PMAC 2020
UHC Forum 2020

ACCELERATING PROGRESS TOWARDS UHC

28 JAN - 2 FEB 2020 I BANGKOK, THAILAND

PMAC Prince Mahidol Award Conference · World Health Organization · The World Bank · UNDP · unicef for every child · UNAIDS · The Global Fund · USAID · NIH National Institutes of Health · JICA

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PMAC | PRINCE MAHIDOL AWARD CONFERENCE

UHC FORUM 2020

ACCELERATING PROGRESS TOWARDS UHC

| RATIONALE

The Prince Mahidol Award Conference (PMAC) is an annual international conference focusing on policy-related health issues. The PMAC 2020 is co-hosted by the Prince Mahidol Award Foundation, the Thai Ministry of Public Health, Mahidol University, the World Health Organization, The World Bank, United Nations Development Programme, United Nations Children's Fund, Joint United Nations Programme on HIV/AIDS, The Global Fund to Fight AIDS, Tuberculosis and Malaria, United States Agency for International Development, National Institutes of Health, Ministry of Health, Labour and Welfare, Japan, Japan International Cooperation Agency, China Medical Board, The Rockefeller Foundation, Chatham House, with support from other key related partners. The Conference will be held in Bangkok, Thailand, from 28 January – 2 February 2020. The theme of the conference is “Accelerating Progress Towards Universal Health Coverage”.

In 2015, the world united around the 2030 Agenda for Sustainable Development, pledging that no one will be left behind and that every human being will have the opportunity to fulfil their potential in dignity and equality. UHC is the aspiration that all people at all ages can obtain the health services they need, of good quality, without suffering financial hardship. Health services cover promotion, prevention, treatment, rehabilitation and palliative care, and all types of services across the life course. However, recent monitoring indicates though that progress is off-track for achieving stated UHC goals by 2030. Large coverage gaps remain in many parts of the world, in particular for the poor and marginalized segments of the population, as well as in fragile and conflict-affected states. Even for the countries that have seen expansion in the access to health services and coverage of key interventions over the last decades, sustaining these achievements is challenged by the rise in burden of NCDs and aging of population occurring on a compressed timeline. In middle- and lower- income countries this increase in burden of disease is observed without corresponding rapid increases in economic and societal prosperity, as well as in fiscal capacity.

Hence, UHC needs to be seen within the context of megatrends, including other issues beyond the health sector, that shape global health. Societies are facing the changing nature of the challenges that impact on health systems. These include systemic shocks such as disease outbreaks, natural disasters, conflicts and mass migration, economic crises, as well as longer-term processes, such as population growth or decline, epidemiological and demographic transitions, urbanization, food insecurity, climate change and widening economic disparities. These changes and shocks can affect the three core objectives of UHC: the gap between service needs, availability and use; quality of services, and financial protection. Health systems need to continuously adapt to provide appropriate and needed health services, and more generally, to ensure equitable progress along the related dimensions of population, service and cost coverage.

These megatrends, in the context of the alarming growth of NCDs, require the development of systems that are integrated and sustainable, not just the sum of their parts. Hence, forty years after Alma Ata, the world is making a new commitment to primary health care, but in ways that reflect vast changes that have occurred in medicine, economics and society since the late 1970s. The key to dealing with today’s public health challenges and changing landscape is not to change strategic direction but to enable a shift from health systems designed around diseases and health institutions towards systems designed for people, with people is required. This entails developing a competent health workforce, building capacity of local and sub-national health authorities to lead change at their communities, and engaging patients and relatives in co-creation of health.

The way forward for financing UHC will require strong political commitment as sine qua non underlying principle that is implemented via action on two fronts. On the one hand, countries can get additional mileage from adapting and accelerating core principles for progress derived from proven strategies for sustainable and equitable resource mobilization, pooling and purchasing for UHC, drawing on lessons from countries that have seen rapid UHC progress in the past. At the same time, we are living in times of a “second machine age,” the “fourth industrial revolution” driven by very rapid advances in digital technologies and communications. Digitalization of health financing systems, analysis of Big Data accumulating in real time from multiple sources has opened new avenues to stop leakages, detect fraud, facilitate payments, and better understand behaviors of people and institutions. At the same time, health financing systems need to be ready to embrace and support service delivery innovations that can improve access, efficiency and quality.

Countries would need strong and informed governance to harness innovations that can potentially address some of our most pressing health-care problems by transforming lives, preventing disease, restoring people to full health and making the health-care delivery system more effective and efficient. Such innovations should be guided by clear public policies oriented to equitable pathways towards UHC. Realizing these opportunities will also depend on sufficient and appropriate investment in R&D, figuring out common interests, accountability and partnerships with industry, ensuring that benefits of innovations are accessible to those who most need it irrespective of the wealth, mechanisms and processes encourage socially desirable innovation and promote equity driven innovation.

To seize the above-mentioned opportunities and challenges and transform it into the actual progress towards UHC and SDGs, we need strong leadership that can foster solidarity across different sectors at all levels. The role of local authorities and engagement of communities in concretely moving from commitment to action should not be understated. Good governance, and transparent, effective and accountable institutions are enablers for UHC. Giving the civil society a voice and an active role in advocating for and supporting progress to UHC is critical. In this context, health systems should become adaptive, learning systems that are able to adjust over time by analyzing past implementation and anticipating future challenges.

An adequate health system accessible to all members of society can contribute to societies that value security, solidarity, and inclusiveness. Particularly in fragile and conflict settings, health can be a bridge for peace. PMAC 2020 will be good timing to review the progress made over the first five years on this pathway towards 2030 goals and to strategize for the final decade.

This conference will present evidence and advance discussion on:

- Progress on UHC goals and challenges for the next decade in the context of global megatrends and other SDGs.
- Developing PHC-based health systems to efficiently and effectively meet the needs of people over the life course, including consolidated actions to develop diverse and sustainable health workforce.
- Transforming service delivery models and implementing quality improvement strategies to achieve people centered and integrate care
- What does it take to implement and scale up the core principles and strategies of health financing for UHC.
- Harnessing socially responsible and equity enhancing innovations in medical technologies, digital health, service delivery and health financing that help to accelerate progress towards UHC goals.
- Strengthening leadership and accountability to accelerate progress towards UHC and SDGs and the role of local authorities and civil society in moving from commitment to action.

THIS CONFERENCE WILL PRESENT EVIDENCE AND ADVANCE DISCUSSION ON:

1. Progress on UHC goals and challenges for the next decade in the context of global megatrends and other SDGs.
2. Developing PHC-based health systems to efficiently and effectively meet the needs of people over the life course, including consolidated actions to develop diverse and sustainable health workforce.
3. Transforming service delivery models and implementing quality improvement strategies to achieve people centered and integrate care.
4. What does it take to implement and scale up the core principles and strategies of health financing for UHC.
5. Harnessing socially responsible and equity enhancing innovations in medical technologies, digital health, service delivery and health financing that help to accelerate progress towards UHC goals.
6. Strengthening leadership and accountability to accelerate progress towards UHC and SDGs and the role of local authorities and civil society in moving from commitment to action.

Sub-Theme 1

Implementation challenges and
innovative solutions for UHC 2030

SUB-THEME 1

Introduction: progress and challenges

Underlying the achievement of most SDG3 targets is universal access to and uptake of quality, affordable health services (SDG target 3.8), the large majority delivered close to where people live and work (i.e. primary care). Most parts of the world have seen expansion in the access to health services and coverage of key interventions over the last two decades. There have also been notable improvements in financial protection. Yet, in many countries, large coverage gaps remain, in particular for the poor and marginalized segments of the population, as well as in fragile and conflict-affected states. It is estimated that still 3.5 billion people lack access to essential health services worldwide. Even when essential services are accessible, they are often fragmented, of poor quality and safety, and do not always address the upstream determinants of health and equity in health. At the same time, the burden of noncommunicable diseases, accidents and mental health problems is growing. Ageing populations are causing people to live longer, but often with multiple diseases and conditions that require complex care over time.

With the growth of social media and digital communication, healthcare users and their families are much more informed (or mis-informed) and are demanding more say in how health services take care of them. As Antonio Guterres, Secretary-General of the United Nations, said the world is suffering from a bad case of “trust deficit disorder”. This is also particularly notable in the health sector with for instance the rise in medical consumerism, malpractice litigation, and lack of trust in vaccination campaigns in more mature health systems. While in more fragile health systems, lack of confidence in health services explains reluctance of population to seek care and has proven to threaten early identification and threatens response and recovery in pandemics. Such as during the Ebola outbreak in Western African countries. This shows that communities are the anchor of nations’ resilience-building efforts. In this context, increased accountability (including social accountability to local communities) and broader stakeholder participation is needed.

The key to dealing with today’s public health challenges and changing landscape is not to change strategic direction – primary health care is still the path towards UHC – but to transform the way health and social services are organized, funded and delivered. For health care and coverage to be truly universal, it calls a shift from health systems designed around diseases and health institutions towards systems designed for people, with people. This is required to meet the evolving needs of the population, ensure population trust in services and subsequently their effective use, and to curb inefficiencies related to duplication and waste. In the wider context of Sustainable Development Goals, healthcare providers are also expected to demonstrate their social responsibility: protecting the general public’s well-being and meeting social expectations, while also aiming to reduce the impact on the environment of their activities.

Objectives and methods:

Political commitment to achieving UHC is strongly affirmed at the global level as the world convened in Astana in 2018 to reiterate their commitment to PHC; and the 2019 United Nations General Assembly United Nations prepares to hold a High-Level Meeting on “Universal Health Coverage: Moving Together to Build a Healthier World”.

In this context, this session aims at building on the global commitments and experiences learned from pioneering countries to go one step further and identify innovative solutions to make significant progress in implementation for local communities, ensuring no one is left behind. This session adopts whole-of-system approach to achieving UHC and considers both the supply and demand side interventions. It is complemented by sub-theme 2 that covers health financing policies to achieve UHC and by sub-theme 3 that set the broader picture and identifies major trends that will influence the service delivery model and capacity to deliver (availability of resources). Hence, interventions to increase population coverage or expand health benefits package or digitalization of health and innovation will be addressed in these sub-themes.

