

Meeting Report

AD HOC VIRTUAL MEETING ON COVID-19 (INVESTING IN UNIVERSAL HEALTH COVERAGE FOR THE FUTURE)



28 September 2020
Virtual meeting



AD HOC VIRTUAL MEETING ON COVID-19

Investing in Universal Health Coverage for the Future

28 September 2020

MEETING REPORT

Hosted by:

ASIA-PACIFIC PARLIAMENTARIAN FORUM ON GLOBAL HEALTH

With support from:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Not for sale

Printed and distributed by:
World Health Organization
Regional Office for the Western Pacific
Manila, Philippines
October 2020

English only

NOTE

This report has been prepared by the World Health Organization Regional Office for the Western Pacific as the Secretariat of the Asia-Pacific Parliamentarian Forum on Global Health.

The views expressed in this report are those of the participants of the Asia-Pacific Parliamentarian Forum on Global Health Ad Hoc Virtual Meeting on Investing in Universal Health Coverage for the Future and do not necessarily reflect the policies of the conveners.

CONTENTS

SUMMARY	7
1. INTRODUCTION	8
1.1 Meeting organization	9
1.2 Meeting objectives	9
2. PROCEEDINGS	9
2.1 Block A: Opening	9
2.2 Block B: From COVID-19 to UHC	10
2.3 Block C: Health financing for COVID-19 and UHC.....	11
Country perspective: Japan	11
Country perspective: the Philippines	12
Country perspective: Fiji.....	12
Country perspective: Indonesia.....	13
Discussion.....	13
2.4 Block D: Closing.....	15
2.5 Follow-up points	15
ANNEXES	16
Annex 1. Programme	16
Annex 2. List of participants.....	18

Annex 1. Programme

Annex 2. List of Participants

Keywords: COVID-19 / Disease outbreaks – prevention and control / Healthcare financing / Universal health insurance

SUMMARY

On 28 September 2020, the Asia-Pacific Parliamentary Forum on Global Health (Forum) convened an ad hoc virtual meeting on Investing in Universal Health Coverage (UHC) for the Future. In all, 29 parliamentarians participated from 15 countries. The meeting was chaired by the Honourable Professor Keizo Takemi, President of Forum, with support from the World Health Organization (WHO).

The meeting objectives were:

1. to obtain updated information from WHO on the COVID-19 situation in the Western Pacific and South East Asia regions;
2. to share experiences on the importance of investing in UHC for COVID-19, and parliamentary actions to secure national investments in health; and
3. to consider how the Forum can support investments in UHC, including health security response and preparedness.

WHO provided updates on technical issues, the regional responses to COVID-19 and support for Member States in their response to COVID-19. Discussion during the meeting was initiated with presentations from Fiji, Indonesia, Japan, and the Philippines, which shared experiences of parliamentary actions related to COVID-19 response, and how UHC and health financing was considered. Parliamentarians encouraged each other to support national and regional efforts by investment in health, which benefits the economy through six main channels.

1. Building human capital by investing, for example, in maternal, newborn and child health, thus laying the foundation for improved educational performance and earning potential.
2. Increasing skills and jobs, labour market mobility and formalization of the labour force by providing financial protection, regardless of where people live or their employment status.
3. Reducing poverty and inequity to ensure people are no longer forced to sell assets or borrow to meet health needs.
4. Given that the health sector now represents a significant share of government expenditures in many countries, improving the efficiency and financial discipline of the public sector means greater overall efficiency of public spending.
5. Fostering consumption and competitiveness by engaging national entrepreneurs, companies, and workers to continually adapt and innovate within a robust and predictable regulative framework.
6. Strengthening health security through investing in preparedness and early action to stop outbreaks also helps prevent macroeconomic shocks and far costlier emergency response efforts.

Participants noted the importance of strong health systems as part of the essential response required to defeat the pandemic and called for solidarity among parliamentarians and countries in responding to COVID-19. Participants emphasized the importance of countries collaborating with one another and with WHO to facilitate an effective, equitable, coordinated and sustainable response through investments in UHC and health system capacity building.

Moving forward, WHO welcomed engagement and input from parliamentarians on country actions to combat COVID-19 and committed to continue supporting the Forum by sharing technical information, providing technical guidance and facilitating communication between Forum members, particularly on legislative changes related to the COVID-19 response.

