old</td>
<td><strong>70%</strong> are living in urban settings</td>
<td><strong>-15.7%</strong> GDP growth rate</td>
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<tr>
<td><strong>40%</strong> of population &lt;5 years old</td>
<td></td>
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<td><strong>14.1</strong> Unemployment rate</td>
</tr>
<tr>
<td><strong>20%</strong> Population living below international poverty line</td>
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<td></td>
<td><strong>26.7%</strong> Population living below international poverty line</td>
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Country Context: Sustainable Development Goals

**SDGs on Track**

- **71.5** Life expectancy at birth
- **13.7/1000 births** Neonatal mortality rate in 2020 vs 17 in 2015
- **18.5/1000 births** Infant mortality rate in 2020 vs 24.8 in 2015
- **23.6/1000 births** Under 5 mortality rate in 2020 vs 30 in 2015
- **34.2/100,000 live births** Maternal mortality ratio births in 2020 vs 83 in 2015

**Low progress of SDG**

- **610.8/100,000** Mortality rate from NCDs in 2020 vs 611.7 in 2015
- **88/100,000** mortality of road traffic incidents in 2020 vs 61 in 2015
- **44.6/100,000** Mortality rate from Communicable diseases
- **23.5%** Probability of dying due to 4 main NCDs: in 2020, 24% in 2015
- **3/100,000** Mortality rate due to unsafe WASH
Country capacity for IHR Capacities

- **54% Prevention capacity**
  - Fragmented multisectoral coordination structures
  - Insufficient reporting protocols & network
  - Moderate data analysis capacity
  - Integrated surveillance is planned

- **45% Preparedness capacity**
  - Limited capacity of IPC
  - Limited capacity of AMR
  - Limited diagnostic and biosafety/biosecurity capacity
  - Limited capacity of One Health
  - Moderate Port of Entry PoE routine and emergency capacity

- **47% Response capacity**
  - Lack of integrated structure for health emergency management
  - Moderate capacity for sending and receiving medical countermeasures
  - Limited capacity in managing chemical events at facility level
  - Limited workforce capacity
  - Growing RCCE capacity

Risk Matrix for Iraq, 2022

- **Impact**
  - Dams/bridge failures, deliberate biological attacks
  - Radiation/nuclear events
  - Cold waves, heat waves
  - Floods, industrial accidents including chemical events
  - Crimean-Congo haemorrhagic fever, Marburg, SARS-CoV-2 (new strain), Fire Incidents, Water pollution, Mass gatherings, Armed conflict and forced population displacement, Food insecurity, Tsetse and substandard medicine and technology, Anti-ideological Resilience

- **Likelihood**
  - Very unlikely
  - Unlikely
  - Likely
  - Very likely
  - Almost certain

Legend:
- Very high
- High risk
- Moderate
- Low risk
- Very low risk
Piloting the UHPR in the Republic of Iraq: process (1)

- Official UHPR request from Iraq to WHO
- Letter from WHO Director-General acknowledging the commitment of Iraq
- Owned and led by the Republic of Iraq
  - National Commission involving the Prime Minister, selected Ministers, and Governors to lead the review at the policy and strategic levels
  - technical working group from all sectors and led by the health sector to technically lead the review
  - Collated and reviewed background documents
  - Several meetings at the national and Governorate levels
  - Meetings with academia and main civil society organizations
  - Field visits to seven governorates- Governors, Directors of Health and other sectors
  - Two multisectoral Table-top Exercises in Baghdad and Erbil
Piloting the UHPR in the Republic of Iraq: Nat Review process (2)

High-level WHO delegation under the leadership of WHO EMRO and HQ

Meetings with the Prime Minister, Minister of Health, Minister of Foreign Affairs, Minister of Finance, Minister of Agriculture, and UN Representatives

Participated in a national workshop to officially launch the Iraq UHPR report

Press conference to share findings of UHPR

Launching national report with best practices, challenges, and recommendations
Key highlights from the UHPR pilot in Iraq

Bringing all sectors for consensus building on strengths, gaps and priorities for the way forward

- Public health, Safety & Occupational Health law & civil defence law are comprehensive and addresses emergencies
- Development of the crisis management cells at Governorate level led by the governor with representation of the different sectors at governorate
- Ongoing efforts to build IHR capacities
- A structure of a comprehensive HIS exists, allowed to report around 76% of core regional health indicators
- Internal capacity to generate health workforce
- Iraqi health insurance law was developed in 2021 aims at achieving UHC