Because of the centrality of promotion and prevention to achieve UHC, those topics will be incorporated within each parallel session: this is an integral part of the Astana Declaration, workforce will need to build their capacity to respond to NCDs and in particular through promotion and prevention, the role of community in creating health environment will be tackled in PS3, and finally, the investment case on UHC should strongly include prevention and promotion as more cost- effective approach to UHC.

Sub-Theme 2

Sustainable Financing for Expanding
& Deepening Universal Health Coverage

SUB-THEME 2

Background

Universal Health Coverage (UHC) – a policy and political commitment that is part of the United Nation's Sustainable Development Goals (SDGs) for 2030 – is about ensuring that all people can use the promotive, preventive, curative, rehabilitative, and palliative health services they need, of sufficient quality to be effective, while also ensuring the use of these services does not expose the user to financial hardship. Increasing the level and efficient use of public and other compulsory prepaid/pooled sources of financing – targeted in ways that improve effective service coverage and financial protection, especially for the poor and vulnerable – is necessary for countries to make sustained progress towards UHC.

Since 2000, the world has advanced towards UHC, but not fast enough. At present rates, the 2030 global UHC targets under the SDGs will not be met. Despite progress in recent years, World Health Organization (WHO)-World Bank (WB) estimates indicate that more than half the world's population still does not have access to a basic package of health services, and more than 100 million individuals annually are impoverished due to high out-of-pocket (OOP) spending at the time and place of seeking care. Where gains in service coverage have been more evident, examples of corresponding improvements in financial protection have been far fewer and less notable across developing countries. Urgent action is needed to speed up gains in the two dimensions of UHC, health service coverage and financial protection, and to ensure that no one is left behind.

To accelerate progress, more funding will invariably be necessary: there are insufficient funds to ensure that all people obtain the health services they need with financial protection to reach the ambitious SDG targets in many low and lower-middle income countries. An important first step for mobilizing sufficient resources is political commitment by Governments. Increasing number of countries have made UHC as an explicit policy objective in national strategies and plans, and health has been used as a winning argument to raise more pro-health and pro-poor revenues. It is important that these examples also catalyze political action by other governments and grassroot actions.

However, more financing on its own will not be enough as countries cannot spend their way to UHC if resources are not utilized effectively: the challenges of sustainable financing are not only to raise more resources in and for countries that need them in equitable and efficient way, but also to ensure that the funds are pooled and used equitably and efficiently as well. This requires consolidating and expanding existing strategies that we know work, implement these strategies more effectively and aggressively, while at the same time continuing and encouraging some degree of focus and attention towards new approaches to raise and use funds for UHC.

The health financing policy landscape – beyond the critical recognition that both financial protection and effective service coverage are co-equal dimensions of UHC – is diverse. Over the past 15 years, a growing number of countries in all parts of the world have moved away from approaches relying on individual, de facto voluntary contributions towards more effective use of general budget revenues derived from broad-based taxes. They often target funds to the poor and channel them to an agency such as a national health insurance fund that purchases services from both government and private providers in a dynamic, data driven approach, while bolstering traditional supply-side public financing to government providers. There remain though significant gaps in the application and adaptation of good practices, and the challenging fiscal context has made progress difficult in most LMICs.

At a decisive time for the global UHC movement in 2020, the proposed series of sessions address policy makers in countries that are striving to sustainably finance accelerated progress toward UHC, along with their national and global partners. The subtheme underscores the argument that the way forward for financing UHC will require strong political commitment as sine qua non underlying principle that is implemented via action on two fronts. On the one hand, countries can get additional mileage from adapting and accelerating core principles for progress derived from proven strategies, drawing on lessons from countries that have seen rapid UHC progress in the past. At the same time, we are living in times of a "second machine age," the "fourth industrial revolution" driven by very rapid advances in digital technologies and communications. Digitalization of health financing systems, analysis of Big Data accumulating in real time from multiple sources has opened new avenues to stop leakages, detect fraud, facilitate payments, and better understand behaviors of people and institutions.

At the same time, health financing systems need to be ready to embrace and support service delivery innovations that can improve access, efficiency and quality. Opportunities may exist for countries to surpass previous achievements by embracing a culture of adaptive learning based on a virtuous cycle of implementation, data generation, analysis, and policy/implementation adjustment. Shared domestic and cross-country learning, as well as courageous leadership willing to make change happen, are key success factors.

The PMAC 2020 and 2 nd UHC Forum will take place after the High Level Forum on UHC at UNGA 2019, where Global Health Organizations will present and commit to coordinated action to support accelerators for achieving SDG3+. These key steps toward a global agenda for UHC financing will build upon and take further the discussions at the 1 st UHC Forum in December 2017, UHC Financing Forums in 2016, 2017 and 2018, Health Finance, Public Finance and UHC Symposia in 2014, 2016, and 2017, and the UHC financing discussions at the G20.

Objectives

This sub-theme will address the issue of sustainable financing for expanding and deepening UHC – consolidating the lessons and guiding principles for action emerging from global experience with health financing reforms -- while taking stock of why, in many countries, there remains inadequate progress. Within the bounds of these principles, adaptations of "traditional" modalities related to the financing functions of revenue raising, pooling, and purchasing will be explored. Attention will be given to the transition from policy to action (implementation), ensuring that a sense of urgency (given that there are only 10 years remaining for attainment of the SDG UHC target) does not deteriorate into desperation leading to a search for solutions that have been proven to fail (i.e. "keep calm and carry on"). The session will also scan the horizon of "non-traditional, innovative" modalities in health financing, including those spurred by digital technology advancement, to stimulate discussion and highlight potential opportunities.

Issues to be discussed

- Review the global health financing landscape, identify key remaining health financing challenges in the context of UHC, and reflect on what technical and political actions can help overcome obstacles to moving forward much more rapidly. For global landscaping, data will be pulled from the UHC Global Monitoring Report, while other synthesis studies including commissioned work will be used to identify the obstacles and potential solutions.
- Discuss political context of health financing, including ramifications of UHC as social contract and civil society role, demand generation for UHC financing from human rights and economic case arguments, introduction of pro-health and pro-poor fiscal policies.
- Consolidate and broaden consensus regarding core health financing principles that should guide health financing policy-making for UHC in any context.
- Explore and synthesize key lessons from country experience with the implementation of health financing reforms, including deeper dives into specific aspects of health financing reforms (revenue raising, pooling, benefit design, and purchasing, including related actions such as the alignment with public financial management and policy towards private finance and provision.) and draw out the implications of these lessons for accelerated action.
- Understand how technical support in health financing, including cross-country learning, might be adapted to better support countries to build their own capacity and institutions.
- Discuss and identify how technological advances can be (or have been) harnessed to enhance the effectiveness of health financing policies (particularly strategic purchasing) to drive progress towards UHC.

It is important to note that part of the discussion will be very much on "how": lessons on how countries have achieved political commitment to UHC and transformed core principles into practice, critical implementation steps and sequencing, and also experience of those countries that have not been able to address adequately the obstacles to progress; and, the "what", in particular to distill from country experience the core guiding principles that should drive actions in revenue raising, pooling, purchasing and benefit design.

Sub-Theme 3

Addressing Critical Challenges
for Governance of NCDs

SUB-THEME 3

Background

The environment for health systems has been changing and certainly continues to change globally and nationally. Societies are facing the changing nature of the challenges that impact on health systems. These include systemic shocks such as disease outbreaks, natural disasters, conflicts and mass migration, as well as longer-term processes, such as population growth or shrink, epidemiological and demographic transitions, urbanization, food insecurity, climate change and widening economic disparities. These changes and shocks can affect three core dimensions of UHC: population coverage, health services coverage and financial coverage. Health systems need to continuously adapt to provide appropriate and needed health services. To achieve and sustain UHC through health system strengthening, each country needs to forecast the likely impact of these megatrends on their health systems and adapt them accordingly.

Health and other Sustainable Development Goals are mutually reinforcing. Addressing other SDGs can promote UHC, whereas achieving UHC can benefit other sector goals. Poverty, for example, can prevent people from seeking health services if health expenses are not affordable, as 100 million people are being pushed into poverty each year because they have to pay for health care out of their pockets. Poverty reduction can lead to improved access to health services, and financial protection, as a part of UHC, would prevent poverty. Climate change threatens our health in various ways including increase of extreme whether events or changing patterns of vector-, food- and water- borne diseases. Countries with weak health systems will be least able to prepare and respond to these changes. Thus, health systems need to be resilient enough to anticipate, respond to, cope with, recover from and adapt to climate-related shocks and stress.

Sustainable industry, another focus of SDGs, is critical to continue to boost research and development, and to produce new technologies. The new technologies including medical products could facilitate the progress towards UHC and SDGs in many ways. For example, in the health sector, potent vaccine for HIV, Malaria or Tuberculosis would drastically change the landscape of the disease burden, which could accelerate the progress towards UHC. To this end, as a whole society, sufficient and appropriate investment is needed to promote R&D.

On the other hand, given the growing health expenditure strongly associated with new technologies all over the world, nations and the world need to ensure financial sustainability of health systems. One of the biggest challenges is to expand access to and use of medical products while the provision and its expansion are continuously financed. Mechanisms of properly financing health services as well as technologies (investing in R&D) need to be well designed. How to form a great partnership with the medical product industry with a proper mechanism to tackle this challenge, and eventually to achieve sustainable industry and sustainable health systems is key to promoting the solidarity with common goals of UHC and SDGs.

Innovation has great potential to accelerate human progress and many of SDG agenda including UHC. At the same time, innovation has to lead to societal positive impacts by steering the innovation process. Further, the benefits of innovations need to be accessible to those who most need it irrespective of the wealth. Innovation can address some of our most pressing health-care problems by transforming lives, preventing disease, restoring people to full health and making the health-care delivery system more effective and efficient: point-of-care diagnostics, digital health, artificial intelligence, and internet-of-things based solutions, to name a few. However, “side effects” of innovation also have been seen within and beyond the health sector, including negative impacts on health and environments, ethical issues and economic burden. For example, DDT, a pesticide, used for malaria control has potential negative effects on health and environment; a longtime project on the electronic patient record system was abandoned due to unresolved privacy issues after substantial investment 1 . Moreover, technological innovation could widen disparities across social groups, socio-economic groups, and geographic locations 2 . Given both positive and negative effects of innovation, questions are what mechanisms and processes encourage socially desirable innovation and promote equity driven innovation.