1. INTRODUCTION

The Asia-Pacific Parliamentary Forum on Global Health is a platform for parliamentarians to exchange ideas, build political will, strengthen capacities and foster collaboration in driving sustainable action for health. Established in 2015 with technical support from the World Health Organization (WHO) Regional Office for the Western Pacific and other partners, the Forum is open to the 30 countries comprising the Member States of the WHO Western Pacific Region and the Association of Southeast Asian Nations (ASEAN).

Strategically positioned to help align global health mandates with regional and domestic priorities and to facilitate national implementation of international health commitments, the Forum is an important part of WHO assistance to Member States in the region in championing health beyond the health sector and taking a whole-of-government approach to enhance the rule of law in health governance and expand the role of law in health policy.

On 7 January 2020, authorities in the People's Republic of China identified a novel coronavirus from a cluster of pneumonia cases of unknown aetiology in Wuhan, the capital city of Hubei province. On 30 January 2020, WHO declared COVID-19 a public health emergency of international concern, then a pandemic on 11 March 2020. As of 2 September 2020, more than 25,327,098 confirmed cases and more than 848,255 deaths have been reported globally. Countries and areas in the Western Pacific Region have reported over 498,146 cases and over 10,805 deaths.

In both the COVID-19 response and achieving progress towards universal health coverage (UHC), collaboration across sectors is imperative. Constrained by limited financial resources and competing priorities across sectors, political leaders in each country must work together through joint action to invest in emergency preparedness and accelerate progress towards UHC. Parliamentarians have a vital role to play in balancing and shaping policies to sustainably finance the health system and ensure the socioeconomic development of their countries. They also have a role in ensuring that public health priorities are reflected in budgets; health security is strengthened; cost-effective interventions are prioritized to strengthen population health; and to continue to increase the efficiency of health care spending. COVID-19 requires a population-based response in line with the approach of UHC. The example of the COVID-19 pandemic thus exemplifies the benefits of designing and implementing elements of universality into a previously fragmented system.

In June 2019, during a Group of Twenty (G20) meeting, ministers of health and ministers of finance affirmed their commitment to the G20 Shared Understanding on the Importance of UHC Financing in Developing Countries. The commitment shows that investments in UHC fits squarely within the mission to promote sustainable and inclusive growth and to mitigate poverty by 2030. Investments in health benefit economies through the following six main channels.

1. Building human capital by investing, for example, in maternal, newborn and child health, thus laying the foundation for improved educational performance and earning potential.
2. Increasing skills and jobs, labour market mobility and formalization of the labour force by providing financial protection, regardless of where people live or their employment status.
3. Reducing poverty and inequity to ensure people no longer forced to sell assets or borrow to meet health needs.
4. Given that the health sector now represents a significant share of government expenditures in many countries Improving the efficiency and financial discipline of the public sector means greater overall efficiency of public spending.
5. Fostering consumption and competitiveness by engaging national entrepreneurs, companies, and workers to continually adapt and innovate within a robust and predictable regulative framework.
6. Strengthening health security through investing in preparedness and early action to stop outbreaks also helps prevent macroeconomic shocks and far costlier emergency response efforts.

The current crisis has shown that strong UHC, together with pandemic preparedness plans and capacity has helped many countries withstand the COVID-19 outbreak, save lives and limit negative economic impact. Faced with a shrinking fiscal space and an urgent need to respond to COVID-19 has stimulated many countries to innovate in service delivery to improve the overall efficiency of the health sector. Reduced fiscal space for health and an increased need for investment in health security, as well as fiscal measures to combat the economic crisis, will present countries with a daunting task. No country can afford to pursue UHC and health security separately as distinct areas for action as both objectives need to factor in how health systems are strengthened.

1.1 Meeting organization

To enhance the role of parliamentarians in investing in UHC for the future, the Forum convened an ad hoc virtual meeting on 28 September 2020. The meeting was chaired by the Honourable Professor Keizo Takemi, President of the Asia-Pacific Parliamentarian Forum on Global Health, with technical and administrative assistance provided by the WHO Regional Office for the Western Pacific as Secretariat to the Forum. The meeting was organized as a live videoconference through an online communications platform. The meeting programme is available in Annex 1.

The meeting was attended by parliamentarians from 15 countries, including Australia, Cambodia, Fiji, Indonesia, Japan, the Lao People's Democratic Republic, Malaysia, the Marshall Islands, Mongolia, New Zealand, Niue, Palau, the Philippines, Solomon Islands and Tonga. A list of participants is available in Annex 2.