- Insufficient understanding and practice of emergency preparedness and Incident Management System
- Slow pace to reform the health care delivery model towards PHC
- Limited information on the quality-of-service delivery
- Package of essential services doesn’t include secondary and tertiary services
- Procurement strategies and procedures are not optimum
- Limited alignment between the MoHE and MoH to address HR needs
- Financing health security is not assessed nor allocated, and contingency funds are limited
### Recommendations from the UHPR pilot in Iraq

#### Governance & Leadership
- Review/update **national legislation**
- Establish **emergency management structure with PHEOC**
- Review and align national policies and ensure **health in all policies**
- Explore opportunities to build **executive leaders** for health emergencies
- Establish **Iraqi Public Health Institute of Health** and explore twining programs
- Create a space for **communities** in governance structure
- Consider **gender** in the planning and implementation of public health programs
- Update **health education program** including school health

#### Agile System
- Review and integrate existing **multisectoral coordination mechanisms**
- Establish **one health** structure
- Update existing **cross-border collaboration agreements**
- Establish an independent **national regulatory authority**
- Conduct **risk assessment** to inform public health measures in the context of international travel and trade
- Review and update the **NAPHS**
- Develop model of care towards PHC
- Prioritize and implement the recommendations of the various **health system reviews**

#### Resources
- Increase Government’s budget for health
- **Financial review** for health security financing
- **Refine the insurance law**
- Conduct a **national health account review**
- Review and update the **recruitment law**
- Develop national health workforce **strategy**
- Identify mechanisms for the **workforce capacity building**
- Explore opportunities and incentives to generate **family physicians and public health specialists**
## Next Steps for the UHPR in the Republic of Iraq

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>Develop a <strong>5-10 years National Health Roadmap</strong></td>
<td>defining the priorities of the country</td>
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<tr>
<td>Review structure for managing health emergencies</td>
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<tr>
<td>Strengthen the <strong>Health information system</strong></td>
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<tr>
<td>Develop multisectoral One Health advocacy, committee and Work-Plan</td>
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<tr>
<td>Establish the <strong>Iraqi national institute of health</strong> (ongoing)</td>
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<tr>
<td>Create space for the two-way community engagement</td>
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<tr>
<td>Update the <strong>National Action Plan for Health Security</strong></td>
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<tr>
<td>Production of the <strong>Investment case</strong> for WHO/World Bank FIF</td>
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Piloting the UHPR in Portugal
Dr Rui Portugal
Deputy Director-General of Health, Ministry of Health, Portugal

Dr Paula Vasconcelos, PHEOC/CESP
Ministry of Health
Country context - Portugal

- No changing borders since 1297
- Founding member of NATO in 1949
- Semi-presidential republic since 5 October 1910 and democratic country since 25 April 1974
- Universal National Health System (SNS) since Sept 1979
- EU Member-State since 1986
- Chief of State - President Marcelo Rebelo de Sousa
- Head of Government - Prime Minister António Costa
- Assembly of the Republic with 230 seats

UHPR activities - Background info:
- Still facing pandemic
- No government 2021-2022 - MoH delegation to technical level

- 10.344.802 inhabitants (2021)
- Two archipelagos with Political and Administrative Statute of Autonomous Region (Acores and Madeira)
Piloting the UHPR in PORTUGAL: process

- A new multi-country mechanism of capacity revision within universal health coverage, preparedness, and response to emergencies framework
- Global dialogue on Preparedness
- Mapping capacities and capabilities

Use former experience (GHSA)
- Identify best indicators and methods to collect information
- Mapping capacities and capabilities
- Opportunities to assess COVID-19 response
### Piloting the UHPR in PORTUGAL: process

<table>
<thead>
<tr>
<th>Pre-visit</th>
<th>Visit</th>
<th>Post-visit</th>
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<tbody>
<tr>
<td>Quantitative approach - indicators</td>
<td>Qualitative approach</td>
<td>Peer-review</td>
</tr>
<tr>
<td>Red flags</td>
<td>Report</td>
<td>Review of capacities and capabilities in the areas of PH, Health systems and other sectors</td>
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Piloting the UHPR in PORTUGAL: process

11 Sites visited
(Lisbon, Algarve, Porto)

4 Simulation Exercises
at national and local levels
(100+ participants)

Review of the reference
documents shared by
Portuguese colleagues (140+)

20 + High-level advocacy meetings
(H.E. the Minister of Health, Parliamentarians,
Directors, etc.)