Good governance, and transparent, effective and accountable institutions at all levels themselves are common enablers for SDGs as well as important conduits for peaceful and inclusive societies of SDG 16. These enablers also apply to UHC. Intersectoral collaboration, concerted efforts of stakeholders, good decision-making process, proper financial allocation, enabling legal environments – all these factors that are necessary for UHC result from good governance and effective

institutions. Without these as well as peaceful and inclusive societies, UHC is harder to achieve. In turn, good governance and institutions can promote peaceful and inclusive societies with UHC as a means. An adequate health system accessible to all members of society can contribute to societies that value security, solidarity, and inclusiveness. Particularly in fragile and conflict settings, health can be a bridge for peace. Delivery of health services or health workers can be a neutral meeting point to bring conflicting parties.

To seize the above-mentioned opportunities and challenges and transform it into the actual progress towards UHC and SDGs, we need strong leadership that can foster solidarity across different sectors at all levels. In some political context, UHC reform may be resisted by particular interest groups as it would entail redistributing resources across the society. In divided societies such as ethnically, religiously or economically, the drivers of redistribution may be weaker, and the reform would be opposed, for instance, by right-wing populists or ruling elites who wants to distribute patronage favours to supporters. The leaders who have a vision and a broad supporter base could close the divide, and build up the momentum to move things forward. Such a movement can be underpinned and strengthened by evidence on the ground. In fact, often times, there were champions who propelled the movement. The questions are how to produce such champions in societies or countries where such a movement has not been seen yet, and how the global society can help to foster such an environment where they may appear.

This sub-theme will look at megatrends and global issues affecting UHC to find a way to adapt or respond to them, and identify synergistical opportunities and to overcome challenges that the society can synergistically address. With this recognition, it aims at fostering social solidarity toward SDGs by committing to UHC.

Objectives

- Considering megatrends affecting the achievement of Universal Health Coverage
- Seizing opportunities and addressing threats towards UHC and SDGs
- Building partnerships within and beyond the health sector, and fostering social solidarity by committing to UHC to drive toward SDGs

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[1]Von Schomberg, Rene (2013). "A vision of responsible innovation". In: R. Owen, M. Heintz and J Bessant (eds.) Responsible Innovation. London: John
Sons Ltd, pp. 51-74

[2]Weiss, Daniel et al. “Innovative technologies and social inequalities in health: A scoping review of the literature” PloS one vol. 13,4 e0195447. 3
doi: 10.1371/journal.pone.0195447

| VENUE AND DATES OF THE CONFERENCE

Centara Grand at Central World Hotel, Bangkok

Tuesday 28 - Wednesday 29 January 2020	Side Meetings
Thursday 30 January 2020	Field Trip
Friday 31 - Sunday 2 February 2020	Main Conference

| STRUCTURE OF THE CONFERENCE

This is a closed, invitation only conference host by the Prince Mahidol Award Foundation, and the Royal Thai Government, together with other international co-hosts. The conference consists of:

1. **Pre-conference**
    - Side meetings
    - Field trip
2. **Main conference**
    - Keynote speeches
    - Plenary sessions
    - Parallel sessions
    - Synthesis: Summary and recommendations
    - Poster display

| PRE-CONFERENCE PROGRAM

Tuesday 28 January 2020

09:00-17:30	Side Meetings

Wednesday 29 January 2020

09:00-17:30	Side Meetings

Thursday 30 January 2020

09:30–18:00	Field Trip

| MAIN CONFERENCE PROGRAM

Friday 1 February 2020

09:00-10:30	**Opening Session & Keynote Address** Opening Session by **Her Royal Highness Princess Maha Chakri Sirindhorn**
10:30-11:00	Break
11:00-12:30	**Plenary Session 0 : Accelerating Progress towards Universal Health Coverage**
12:30-14:00	Lunch
14:00-15:00	**Plenary Session 1 : Implementation Challenges and Innovative Solutions for UHC 2030**
15:00-15:30	Break / Special Event /Poster Presentation
15:30-17:30	**PS 1.1 : Revitalizing PHC – Astana and Beyond** **PS 1.2 : Investing in the Health Workforce for the 21st Century** **PS 1.3 : Achieving UHC through Strong Local Health Systems** **PS 1.4 : Addressing the Political Economy of UHC** **PS 1.5 : Ensuring Health Promotion and Disease Prevention in UHC**
18:00-20:30	Welcome Diner

Saturday 1 February 2020

09:00-10:00	**Plenary Session 2 : Making Health Financing for UHC SAFE**
10:00-10:30	Break / Special Event / Poster Presentation
10:30-12:30	**PS 2.1 : Making and Using (Fiscal) Space for UHC** **PS 2.2 : Smart Health Financing – Seizing Digital Opportunities** **PS 2.3 : Leveraging Strategic Purchasing for UHC through Strengthened Governance** **PS 2.4 : Health Financing Transitions: The Role of Development Assistance on the Road to Sustainability** **PS 2.5 : Assessing Health Interventions for a Fair, Efficient, and Sustainable UHC**
12:30-14:00	Lunch / Special Event
14:00-15:00	**Plenary Session 3 : UHC and the Changing Global Landscape**
15:00-15:30	Break / Special Event / Poster Presentation
15.30-17.30	**PS 3.1 Tackling Climate Change while Maximizing Health Impact** **PS 3.2 Artificial Intelligence and Digital Health: Opportunities and Risks** **PS 3.3 Making Health Services Accountable to the People – a Global Trend?** **PS 3.4 Solidarity & UHC – Leadership for Change** **PS 3.5 Making Global Trade Policies Work for UHC**

Saturday 3 February 2019

09.00-10.00	**Synthesis : Summary, Conclusion & Recommendations**
10.00-10.30	Break
10.30-10.40	**Statement**
10:30-10.40	**Statement**
10:40-12.00	**Closing Performance**
12.00-13.30	Lunch

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OPENING

OPENING SESSION

08.30 hours*	Guest arrives at Bangkok Convention Centre A
09.00 hours	Her Royal Highness Princess Maha Chakri Sirindhorn arrives at Bangkok Convention Centre A Report by Prof. Dr. Vichan Panich, Chair of the International Organizing Committee of the Prince Mahidol Award Conference
09.00 hours	Her Royal Highness Princess Maha Chakri Sirindhorn arrives at Bangkok Convention Centre A Report by Prof. Dr. Vichan Panich, Chair of the International Organizing Committee of the Prince Mahidol Award Conference **Opening Speech by** Her Royal Highness Princess Maha Chakri Sirindhorn Video Presentation – Prince Mahidol Award
09.30 hours	Keynote Speeches Video Presentation – Prince Mahidol Award Conference 2020

NOTE*

- The Opening Session on Friday 31 January 2020 at 09:00 hrs will be presided over by HRH Princess Maha Chakri Sirindhorn.
- Participants are required to register onsite, receive their badge,and enter the Opening Session Room on the 22nd Fl. before 8.30 am.
- Latecomers after 8.30 am will be requested to watch the session live from the satellite room on the 23rd Fl

| KEYNOTE SPEAKER

- **Ralf F.W. Bartenschlager,** Head of the Department for Infectious Diseases, Department for Infectious Diseases, Molecular Virology, University of Heidelberg, Germany
- **David Mabey,** Professor of Communicable Diseases, Clinical Research Department, London School of Hygiene & Tropical Medicine, United Kingdom
- **Ban Ki-moon,** Deputy Chair of The Elders, The Elders, Republic of Korea
- **Dina Mired,** President, Union for International Cancer Control, Jordan

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PLENARY SESSION 0

ACCELERATING PROGRESS TOWARDS UNIVERSAL HEALTH COVERAGE

| BACKGROUND

- Health is a fundamental human right, which should be enjoyed by all people. Furthermore, investments in health aimed at achieving universal health coverage (UHC) could contribute to accumulation of human capital that is indispensable for sustainable development.

- In 2015, the United Nations General Assembly adopted Resolution 70/1, “Transforming our world: The 2030 Agenda for Sustainable Development,” which reaffirmed that achieving UHC would ensure healthy lives and well-being for all people. However, nearly half of the earth’s population is still unable to access basic healthcare services, and 100 million people fall into poverty each year due to heavy burden of medical expenses. According to UHC Global Monitoring Report 2019 (GMR 2019), the world needs to double health coverage until 2030 in order to achieve the SDGs on UHC. Otherwise, GMR 2019 forecasts that, if current trends continue, up to 5 billion people will still be unable to access health care in 2030. Therefore, effort to achieve the 2030 Agenda should be accelerated more than ever.

- Back in 2017, the Government of Japan, World Bank, WHO, UNICEF, UHC2030, and JICA jointly held the UHC Forum 2017 and adopted the Tokyo Declaration on UHC to build up the momentum towards the achievement of UHC. The declaration aimed to highlight the importance of enhancing political momentum in international fora, the necessity of country-led coordination among stakeholders regarding assistance towards achieving UHC, and the potential of innovation for UHC. Subsequently, UHC flagship event was held on the margins of the IMF-World Bank Spring Meeting in 2018. In the event, the importance of the roles played by finance ministers in structuring a sustainable health financing system was highlighted, as well as the necessity of collaboration between finance and health authorities in due course. Then, in 2019, the G20 under Japanese Presidency discussed importance of strengthening health financing to move towards UHC. The G20 Finance Minister successfully put together “the G20 Shared Understanding on the Importance of UHC Financing in Developing Countries” which summarizes key considerations that finance authorities should take into account in structuring a health financing system for UHC, and both the G20 finance and health ministers affirmed their commitment to the shared understanding document in their joint session held on the margins of G20 Osaka Summit.

- Against this backdrop, the United Nations General Assembly High-Level Meeting on UHC was held in September 2019 where the political declaration with a dedicated focus on UHC was adopted for the first time. The political declaration affirmed that UHC contributes not only to health and well-being, but also to broader development issues including poverty reduction, economic growth, and social inequalities. In addition, the political declaration suggested a number of necessary actions to achieve UHC, such as: (i) investing in innovations related to health technologies, service delivery and health information; (ii) developing a PHC-based health system to meet the needs of people; (iii) strengthening health financing through the whole-of-government coordination between the health sector and others including the finance sector, (iv) fostering strategic leadership at the highest political level for inter-sectoral interventions; (v) building capacity of local authorities while enhancing the engagement of communities and stakeholders.