1.2 Meeting objectives

The meeting objectives were:

1. to obtain updated information from WHO on the COVID-19 situation in the Western Pacific and South East Asia regions;
2. to share experiences on the importance of investing in UHC for COVID-19 and parliamentary actions to secure national investments in health; and
3. to consider how the Forum can support investments in UHC, including health security response and preparedness.

2. PROCEEDINGS

2.1 Block A: Opening

Dr Angela Pratt, Director of the Regional Director's Office and Communications and External Relations, WHO Regional Office for the Western Pacific, called the meeting to order and welcomed all the participants. Mr Martin Taylor, Director of Health Systems and Service Delivery, WHO Regional Office for the Western Pacific gave an overview of the meeting.

The Honourable Professor Keizo Takemi, President of the Asia-Pacific Parliamentarian Forum on Global Health, WHO Goodwill Ambassador for Universal Health Coverage and Member of the House of Councillors of the National Diet of Japan, delivered opening remarks. Dr Takemi said that the pandemic highlighted the importance of health in economic development. Most countries are working on resumption of economic activities and prevention of resurgence of the infection. He said that countries have to make the right choices to sustain progress towards UHC, and improving pandemic preparedness, a fundamental pillar during a time of economic and fiscal crisis. He highlighted the importance of working together in solidarity with WHO and international partners in addressing the pandemic and its common challenges. He said that he looked forward to the virtual meeting as a timely opportunity for parliamentarians to identify the needs in each country to provide a tailored system in the promotion of UHC.

Dr Poonam Khetrapal Singh, WHO Regional Director for South-East Asia, delivered opening remarks by saying that investing in UHC is the most efficient way to develop health systems resilience and advance towards recovery. She noted that health systems which provide quality services, are accessible to all and promote overall population health are better prepared to prevail and respond to acute events by maintaining essential services. The economic impact of COVID-19 has the potential to reduce the budgetary space for health at a time when additional investments are required to strengthen response and build better health system resilience to protect against similar events in future. She mentioned that in early September, the South-East Asia and Western Pacific regions, in partnership with the Asian Development Bank (ADB), concluded a series of meetings that brought together health ministries and finance ministries, with the aim of protecting the budgetary space for health. She said that a consensus among parliamentarians must also be developed in sustaining and scaling up investments in UHC as they have a real and significant influence across sectors which can be used to promote and secure adequate sustainable investments in UHC. Parliamentarians can also help facilitate institutionalizing best practices from experience in pandemic responses. She urged parliamentarians to provide critical inputs from all areas to the pandemic response, particularly regarding the financing of strong health systems for UHC.

2.2 Block B: From COVID-19 to UHC

Dr Tamano Matsui, Programme Area Manager of Health Emergency Information and Risk Assessment, WHO Regional Office for the Western Pacific, delivered a presentation on the COVID-19 situation in Asia and the Pacific. She provided an update on global data, as at the time of the meeting, which showed more than 31.7 million cases and 973 000 deaths from 216 countries. From 14 to 20 September, reported cases were highest in countries in South America, North America and Europe. The Americas remain the most affected region, followed by the South-East Asia, European, African and Western Pacific regions. In Asia, India, China, Japan and the Philippines have reported more than 80,000 cases. The two countries with continuous COVID-19 transmission since first reporting are the Philippines and French Polynesia. The outbreak in China has been under control since January. Japan, Singapore, Australia and the Republic of Korea have experienced clustering, leading to an increasing level of community transmission several times, but these countries have managed early detection and response. New Zealand and Viet Nam successfully controlled infection when the virus was introduced. Malaysia is gradually monitoring community outbreaks and the virus is under control. In Papua New Guinea, there is community transmission, but the number of cases is small, and the epi-curve is decreasing. Brunei Darussalam, Cambodia, Fiji, the Lao People's Democratic Republic and Mongolia have only reported imported or small contained cluster cases. In the South-East Asia Region, countries with high numbers of new cases are Bangladesh, India, Indonesia and Nepal. Indonesia has shown an increasing trend in cases recently, along with Nepal and Myanmar. WHO considers that we are in a new phase of the COVID-19 pandemic and the disease will not disappear and outbreaks will continue. However, we now know that COVID-19 can be controlled by identifying and employing effective targeted measures to suppress outbreaks and limit community transmission, which lessens social and economic impact. With this new information, WHO recommends three necessary actions: (1) early detection and targeted response; (2) continuous capacity development in contact tracing for use in identifying clusters of

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_24212