20 + Key informant interviews

Focus group discussions
(80+ participants)

Contributions to the Draft UHPR National Report

Multisectoral engagement:
- 13 ministries
- 36 public institutions
- 22 private and civil society institutions
Key highlights from the UHPR pilot in PORTUGAL

UHPR Review

- e-SPAR
- AAR
- JEE
- Others

Any other assessment of EPHO or Health systems

Better mapping of country’s capacities and capabilities at strategic and technical level

Health system care delivery and coverage

Public Health

Civil society

Other sectors
Key highlights from the UHPR pilot in PORTUGAL

- Subnational and national contributions to global preparedness and response
- Recognize lessons from COVID-19
- Strategic vs technical complementarity
- Gaps identified in the health sector were also identified in all sectors, mainly when it comes to horizontal aspects: procedures, tools, human resources
- Engagement of the Parliament Health Group
- EU and European context
Recommendations from the UHPR pilot

- Preparation requires time and coordination
- Leading team dedicated
- Indicators to be revised from better proxy’s on Health services, P&R and Governance/finance
- Editorial and compilation of information skills required
- Report will require more justice on the editorial text to translate better the add-value
- WHO pre-done report would help
- Follow up with WHO for phase II - Peer-review: transparency and country sharing
Recommendations from the UHPR

Governance and Leadership
• Legislation (PH measures, roles and responsibilities of decision-makers, technical experts and community in emergencies)

Multi sectoral coordination
• Sustain and institutionalize key partnerships developed during pandemic response

Research & Development
• Support of health emergency preparedness

Engagement of Communities, Risk Communications
• Enhance risk communication through reliable communication network within and between organizations and with the public

Data and Information Sharing
• Real time data sharing and better data integration in all sectors
• Improve tools to make them user friendly and needs driven
• Integrate data management for routine activities

Digital Technology and Telemedicine
• Maintain and increase investment in innovation and digital technology
Recommendations from the UHPR - Priorities /Recommendations

National Planning

• National Health Plan 2021-2030 for UHC, healthier populations and emergency preparedness
• National emergency preparedness and response plans
• Capture, document and disseminate the best practice and lessons learnt from pandemic (IAR & AAR)
• Training, recruitment and career paths
• Integrate in the system and processess the gains made during the pandemic response
• Sustainable the budget lines for health emergency prevention and preparedness, based on lessons learned from COVID-19 pandemic
• More engagement of the parliament including through the health commission for PH emergencies preparedness and response
Thank you
Way Forward on the UHPR
Dr Stella Chungong, Director Health Security Preparedness
WHO Health Emergencies Programme

Member States information session, 14 December 2022
Way forward on the UHPR: Key Learnings

UHPR is a voluntary Member States-led mechanism that aims to “build mutual trust and accountability for health, by bringing nations together as neighbors to support a whole-of-government approach to strengthening national capacities for pandemic preparedness, universal health coverage and healthier populations”.

**Key learnings for WHO from pilots**

- Elevates the importance of emergency preparedness to the highest levels of government and policy makers
- Promotes multisectoral engagement, whole-of-society approach
- Leverages regional and international support and solidarity towards addressing country priorities
Progress update

• Detailed Concept Note on the UHPR presented and noted by MS following consultations in March 2022, A75/21

• Technical Advisory Group established in September 2021, continues to provide recommendations to WHO on the technical documentation and review process.

• UHPR included in the global architecture for HEPR

• WHO regional committees acknowledged the UHPR

• Based on feedback from the pilot countries and the TAG, WHO Secretariat has revised and updated the UHPR technical documents to:
  • Simplify and streamline processes and tools
  • Further refine the metrics, aligning with the scope of the UHPR.
  • Simplify the UHPR National Report Template

• Clarify the linkages with existing assessment tools and processes including the JEEs

• Engage with key stakeholders to support national priorities
Way forward on the UHPR

- **Country pilots to continue in 2023** – expressions of interest received from:
  - The Dominican Republic
  - The Republic of Congo
  - The Republic of Sierra Leone

- **Results of pilots will be used to continually update UHPR tools and processes**

- **Results and experiences to be shared with all Member States**

- **UHPR webpage** available for latest updates:

  https://www.who.int/emergencies/operations/universal-health-preparedness-review