- In 2020, the second UHC Forum will be jointly held with PMAC 2020. This event would be an ideal opportunity to call for concrete actions, building upon strong global political commitments in the past. At the outset, the Plenary 0 in PMAC2020/UHC Forum2020 is to set the scene of efforts and challenges in promoting UHC among political leaders and provides the platform to articulate following three sub-themes; Sub-theme 1:Implementation challenges ad innovation solutions for UHC 2030, Sub-theme 2: Sustainable financing for expanding and deepening UHC and Sub-theme 3: Adapting to the changing global landscape: fostering UHC-based solidarity to drive towards SDGs

| OBJECTIVES

1. Sharing the experiences to foster the political momentum of UHC at 5 years after the launching of SDGs and discussing the challenges to build sustainable health system for UHC.
2. Discussing the next step from political commitment to actual actions to achieve UHC by 2030 from the viewpoints of various stakeholders. (Particularly about (i)Innovation, (ii) PHC-oriented health system, (iii) Health financing)

| MODERATOR

- **Gaku HASHIMOTO,** State Minister of Health, Labour and Welfare, Ministry of Health, Labour and Welfare, Japan
- **Ashley McKimm,** Director of Partnership Development, British Medical Journal, United Kingdom

| KEYNOTE SPEAKER

- **Anutin Charnvirakul,** The Deputy Prime Minister and Public Health Minister, Ministry of Public Health, Thailand

| PANELIST

- **Khuat Thi Hai Oanh,** Executive Director, Asia Pacific Council of AIDS Service Organizations, Viet Nam
- **Takashi Miyachi,** Representative, Zambia Bridge Project, Japan
- **Evalin K. Karijo,** Director - Y-ACT, Youth in Action, Amref Health Africa, Kenya
- **Daniel Dulitzky,** Regional Director, World Bank, United States of America
- **Ariel Pablos-Mendez,** Professor of Medicine, Columbia University, New York, United States of America
- **Anders Nordstrom,** Ambassador of global health, Swedish MFA, Sweden
- **Naoko Yamamoto,** Assistant Director-General, UHC/Healthier Populations, World Health Organization, Switzerland

| SPEAKER

PMAC PRINCE MAHIDOL AWARD CONFERENCE

PLENARY SESSION 1

IMPLEMENTATION CHALLENGES AND INNOVATIVE SOLUTIONS FOR UHC 2030

| BACKGROUND

Underlying the achievement of most SDG3 targets is universal access to and uptake of quality, affordable health services (SDG target 3.8), the large majority delivered close to where people live and work (i.e. primary care).

WHO estimates that around half of the world's population lack access to essential health services worldwide. Even when essential services are accessible, they are often fragmented, of poor quality and safety, and do not always address the upstream determinants of health and equity in health.
At the same time, the burden of noncommunicable diseases, accidents and mental health problems is growing. Ageing populations are causing people to live longer, but often with multiple diseases and conditions that require complex care over time. With the growth of social media and digital communication, healthcare users and their families are much more informed (or mis-informed) and are demanding more say in how health services take care of them. Significant rise in medical consumerism, malpractice litigation, and lack of trust in vaccination campaigns are observed. In more fragile contexts, the lack of confidence in health services and has hampered efforts to control communicable disease threats. This shows that communities are the anchor of nations' resilience-building efforts. In this context, increased accountability (including social accountability to local communities) and broader stakeholder participation is needed.

The key to dealing with today's public health challenges and changing landscape is not to change strategic direction – primary health care remains the cornerstone of a sustainable health system and is the foundation for essential part of achieving universal health coverage– but to transform the way health and social services are organized, funded and delivered. For health care and coverage to be truly universal, it calls a shift from health systems designed around diseases and health institutions towards systems designed for people, with people. This is required to meet the evolving needs of the population, ensure population trust in services and subsequently their effective use, and to curb inefficiencies related to duplication and waste. In the wider context of Sustainable Development Goals, health workers are also expected to demonstrate their social responsibility: protecting the general public's well-being and meeting social expectations, while also aiming to reduce the impact on the environment of their activities.

| OBJECTIVES

Political commitment to achieving UHC is strongly affirmed at the global level as the world convened in Astana in 2018 to reiterate their commitment to PHC; and the 2019 United Nations General Assembly United Nations prepares to hold a High-Level Meeting on “Universal Health Coverage: Moving Together to Build a Healthier World”. In this context, this session aims at building on the global commitments and experiences learned from pioneering countries to go one step further and identify innovative solutions to make significant progress in implementation for local communities, ensuring no one is left behind. This session adopts whole-of-system approach to achieving UHC and considers both the supply and demand side interventions. It highlights the political economy of reforms through countries’ stories to transform its health system and calls on to concrete innovative actions to achieve demonstrable results in short time frame (panel session).

| MODERATOR

- **Naoko Yamamoto,** Assistant Director-General, UHC/Healthier Populations, World Health Organization, Switzerland

| KEYNOTE SPEAKER

- **Beverly Ho,** Special Assistant to the Secretary of Health for Universal Health Coverage, Department of Health, Philippines

| PANELIST

- **Takao Toda,** Vice President for Human Security and Global Health, Japan International Cooperation Agency, Japan
- **Erica Di Ruggiero,** Director, Global Health & Associate Professor, Dalla Lana School of Public Health, University of Toronto, Canada
- **Justin Koonin,** President, ACON, Australia
- **Koku Awonoor,** Director, Ghana Health Services, Ghana

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PARALLEL SESSION 1.1

REVITALIZING PHC – ASTANA AND BEYOND

| BACKGROUND

In weaving together multisectoral policy and action, empowered people and communities, and primary care services at both the population and individual levels, the PHC envisioned for the 21st century should ensure healthy lives and well-being for all, at all ages, which is to say, the achievement of SDG3. Collectively, these three components comprise PHC, which the Member States of the World Health Organization agreed to prioritize and reinvigorate as appropriate for the 21st century in Astana, Kazakhstan at the Global Conference on PHC in October 2018.

At the heart of this vision is the people-centered delivery of comprehensive, accessible, affordable and integrated health services, appropriate to local context and including prevention, promotion, treatment, rehabilitation and palliation for all individuals of all ages, regardless of race, gender, religion, language, sexual orientation, disability or other defining characteristic, across the life-course.

| OBJECTIVES

- To describe and discuss progress toward PHC over the past decade and ongoing challenges.
- To discuss the relationship between PHC and UHC
- To describe actions toward PHC transformation under way in 4 countries, and how these contribute to achieving UHC and the SDGs.

| MODERATOR

- **Beth Tritter,** Executive Director, Primary Health Care Performance Initiative, United States of America

| KEYNOTE SPEAKER

- **Tares Krassanairawiwong,** Director-General, Department of Health Service Support, Ministry of Public Health, Thailand

| PANELIST

- **Edward Kelley,** Director Service Delivery and Safety, World Health Organization, Switzerland
- **David Hipgrave,** Senior Adviser Health, UNICEF Headquarters, United States of America
- **Rajeev Sadanandan,** Chief Executive Officer, Health Systems Transformation Program (HSTP), India
- **Belinda Nimako,** Ag. Deputy Director, Information, Monitoring and Evaluation, Ghana Health Service, Ghana

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PARALLEL SESSION 1.2

INVESTING IN THE HEALTH WORKFORCE FOR THE 21ST CENTURY

| BACKGROUND

The Astana Declaration recognized the importance of health workforce education, employment, motivation and retention and pledged to strengthen the primary health care workforce to effectively respond to community and population needs. Estimates show a projected shortfall of 18 million health workers by 2030 to achieve and sustain universal health coverage (UHC), primarily in low- and lower middle-income countries. The Global Strategy on Human Resources for Health and the report of the United Nations' High-Level Commission on Health Employment and Economic Growth have each elaborated a health workforce transformation and investment agenda for UHC and the SDGs. In 2017, the ILO-OECD-WHO Working for Health Programme was established to advance the operationalization of the Commission's recommendations, particularly at country level. This session will present and discuss country experiences, highlighting priority actions taken to close the anticipated 18 million health worker gap and expand and transform the health and social workforce for universal health coverage and the SDGs.

| OBJECTIVES

To highlight key actions and results from a range of countries that have taken concrete steps to drive investment in their health and social care workforce in line with the recommendations of the high-level commission, including those supported through the ILO-OECD-WHO Working for Health Programme. The session will explore how multisectoral engagement in economic development, job creation and community-based services can successfully leverage investments, resources and policy support to build a fit for purpose and sustainable health and social workforce for UHC and the SDGs.

| MODERATOR

- **Tomas Zapata,** Regional Advisor Human Resources for Health, World Health Organization, SEARO Regional Office, India
- **Kumanan RASANATHAN,** Coordinator, Health Systems, World Health Organization, Cambodia

| SPEAKER

- **Ayat Abuagla,** Researcher, Trinity College Dublin, Ireland
- **Donela Besada,** Senior Scientist, South Africa Medical Research Council, South Africa
- **James Buchan,** WHO Consultant, World Health Organization, United Kingdom
- **Sunil De Alwis,** Additional Secretary (Medical Services), Ministry of Health and Indigenous Medical Services, Sri Lanka
- **Ann Keeling,** Senior Fellow, Women in Global Health, United Kingdom

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PARALLEL SESSION 1.3

ACHIEVING UHC THROUGH STRONG LOCAL HEALTH SYSTEMS

| BACKGROUND

All agencies seeking to improve primary health care (PHC) should advocate for and act on its three core elements, as described in the "Vision for PHC for the 21st Century" produced for the 2018 Global Conference on PHC. These include: (i) Comprehensive health care throughout the life course, aimed at individuals and families through primary care, and at populations through public health functions; (ii) Systematically addressing the broader determinants of health through evidence-informed policies and actions across all sectors, and (iii) Empowering individuals, families, and communities to optimize their health, as co-developers of health and social services, and as self-carers and caregivers. The goal is to establish PHC that prevents disease and promotes health and well-being for all individuals and populations, through efficient, high impact and sustainable approaches aligned with local context, capacity and country priorities.

Operationalization of PHC to deliver primary care for all includes service delivery through formal health systems, from health post to households and including private providers. It interfaces with community networks and structures (women's groups, social workers and community organizations) that support community engagement and social accountability. It integrates the delivery of preventive, promotive and curative health, nutrition, HIV, ECD and WASH services with community systems to produce improved development outcomes including survival, growth and development results for all children in all settings. Frontline line workers, commodity procurement and supply and data are critical health systems building blocks to operationalize PHC at community level.

Essential activities to strengthen these building blocks are:

- Integrating the community health workforce into national human resources for health, to ensure adequate national coverage with a priority focus on those currently underserved;
- Strengthening systems for procurement and supply chains that deliver to the last mile with remedial actions taken swiftly to identify and resolve bottlenecks;
- Ensuring that information systems capture health, nutrition and additional information at the household level, using innovations including digital technologies, and the production and use of data for action by both community leaders and the formal health sector;
- Building systems for social accountability, gender equity, community engagement and youth participation and that promote community identification of needs, increase demand for services and ownership, and produce equitable results;
- Ensuring quality clinical and preventive health care, delivered in a safe environment where community members are cared for with dignity, and with options for referral care if needed;
- Fostering sustainability and resilience in the face of emergencies or other events;
- Supporting integrated programming and linking with other relevant sectors' formal and community systems (e.g. education, agriculture) for multi and inter sectoral action; and
- Partnering with local government entities, community-based organizations and the private sector, for equitable policy, legislative, financing and governance practices, accounting for decentralization.

| OBJECTIVES

- Impart the perspective that a systems-strengthening approach that brings together the formal health sector, informal and private providers and existing community structures and networks is needed to operationalize PHC at community level
- Demonstrate that PHC must not only be institutionalized as part of the formal health sector but must also operate within strong community systems that engage the local leadership and community groups
- Present innovations in community-based health service delivery and governance that demonstrate both community participation and ownership and national government buy-in to locally-developed initiatives

| MODERATOR

- **Jennifer Requejo,** Chief of Health and HIV, Data and Analytics Division, UNICEF, United States of America

| KEYNOTE SPEAKER

- **Karin Hulshof,** Regional Director, East Asia and the Pacific Regional Office, United Nations Children's Fund (UNICEF), Thailand

| PANELIST

- **Donna Isabel Capili,** Lead, Implementation of MNCHN Service Delivery Network for Indigenous Cultural Communities in Selected Areas in Region 12, Philippines, Alliance for Improving Health Outcomes, Philippines
- **Aye Aye Sein,** Deputy Director General (A/F), Department of Public Health, Ministry of Health and Sports, Myanmar, Myanmar
- **Rudolf Abugnaba- Abanga,** Business/Partnership Manager, Presbyterian Church of Ghana Health Service, Ghana
- **Hajime INOUE,** Director General, Bureau of Strategic Planning,, National Center for Global Health and Medicine (NCGM), Japan

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PARALLEL SESSION 1.4

ADDRESSING THE POLITICAL ECONOMY OF UHC

| BACKGROUND

Experiences from pioneering countries in their Universal Health Coverage (UHC) journey present valuable learning opportunities for others. The journey towards UHC is path dependent and context-specific, and at times, it is not an easy path as each country may have their own specific challenges of expansion of the three dimensions of the UHC cube, population coverage, benefit coverage, and financial risk protection.

The political decisions on UHC, inter alia, are not always evidence based as intended. Decisions are often the results of intentional and unintentional power-plays amongst various stakeholders, including how to manage the resistance of interest groups, shifting entrenched positions, and redistributing resources for health. All of these issues are within the scope of 'political economy'. A better understanding of political economy is vital to accelerate UHC progression. Debates about expanding UHC within a country involve competing visions about the appropriate roles of the public and private sectors; market and state; the commitment and worldview of society, local and central government; the duties and entitlements of youth and elderly, sick and healthy, and rich and poor; and the contribution of health to the advancement of society. Considerations of politics and power shape the decision of a country's leaders to commit to UHC.

This session will interrogate the political economy of reform in these and other areas, drawing on personal experiences with reform implementation and analysis.

| OBJECTIVES

This session engages longstanding themes in the UHC discussion, including questions of universality versus targeting, a generous benefit package versus limited service coverage, high versus low level of financial protection, the appropriate relative roles of the public and private sectors and, importantly, provider payment methods of closed versus open-ended methods. By drawing on the experiences of panelists, this session will illuminate specific examples of these general challenges and discuss the strategies that were used to navigate them. To do this, we pursue four objectives:

- To illustrate different approaches to financing UHC and critically analyse the roles and strategies of different actors in shaping these approaches;
- To describe the scope of different packages of benefits provided through UHC, including the extent of treatment offered as well as preventive and promotive dimensions. The roles and relative weights of different actors (public, private, commercial) in determining these benefit packages will be interrogated;
- To assess from current experience the extent to which risk protection has been achieved and to analyse why such coverage has not been achieved in different settings. The roles of key actors, especially governments, will be explored.
- To discuss and prioritise the combination of actions (e.g. political commitment, research, advocacy, social mobilization) required to move towards UHC, i.e. expansion of population coverage to all with leaving no one behind, improved access to health services, enlarged scope and improved quality of services and financial risk protection.

| MODERATOR

- **Gabriel Leung,** Dean of Medicine, The University of Hong Kong, China

| PANELIST

- **Jesse Bump,** Lecturer on Global Health Policy, Harvard T.H. Chan School of Public Health, United States of America
- **Chalermsak Kittitrakul,** Coordinator for Access Campaign, AIDS Access Foundation, Thailand
- **Jacqueline Kitulu,** President, Kenya Medical Association, Kenya
- **Beverly Ho,** Special Assistant to the Secretary of Health for Universal Health Coverage, Department of Health, Philippines

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PARALLEL SESSION 1.5

ENSURING HEALTH PROMOTION AND DISEASE PREVENTION IN UHC

| BACKGROUND

Two explicit UHC goals are, firstly the universal access to essential quality and comprehensive health services, ranging from Health promotion to disease prevention, curative treatment, intermediate care as transition to rehabilitation, long term care and palliative care and dignified end of life care and services. Secondly, the financial protection means no catastrophic health spending and poverty due to medical payments. Nonetheless, in many developing countries, more attention was given to the financing curative service, cost sharing for high cost curative services, cancer and chemotherapy, while too little attention was given to the inclusion of the cost-effective health promotions and disease prevention into the benefit package.

Effective health promotion and disease prevention (P&P) interventions should also address both proximal and distal determinants of ill health of the population in terms of both issue based and setting based determinants (such as, for issue based, sedentary life style, unhealthy eating, tobacco and alcohol uses3 , along with setting based, such as, aging society and vulnerable population).

UHC not only requires more money for health (as current government spending on health was much lower than the health needs of the population), but governments need to ensure more health for money spent on UHC. To achieve value for money, the benefit package in UHC needs to incorporate prevention and disease prevention (P&P) as an integral component; and ensure a) effective coverage of these interventions and b) adequate funding support to P&P.

However little is known about to what extent P&P services can be incorporated in the benefit packages under UHC. Who will decide which services to be included? What are the decision making processes? What are the monitoring systems that can effectively assess if the P&P services are implemented as intended? How can a country ensure seamless linkage between P&P services under UHC with external (unhealthy) SDHs? Furthermore, in the context of increased burden from NCD, we all know that there is a demand for the increased uptake of the best-buy interventions; however in some countries, especially the developing ones, policy makers and academics do not have a clear concept or idea how to implement P&P packages as intended. What is the linkage between P&P services under UHC with external movement by civic groups that tend to address wider social determinants? These are exemplary topics that should be elaborated further in the session.

| OBJECTIVES

In the context of UHC movement, this parallel session aims to review international experiences ranging from low- middle- to high-income countries on the following topics.

- How to ensure health promotion and disease prevention as integral components of UHC?
- What specific P&P interventions, either clinical preventive services or community based health promotion and disease preventions, should be covered by the benefit package under UHC? What are the sources of finance for these interventions?
- What are the monitoring systems to ensure effective implementation of these P&P interventions?
- What are good practices and negative lessons in the country context regarding the linkage of P&P services under UHC to the P&P activities which are not included in the UHC benefit package that aim to address wider determinants of health?

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3 Lämmle L, Woll A. Mensink G, Bös K. (2013) Distal and Proximal Factors of Health Behaviors and Their Associations with Health in Children and Adolescents. Int. J. Environ. Res. Public Health 2013, 10, 2944-2978; doi:10.3390/ijerph10072944

| MODERATOR

- **K. Srinath Reddy,** President, Public Health Foundation of India, India

| KEYNOTE SPEAKER

- **Naoko Yamamoto,** Assistant Director-General, UHC/Healthier Populations, World Health Organization, Switzerland

| PANELIST

- **Supreda Adulyanon,** Chief Executive Officer, Thai Health Promotion Foundation, Thailand
- **Amirhossein Takian,** Chair- Department of Global Health & Policy, School of Public Health, Tehran University of Medical Sciences, Iran
- **Manuel Dayrit,** Adjunct Professor and former Dean, Ateneo de Manila University School of Medicine and Public Health, Philippines
- **Edwine Barasa,** Director, KEMRI-Wellcome Trust, Kenya
- **Teo Yik Ying,** Dean, Saw Swee Hock School of Public Health, National University of Singapore, Singapore

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PLENARY SESSION 2

MAKING HEALTH FINANCING FOR UHC SAFE

| BACKGROUND

The world has advanced towards UHC, but not fast enough. More than half the world's population still does not have access to a basic package of health services, and more than 100 million individuals annually are impoverished due to high out-of-pocket (OOP) spending. Political commitment is the first step to mobilize more funding. Health can be a winning argument to raise more revenues in a pro-health and pro-poor manner. But countries also need to achieve more health for the money, i.e. to use the funds efficiently and equitably. It is essential to encourage and learn from new approaches, such as those involving digital, technological, financial and social innovations to raise and use funds for UHC. Progress requires consolidating and expanding existing strategies that reflect principles of good practice, while managing the political as well as technical challenges to implementation. The SAFE (Sustainable, Adequate, Fair, Efficient) approach to health financing offers useful guidance for the way forward.

| OBJECTIVES

The plenary session will introduce the subtheme and set the stage for the following parallel sessions by (a) conveying key technical messages on health financing; (b) framing a debate among high-level panelists representing different stakeholders and thematic viewpoints, and (c) eliciting reactions and responses from the audience.

| MODERATOR

- **Kara Hanson,** Professor, London School of Hygiene and Tropical Medicine, United Kingdom

| PANELIST

- **K. Srinath Reddy,** President, Public Health Foundation of India, India
- **Yasuhisa Shiozaki,** Member of the House of Representatives, Japan, Japan
- **Agnes Soucat,** Director for Health Systems Governance and Financing, World Health Organization, Switzerland
- **Lydia DsaneSelby,** Chief Executive, National Health Insurance Authority, Ghana
- **Holger Michiel Van Eden,** Regional Public Financial Management Advisor for Southeast Asia, IMF, United States of America

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PARALLEL SESSION 2.1

MAKING AND USING (FISCAL) SPACE FOR UHC

| BACKGROUND

Public financing is key for universal health coverage (UHC). Despite progress, recent World Health Organization (WHO)-World Bank (WB) estimates indicate that almost half the world's population still does not have access to a basic package of health services. Further, more than 100 million individuals are impoverished annually due to high out-of-pocket (OOP) spending at the time and place of seeking care. Increasing the level and progressivity of public financing, expended in ways that increases access to services while improving financial protection by reducing high levels of OOP payments, will be essential for accelerating and sustaining progress towards UHC.

Given this backdrop, assessing fiscal space for UHC – i.e., finding options for increasing public financing for health in an efficient, equitable, and sustainable manner -- is a key challenge facing many countries. Fiscal space for health can typically be realized by:

(a) Conducive macroeconomic conditions, such as sustained economic growth and increases in aggregate public revenues, both of which are outside the immediate domain of the health sector but are nevertheless important determinants of public financing for health.

(b) Increasing the health sector share of aggregate public expenditures by reprioritization. In many countries, this requires a deeper understanding of how the allocation of resources is determined and whether there are key obstacles hindering this increase.

(c) Introduction or expansion of earmarked consumption or income taxes, including via social health insurance (SHI) where levels of formality of the labour might make this a feasible option.

Effective expansions of public financing for health across countries have typically resulted from a combination across all three dimensions, in addition to improvements in efficiency of spending that can help realize effective fiscal space for health while at the same time being an important determinant of reprioritization. Further, in some low- and middle-income countries, development assistance has often played a key role in increasing fiscal space, especially for expanding service coverage and financial protection for the poor and vulnerable and for priority programs.

Recently, the definition of 'fiscal space' has evolved in the literature: e.g., the International Monetary Fund (IMF) has broadened previous definitions by recognizing the multiplicity of macro-fiscal factors in facilitating fiscal space expansions, giving it a more dynamic character to the concept. These developments have implications for the health sector and it is important for the health community to be aware of them.

| OBJECTIVES

The objectives of the session are to highlight some core emergent themes regarding fiscal space for health based on country experiences, including: (a) reprioritization of health in government budgets; (b) the role of earmarked income and consumption taxes in generating additional resources for the health sector; (c) the importance of public financial management reforms in facilitating the realization of fiscal space across all dimensions.

| MODERATOR

- **Sheena Chhabra,** UHC India Team Leader & Senior Health Specialist, World Bank, India

| PANELIST

| SPEAKER

- **Ajay Tandon,** Lead Economist, The World Bank, United States of America
- **Joseph Kutzin,** Health Financing Coordinator, World Health Organization, Switzerland
- **Marielle Bemelmans,** Director, Wemos, Netherlands
- **Thant Sin Htoo,** Assistant Permanent Secretary/Technical Director, Ministry of Health and Sports, Myanmar
- **Nathaniel Otoo,** Senior Fellow, Results for Development, Ghana

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PARALLEL SESSION 2.2

SMART HEALTH FINANCING – SEIZING DIGITAL OPPORTUNITIES

| BACKGROUND

The rapid digitization of financial flows and transactions in many health systems – between payers and providers, but also direct system contributions and payments from people – creates unprecedented opportunities for step-changes in financing policy and performance. For example, the digitization of financial flows generates real-time data about provider and patient behavior, opening up possibilities to improve the purchasing of health services. Similarly, the rapid growth in the use of mobile phone systems can facilitate direct contributions to contributory health schemes.

Challenges and open questions are also manifold. Poor change management, lack of interoperability and data compatibility in fragmented data architectures, and weak regulation all-too often impede reaping the benefits of the digital transformation. The transformation also carries significant risks, most importantly, threats to data privacy. Policy-makers and practitioners must master new competencies to tackle these challenges and seize the digital opportunities for smart health financing.

| OBJECTIVES

This session aims to highlight opportunities, challenges and open questions in harnessing the potential of digitization for smart health financing and accelerated progress toward UHC. Drawing on country experiences, discussions will illustrate what opportunities new technologies offer and identify the prerequisites governments need to meet – and challenges they have to overcome – to take advantage of these technologies.

The session will focus on the following topics:

1. What is the scope for digitizing health financing flows and transactions and what are the potential benefits? How does digitization of transactions, often facilitated by mobile-technologies, drive changes to purchasing and resource mobilization? Drawing on the vast amount of data that it generates, how does it transform policy-making? How can artificial intelligence help reap these and other benefits of digitization?
2. How do countries tackle the challenges in seizing these opportunities? How do they ensure inter-operability, data privacy and regulation more broadly? What are the competencies that policy-makers and practitioners must master and how can organizations manage the transformation of processes, functions and cultures?

| MODERATOR

- **Aye Aye Thwin,** Special Advisor, Office of the Assistant Administrator, Bureau for Global Health, United States Agency for International Development, United States of America
- **Christoph Kurowski,** Global Lead for Health Financing, The World Bank, United States of America

| PANELIST

- **Monique Dolfing-Vogelenzang,** Chief Executive Officer, PharmAccess Foundation, Netherlands
- **Oliver Groene,** Vice Chairman of the Board, Optimedis AG, Germany
- **Sonia Ancellin Panzani,** Regional Health Manager, Fondation Terre des hommes (Tdh), Senegal
- **Alok Kumar,** Advisor Health Nutrition, NITI Aayog, India
- **Boonchai Kijsanayotin,** Faculty of Medicine Ramathibodi Hospital, Mahidol University, Thailand

| SPEAKER

- **Fahdi Dkhimi,** Researcher, World Health Organization, Switzerland
- **Marvin Plotz,** Economist, Health, Nutrition & Population Global Practice, The World Bank, United States of America

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PARALLEL SESSION 2.3

LEVERAGING STRATEGIC PURCHASING FOR UHC THROUGH STRENGTHENED GOVERNANCE

| BACKGROUND

Moving towards more strategic purchasing of health services – linking the allocation of resources to providers to data on provider performance and the health needs of the populations they serve, while managing expenditure growth – is increasingly recognized as one of the critical means by which health financing reforms can drive and sustain progress towards UHC. But weak institutional capacity and governance can be a binding constraint for going to scale with strategic purchasing reforms.

Many countries have taken important steps to address these challenges, and their experience can shed light on key implementation issues. They have strengthened accountability mechanisms, created a virtuous cycle of data analysis as an input to reform and continuous review, emphasized the outcomes of efficiency and equity, and aligned public financial management with strategic purchasing objectives.

| OBJECTIVES

• Review which accountability and governance mechanism can enable purchasing agencies to get better results (from efficiency and equity perspective) from their resources, as well as shed light on institutional capacity and related implementation issues.

Specifically:

• Discuss key issues relating to strengthening accountability and oversight in line with purchaser autonomy and capacity and institutionalizing anti-corruption measures;

• Explore how to guarantee wide stakeholder participation, including citizens and civil society;

• Explore how to improve data and integrated information management systems as a core pillar for effective governance;

The session is proposed as a panel session with participation of key stakeholders in the governance and accountability process, including the government, legislature, management of purchasing organizations and civil society and health care providers.

| MODERATOR

- **Caryn Bredenkamp,** Senior Economist, The World Bank, Viet Nam
- **Grace Kabaniha,** Technical Officer, World Health Organization Country Office, India

| PANELIST

- **Lydia DsaneSelby,** Chief Executive, National Health Insurance Authority, Ghana
- **Jin Xu,** Lecturer, Peking University, China
- **Jack Langenbrunner,** Principal Technical Advisor, Health Systems Transformation Platform, New Delhi, Senior Financing Advisory, USAID, Jakarta, United States of America
- **Jadej Thammatach-aree,** Deputy Secretary General, National Health Security Office, Thailand

| SPEAKER

- **Loraine Hawkins,** Governor, Board of Governors, The Health Foundation, United Kingdom

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PARALLEL SESSION 2.4

HEALTH FINANCING TRANSITIONS: THE ROLE OF DEVELOPMENT ASSISTANCE ON THE ROAD TO SUSTAINABILITY

| BACKGROUND

In the SDG era, many countries – particularly lower- and upper-middle income countries -- are experiencing transitions that impact health financing. Epidemiologic and demographic transitions demand more resources for NCDs and attention to UHC. As countries grow, external financing supporting key health programs often decline, prompting a greater need to transition these programs to domestic financing, service delivery and program management, and/or integrate them further into the health system. In parallel to these transitions, countries are also working to translate economic growth into increased public financing for the health sector to improve financial protection and reduce the impoverishing impact of out-of-pocket (OOP) expenditures. Transitions are not necessarily correlated with high and equitable coverage of essential health interventions, so countries not only have to manage transition, but also continue to improve program performance and sustain/scale service coverage at the same time.

The rapid expansion of development assistance for health (DAH) during the MDG era was critical to expanding coverage of life-saving interventions, however during the SDG era, DAH has plateaued. Given global political and economic trends, prospects for DAH growth are uncertain. While DAH continues to play a prominent role in health financing in low-income countries, on average it comprises a relatively small percentage of total health spending when lower and middle-income countries are combined. At the same time, however, we are seeing foreign direct investment (FDI) increase into LMICs. Given these dynamics there is a need to place both resource mobilization (public and private) and overall health system strengthening at the center of the efforts to move towards Universal Health Coverage (UHC). Within this context, important questions arise about how DAH can be most effectively used to mobilize and complement additional public and private resources for health and improve the efficiency of health spending. It also raises questions about how donors can responsibly decrease external financing or transition in a manner that ensures the health outcomes they were supporting can be supported, sustained and scaled by domestic financing and health systems.

| OBJECTIVES

The session will provide an overview of health financing trends and the potential implications of donor transitions, both in terms of programmatic impact and sustained health gains. It will discuss the state of countries preparedness to successfully manage health financing transitions, while not only sustaining but also improving key UHC outcomes (and the key enabling factors that make it possible to do so). It will address the key investments and reforms that countries can make to build health financing and overall health system capacity, address inefficiencies and put their systems on a path that will enable them to better sustain UHC outcomes. It will address transition issues within the context of domestic health financing reform efforts (e.g. introduction of national health insurance), taking advantage of increasing private investment in LMICs through innovative or blended financing mechanisms (e.g. social impact bonds). It will also discuss using transition as an opportunity to address key areas of inefficiency resulting from duplicative functions (e.g. information system or supply chain consolidation).

| MODERATOR

- **Sara Bennett,** Professor, Faculty Director, Johns Hopkins Bloomberg School of Public Health, United States of America

| PANELIST

- **Bhavesh Jain,** Health and HIV Financing Advisor, The Palladium Group, Cambodia
- **Irma Khonelidze,** Deputy Director, Georgia Center for Disease Control, Georgia
- **Justice Nonvignon,** Associate Professor, University of Ghana, Ghana
- **Raminta Stuikyte,** Activist and consultant, European AIDS Treatment Group, Lithuania
- **Midori De Habich,** Principal Associate, Abt Associates Inc., Peru

| SPEAKER

- **Toomas Palu,** Advisor in Global Health, The World Bank, Switzerland
- **Susan Sparkes,** Health financing specialist, World Health Organization, Switzerland

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PARALLEL SESSION 2.5

ASSESSING HEALTH INTERVENTIONS FOR A FAIR, EFFICIENT, AND SUSTAINABLE UHC

| BACKGROUND

As our global community joins forces and work towards universal health coverage (UHC), monitoring and evaluation (M&E) and continuous assessment play a crucial role to identify areas working well and areas requiring adjustments for improvement. The approaches can be both qualitative and quantitative techniques depending on the intervention of interest, question we would like to answer, and the context. This process aims to provide constructive feedback on the impact of the interventions on various outcomes (e.g., quality of life, life expectancy, other clinical outcomes, and health service utilization and cost) to ensure that we work towards a fair, efficient, and sustainable UHC.

Conventionally, such processes are employed when deciding to fund or when implementing health interventions such as drugs and medical device (i.e., health technology assessment or HTA). Role of assessments can extend beyond HTA of drugs and medical devices. The benefits of knowing how we are doing and whether interventions are sustainable, or how to deploy them in ways which will be sustainable could extend to national programs of health promotion services including vaccinations, disease screening (e.g., HbA1c compared to FPG+OGTT for Type 2 diabetes, and mammography for breast cancer with and without genetic stratification).

The SAFE (sustainable, adequate, fair, efficient) idea of health financing could extend throughout the paradigms of health promotion and disease prevention, disease screening, clinical management of diseases, minimization of complications, and home and community models of care.

| OBJECTIVES

The proposed session objective is to discuss issues of judicious assessment including M&E on health interventions (i.e., pharmaceuticals, medical devices, and technologies including omics, AI, digital health) and how these innovations impact the fiscal space for UHC (via modelling, long-term implication). Moderator will provide an overview of the session and speakers will cover the following topics:

- HTA of drugs and/or medical devices
- Social return of investment (e.g., of national program around health promotion or public health interventions)
- Health priority setting (e.g., in Kenya) to decide on optimal resource allocation that is fair, efficient, and sustainable
- Evaluation of active case findings strategies for infectious diseases (e.g., TB or HIV) in a LMIC

| MODERATOR

- **Teo Yik Ying,** Dean, Saw Swee Hock School of Public Health, National University of Singapore, Singapore

| SPEAKER

- **Chhorvann Chhea,** Director, National Institute of Public Health, Cambodia
- **Erica Di Ruggiero,** Director, Global Health & Associate Professor, Dalla Lana School of Public Health, University of Toronto, Canada
- **Stephanie Anne Lim Co,** Project Manager/Researcher, EpiMetrics Inc, Philippines
- **Kenji Shibuya,** Director, Institute for Population Health, King’s College London, United Kingdom
- **Walaiporn Patcharanarumol,** Director, International Health Policy Program, Thailand

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PLENARY SESSION 3

UHC AND THE CHANGING GLOBAL LANDSCAPE

| BACKGROUND

The world needs to put the progress towards UHC on track to be able to achieve it by 2030. To this end, the global community must rise to the coming challenges that can affect UHC (including service needs, availability and use issues, quality of services, and financial protection). It is essential that we forecast important changes in global landscape over the next decade, and that we identify opportunities with the potential to accelerate progress towards UHC. Challenges and opportunities are context-dependent. For example, economy(industry), society(technology), politics and environment are all key aspects that can affect this progress.

| OBJECTIVES

- The plenary considers the global landscape affecting the achievement of UHC from a range of perspectives, which include: environmental, economic and industrial, social and technological, and political, and educational. It will set the stage for deep-dive discussion in the following parallel sessions on key challenges and potential key drivers. To identify them, it also explores the linkage of the landscape to UHC
- The plenary mainly focuses on identifying ‘what’ are the challenges and opportunities, and the parallel sessions discusses ‘how’ to address challenges and seize opportunities.

| MODERATOR

- **Robert Yates,** Head of Centre For Universal Health, Chatham House, United Kingdom

| KEYNOTE SPEAKER

- **Aquina Thulare,** NHI Special Adviser to Minister, National Department of Health, South Africa
- **Henna Dhawan,** Sr.Officer on Special Duty & Deputy General Manager, National Health Authority, India

| PANELIST

- **Carlos Correa,** Executive Director, South Centre, Switzerland
- **Montira Pongsiri,** Consultant on global environmental change and health cooperation projects, , United States of America
- **Parry Aftab,** Founder, Exec Director, The Cybersafety Group, United States of America

| SPEAKER

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PARALLEL SESSION 3.1

TACKLING CLIMATE CHANGE WHILE MAXIMIZING HEALTH IMPACT

| BACKGROUND

In the last couple of decades, the knowledge and awareness of increasing risks to human health posed by climate change have grown. According to the first Lancet commission on health and climate change (2009), climate change is the largest global health threat in the 21st century. Succeeding findings demonstrated that although human health has improved dramatically between 1950 and 2010, this gain was accompanied by unprecedented environmental degradation that now threatens both human health and life-support systems.

Climate change impacts human health in many direct and indirect ways. The disruption of eco-services has a global impact and influence all populations. It causes frequent and extreme weather events, such as floods, storms, and droughts, entails an increased risk of deaths and injuries, mental health disorders, infectious diseases, and large-scale displacement of people. Increased concentrations of ground-level ozone could aggravate respiratory illnesses and increase cardiopulmonary mortality. There are shifts in the incidence and distribution of some vector-borne diseases like dengue, particularly at the edges of the distributions and growing risk for emerging infections among livestock and humans. Accelerating urbanization also poses health risks related to climate change, including heat island effect and poor air quality. In the majority of the world's big cities, air quality does not meet WHO recommendations. Unplanned, rapid urbanization and the increasing number of motorized vehicles in many low- and middle-income country cities contribute to the negative trend.

There is a growing recognition and evidence that many of the suggested and required actions to meet the Paris Agreement's 2°C climate target (mitigation) would have a positive health impact. This includes efforts in key sectors such as agriculture, energy, transportation, and waste management. However, with prevailing emission trends and overexploitation of natural resources, the agreed temperature targets are not expected to be met, and the last half-century's progress on health in the world is endangered.

In September 2019 two important high-level meetings will co-inside at the UN; the Secretary-General's Climate Summit and the High Level Meeting on Universal Health Coverage (UHC). There is an opportunity to connect those two agenda through a stronger focus on enabling people to make healthier choices for themselves, their families and for the planet. UHC needs to be seen within the context of megatrends as climate change and environmental threats, shape global health. Pathways for health effects are complex with many factors interacting, and climate change will intersect with different significant trajectories, e.g., in urbanization, equity, aging population, and social behavioural change. Understanding the contribution of both mitigation and adaptation action to sustainable development and improved health outcomes, is critical for designing policies and actions that successfully realize co-benefits and achieving UHC. For example, one third of greenhouse gas emissions and 70% of use of fresh water are linked to our food production. By changing food production and consumption as well as food waste we could not only scientifically contribute to the climate targets but also improve nutrition and avoid 11 million premature deaths each year (appr.20% of total global mortality).

To keep the global average temperature rise well below 2°C and to achieve SDG3 as well as the UHC target there is a need for transformation across all sectors of society, including energy, transport, spatial infrastructure, food and agriculture, and building resilient health systems. These transformations may in turn help tackle the root causes of the world's most significant public health challenges.

| OBJECTIVES

- Present the evidence of and interlinkages between climate change and health/UHC and discuss the specific co-benefits between actions for health and actions for the climate
- Exploring strategies of tackling threats of climate change for improved health and well-being - the roles of government, civil society and business, as well as action that can be taken within the health sector to ensure health facilities are climate-resilient
- Examine experiences for integration of interventions and cross sectorial work e.g. at city and municipal levels

| MODERATOR

- **Anders Nordstrom,** Ambassador of global health, Swedish MFA, Sweden

| KEYNOTE SPEAKER

- **Maria Nilsson,** Climate and health researcher, Umeå University, Sweden

| PANELIST

- **Diarmid CampbellLendrum,** Lead, climate and health, World Health Organization, Switzerland
- **Betty Barkha,** PhD Candidate/ Research Assistant at Monash University, Monash GPS Centre, Monash University, Australia
- **Renzo Guinto,** Chief Planetary Doctor, PH Lab, Philippines
- **Sandhya Singh,** Director, Non-Communicable Diseases, National Department of Health, South Africa
- **Andy Haines,** Professor of Environmental Change and Public Health, London School of Hygiene & Tropical Medicine, United Kingdom

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PARALLEL SESSION 3.2

ARTIFICIAL INTELLIGENCE AND DIGITAL HEALTH: OPPORTUNITIES AND RISKS

| BACKGROUND

Digital innovations and new technology hold much promise to revolutionize the delivery of health services and leapfrog development challenges to accelerate progress towards UHC. There is increasing evidence that artificial intelligence has the potential to improve population health, improve individual health outcomes, lower health system costs, improve the patient experience and interaction with the health system and her/his own health, and improve the health workforce experience with service delivery.

However, these innovations raise several important concerns. This includes the lack in volume and quality of data to enable unbiased machine learning algorithms; risk of overwhelming already fragile systems; issue of equitable access; the cost of these technologies and unreasonable intellectual property rights barriers; unlinked and fragmented technological systems; and importantly ethical concerns and risks regarding patients' confidentiality.

Knowing the right approach to take along the expansion path is challenging. Ensuring that countries make use of innovation and artificial intelligence (AI) in ways that supports their efforts to create client-centered health systems that can deliver on UHC will require wisdom and finesse.

This session will debate whether artificial intelligence and digital health innovations are ripe to leapfrog progress towards UHC in low- and middle-income countries, examining the potential opportunities but also the substantive risks.

| OBJECTIVES

- Share knowledge and experience about successful uses of digital health and analytical innovations in promoting UHC in LMICs
- Highlight policy implications, risks, obstacles, and ethical concerns involved in use of these approaches
- Engage the audience to actively participate, including interfacing with AI technologies

| MODERATOR

- **Ashish Jha,** Dean for Global Strategy, Harvard T.H. Chan School of Public Health, United States of America

| PANELIST

- **Parry Aftab,** Founder, Exec Director, The Cybersafety Group, United States of America
- **Pradeep Haldar,** Advisor (Immunisation), Ministry of Health and Family Welfare, India
- **John Wong,** President, Founder, EpiMetrics, Philippines

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PARALLEL SESSION 3.3

MAKING HEALTH SERVICES ACCOUNTABLE TO THE PEOPLE – A GLOBAL TREND?

| BACKGROUND

To achieve SDG3 and Universal Health Coverage, health sectors and services must be held accountable to parliaments, national oversight bodies, the electoral, civil society, citizens, and patients themselves – within existing resource constraints and specific challenging facing the countries – to do the job they are mandated to do, free of corruption, and with maximum health outcomes for the people.

All parts and levels of the health sector needs to be held accountable and managed in a transparent manner: At the level of its leadership; strategic planning; maximizing and reaching health outcomes; proper financial management of the health budgets at all levels; the procurement of and access to affordable and quality medicines and contracting for infrastructure; efficient supply chain of commodities without wastage; impactful health promotion programmes and services; and the equitable access and quality of health care services at both primary and tertiary.

Central to ensure accountability and transparency in the health sector is the fight against the scourge of corruption, at all levels, and both at country and international levels, which is a major obstacle to the achievement of UHC in too many countries and so many ways. Corruption results in waste of resources; ineffective or even harmful care; collusion and kickbacks in the procurement of medicines and infrastructure contracts; illegal charging for free health services that exasperates equitable access; theft and diversion of medicines; and the list goes on.

Underpinning this session are the principles are enshrined in SDG 16 to “Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels”.

| OBJECTIVES

The objective of the session to recommend, and share examples of, concrete and actionable solutions to make the health sectors – at all levels of their institutions – accountable for the proper management of their budgets, procurement of medicines, achieving health outcomes it has committed to, and the quality and equitable access of the health services, fight the scourge of corruption. This accountability is to parliaments, oversight bodies, civil society, citizens, and the patients themselves.

The audience will hear about cases where countries have shown leadership in this area, as well as obstacles that have been encountered and overcome. The session will also provide a forum to discuss the accountability of the private sector to contribute to UHC and ‘do no harm’ in its business practices.

| MODERATOR

- **Hakan Bjorkman,** Regional Health Advisor/Team Leader a.i. for Asia and the Pacific, United Nation Development Programme, Thailand

| KEYNOTE SPEAKER

| PANELIST

- **Olga Stefanyshyna,** Member of Parliament, Parliament of Ukraine, Ukraine
- **Rachel Cooper,** Director, Transparency International Health Initiative, Transparency International, United Kingdom
- **Mariecar Mangosong,** Planning Officer III, Health Planning Division, Health Policy Development and Planning Bureau, Department of Health, Philippines
- **Lorena Di Giano,** Executive Director, Fundación Grupo Efecto Positivo, Argentina
- **Edgardo Ulysses Dorotheo,** Executive Director, Southeast Asia Tobacco Control Alliance, Philippines

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PARALLEL SESSION 3.4

SOLIDARITY & UHC – LEADERSHIP FOR CHANGE

| BACKGROUND

Achieving UHC requires overcoming many challenges. Much of the discussion on UHC focuses on technical challenges, including but not limited to health systems strengthening based on PHC, financial support and sustainability, assessment of technologies, etc. The appropriate responses to these challenges – while they may change with technological advances – are generally knowable through evidence-based analysis. These challenges have been extensively discussed and published.

However, translating empirically sound technical solutions into impact on the ground requires working through often more difficult and more nuanced leadership challenges, largely adaptive in nature. This requires creating space for all relevant voices (including, for example, the voice of under-served communities), and space in which diverse stakeholders can express and work out their differences. Adaptive challenges (addressing power dynamics, identifying core values and broad sets of options consistent with these values, and testing trade-offs and compromises, etc.) may be collectively called 'the political economy' of UHC. Effective leadership in this space typically requires a different skill set from more traditional "top-down" delivery models, particularly working between and within sectors and values/beliefs to building coalition of diverse stakeholders. This issue has been much less discussed and published.

The global grassroot AIDS solidarity mass movement is a model for catalyzing change and has an impactful story to share on affecting leadership for change in public health, which can also directly benefit the UHC movement and offer strategies to help overcome the systemic challenges currently facing UHC.

| OBJECTIVES

- Understanding what types of leadership (relational and individual-based), and where it should come from, is needed to achieve and sustain UHC by 2030
- Share and learn the leadership lessons from previous successful/failed efforts to work across diverse stakeholder groups to design and implement UHC
- Lessons from the global AIDS solidarity movement
- Learn what practical things that we (as individuals, organizations, communities, and nations) need to do to facilitate and support the emergence of effective leaders for UHC

| MODERATOR

- **Eamonn Murphy,** UNAIDS Regional Director for Asia and the Pacific ific Regional Support Team, Joint United Nations Programme on HIV/AIDS, Thailand

| PANELIST

- **Tracey Naledi,** Board member, Tekano, South Africa
- **Ana Santos,** Journalist, Pulitzer Center, Philippines
- **Tomas Reinoso Medrano,** Professor, National School of Public Health, Cuba
- **Justin Koonin,** President, ACON, Australia
- **Sabrina Rasheed,** Associate Scientist, HSPSD, icddr,b, Bangladesh

| SPEAKER

- **Ann Keeling,** Senior Fellow, Women in Global Health, United Kingdom

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PARALLEL SESSION 3.5

MAKING GLOBAL TRADE POLICIES WORK FOR UHC

| BACKGROUND

Global trends in trade policies is currently a hot political issue across the world and becoming an ever more important 'megatrend' of relevance to the achievement of Universal Health Coverage. The changing landscape of global, regional, and bilateral trade agreements and practices has important implications for achieving SDG3 in enabling, or limiting, governments' strategies to pursue policy coherence, financing and good governance of the health services, and ensuring access to affordable medicines.

Current global politics of looming trade wars and sanctions against some counties can have a profound impact on the supply of life saving health commodities. This is a sensitive topic indeed. But it must be openly and candidly discussed as a challenge to the achievement of UHC in countries around the world.

This session will provide an overview of key trade policy issues and experiences that are relevant for all countries in their efforts to achieve or maintain UHC. It will focus on case studies on risks and opportunities for health promotion – including regulating health-harming industries and practices – and trade in health commodities of direct relevance to UHC. It will then focus on strategies for promoting innovation and access to affordable and quality medicines and other health products and technologies for all countries and people, in the spirit of the 2030 Agenda of Leaving No One Behind.

| OBJECTIVES

The objective of this session is to spotlight the opportunities and challenges of recent trends in trade policies and practices on countries' efforts to achieve or maintain UHC; to increase visibility about the risk and benefits involved, share lessons learnt, and to discuss concrete actions that must be taken in the interest of the lives of people.

| MODERATOR

- **Tenu Avafia,** Team Leader, Human Rights, Law and Treatment Access, United Nations Development Programme (UNDP), United States of America

| PANELIST

- **Carlos Correa,** Executive Director, South Centre, Switzerland
- **Ruth Lopert,** Director, LWC Health, Netherlands
- **Kalipso Chalkidou,** Director, Global Health Policy at the Center for Global Development, United Kingdom
- **Rachel Silverman,** Policy Fellow, Center for Global Development, United States of America
- **Chalermsak Kittitrakul,** Coordinator for Access Campaign, AIDS Access Foundation, Thailand
- **David Clarke,** Team Lead, UHC and Health Systems Law, World Health Organization, Switzerland

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PLENARY SESSION 4

FROM POLITICAL DECLARATION TO REAL ACTIONS

| BACKGROUND

Universal health Coverage (UHC) lies at the heart of the Sustainable Development Goals (SDG). Actions by multi sectors are essential to achieve this goal while the functioning primary healthcare at frontline, access to medicines and essential medical products and adequate health workforce are also pre-requisites.

By Sep 2019, UNGA resolution shall have endorsed the UN High Level Meeting Political Declaration on UHC. The last Plenary Session of the PMAC2020 is an opportune time to address “How to translate these political commitments into real actions towards progressive realization of UHC”. The session will crystalize all discussions at PMAC2020 and discuss practicality of translating the political inspirations into real actions. The panelists would also share their views on real actions required to achieve UHC. The take-away from this session is for everyone to act.

| OBJECTIVES

Translating political inspiration enshrined in the UNGA Political Declaration on UHC in 2019 into real actions from the perspective of different actors.

| MODERATOR

- **Phyllida Travis,** Former Director of the Department of Health Systems Development, SEA Regional Office, World Health Organization, United Kingdom

| PANELIST

- **Vitavas Srivihok,** Ambassador and Permanent Representative of Thailand to the United Nations in New York, Permanent Mission of Thailand to the United Nations in New York, United States of America
- **Mark Blecher,** Chief Director, Health and Social Development, National Treasury, South Africa
- **Chieko Ikeda,** Director General, Kanto-Shinetsu Regional Bureau of Health and Welfare, Ministry of Health, Labour and Welfare, Japan
- **Kaha Imnadze,** Ambassador and Permanent Representative of Georgia to the United Nations, Permanent Mission of the Republic of Georgia to the United Nations, United States of America