



World Health
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Universal Health and Preparedness Review (UHPR)

Member States information session

14 December 2022

Agenda

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



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Welcome Remarks

Dr Tedros Adhanom Ghebreyesus, WHO Director General



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Opening Remarks

Dr Mike Ryan, Executive Director, WHO Health Emergencies Programme



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Piloting the UHPR

Experiences and results from Thailand, the Central African Republic, Iraq and Portugal



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Piloting the UHPR in Thailand

HE Mr Anutin Charnvirakul

Deputy Primer Minister and Minister of Public Health (video message)

Dr Khanchit Limpakarnjanarat, Advisor to the Department of Disease Control, Ministry of Public Health

Piloting the UHPR in Thailand, April 2022

Dr. Khanchit Limpakarnjanarat
Advisor, Department of Disease Control
MOPH, Thailand



Country context

- Thailand's long term investments in infrastructure, technology and human resource capacity, providing the robust and well-resourced medical and public health system.
- Experience with SARS-1, H5N1 Avian influenza, pandemic H1N1 influenza and MERS helped Thailand build expertise and understanding that enhanced preparedness.
- “Whole of government” and “whole of society” approach was adopted in Thailand.
- Active and consultation were actively sought from sectors of society, both public and private to mitigate impacts of the outbreak and protect national health security.

Piloting the UHPR in Thailand: process (I)

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

Evaluated on 3 pillars

- 1) Governance and leadership
- 2) National health emergency system
- 3) Sustainable financing



Piloting the UHPR in Thailand: process (II)

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

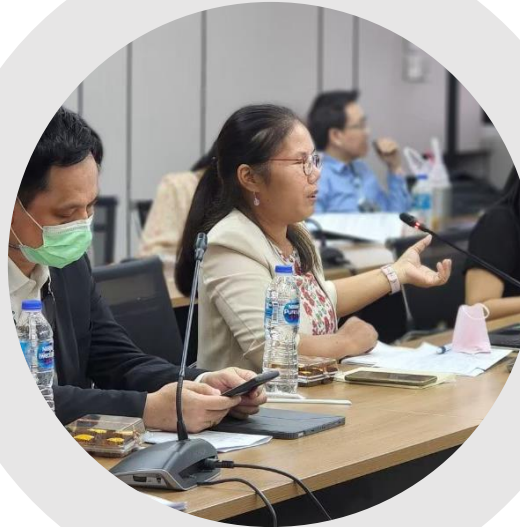
Thailand selected 12 areas for evaluation

- 1) Research
- 2) Work Force Development
- 3) Medical Waste Management
- 4) Disease Control
- 5) Risk Communication
- 6) Access to Basic Health Services
- 7) Access to Essential Medicine
- 8) Essential Health Services
- 9) Vaccine Management
- 10) EOC
- 11) Health Information
- 12) Laboratory



Key highlights from the UHPR pilot in Thailand

- Governance and leadership
- National Health Emergency System
- Sustainable Financing



Key highlights from the UHPR pilot in Thailand (I)

Governance and leadership

- **There is clear engagement from senior leaders who coordinate with various sectors, including the public, private, social and educational sectors.**
- **Whole-of-government led by PM, whole-of-society approach, agile and adaptive to emerging size of pandemic, use of sciences in decision and transparent communication to public on cases and deaths, public health and social measures**

Key highlights from the UHPR pilot in Thailand (II)

National Health Emergency System

- A good coordinating structure is in place, in particular the operations of the CCSA and the National and Provincial Communicable Disease Committee.
- Public health emergency response systems are flexible and data-driven.
- RRT and a robust lab. network are critical to rapid detection, investigation and response including internationally recognized FETP program.
- Operational cooperation among sectors especially the VHV network has been existing in all parts of the country. It is an important mechanism to support the work of disease prevention and control.
- People can access free COVID-19 treatments and vaccines.
- Advanced Technology and Innovation Includes applied research to identify operational and policy direction.

Key highlights from the UHPR pilot in Thailand (III)

Sustainable Financing

- A strong public health system and UHC have been in place for a long time. As a result, the country's public health system is sustainable and predictable.
- Significant budget approval from Central Fund and internal borrows to address pandemic. All patients Thai and non-Thai access to care with zero copayment including vaccine

Challenges from the UHPR pilot

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



Conclusion

- Method and process of UHPR are in pilot stage and need well advance planning, multi-sectoral coordination, and simplification. Plus, it should be flexible to country context
- UHPR can be a useful tool for evaluation at national and sub - national levels. it engages with highest political level and create accountability for delivery of NAPHS
- Thailand will move forward with action to the useful recommendations







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Piloting the UHPR in the Central African Republic

HE Dr Pierre Somsé, Minister of Health and Populations

Universal Health and Preparedness Review

UHPR

Pilot in Central African Republic (CAR)

Dr Pierre SOMSE

Minister of Health and Population



14th December 2022



Central African Republic – Context



- **Landlocked country with a population of 4.7 million**
- **Three decades of military-conflicts**
- **IDP: > 600 000 inhabitants**
- **Extreme poverty rate 71.4 %**
- **Mortality Maternal-infantile rate 826/100.000**
- **Malaria mortality rate 72/100.000**

CAR – Health Emergency and Health Security

Joint External Evaluation (JEE)

- **Protracted humanitarian health emergency Grade 3**
- **8 ongoing epidemics :** Covid-19, Measles, Rabies, Monkey Pox, Yellow fever, Guinean worn, whooping cough, meningitis
- **Alerts: RVF**
- **High Risk: EVD**
- **Rainforest ecosystem**

Capacities	Number of indicators	Scores
Prevention	12	No Capacity
	3	Limited capacity
Detection	6	No Capacity
	7	Limited Capacity
Response	10	No Capacity
	5	Limited Capacity
Others (PoE, CRN)	6	No capacity

70% (34/49): No capacity

CAR – Health System and UHC

- UHC service Coverage Index : **32/100**
- Human resources in health ratio 7.3 / 10.000 inhabitants (**<23/10000**)
- Household expenditure on health: 43,7% (**> 25% compared to WHO standards**)
- Low geographic coverage of health care and services
- Inadequate health care infrastructure;
- Lack of a national supply and distribution mechanism for health



CAR-UHPR- added value

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

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



CAR: UHPR Political leadership



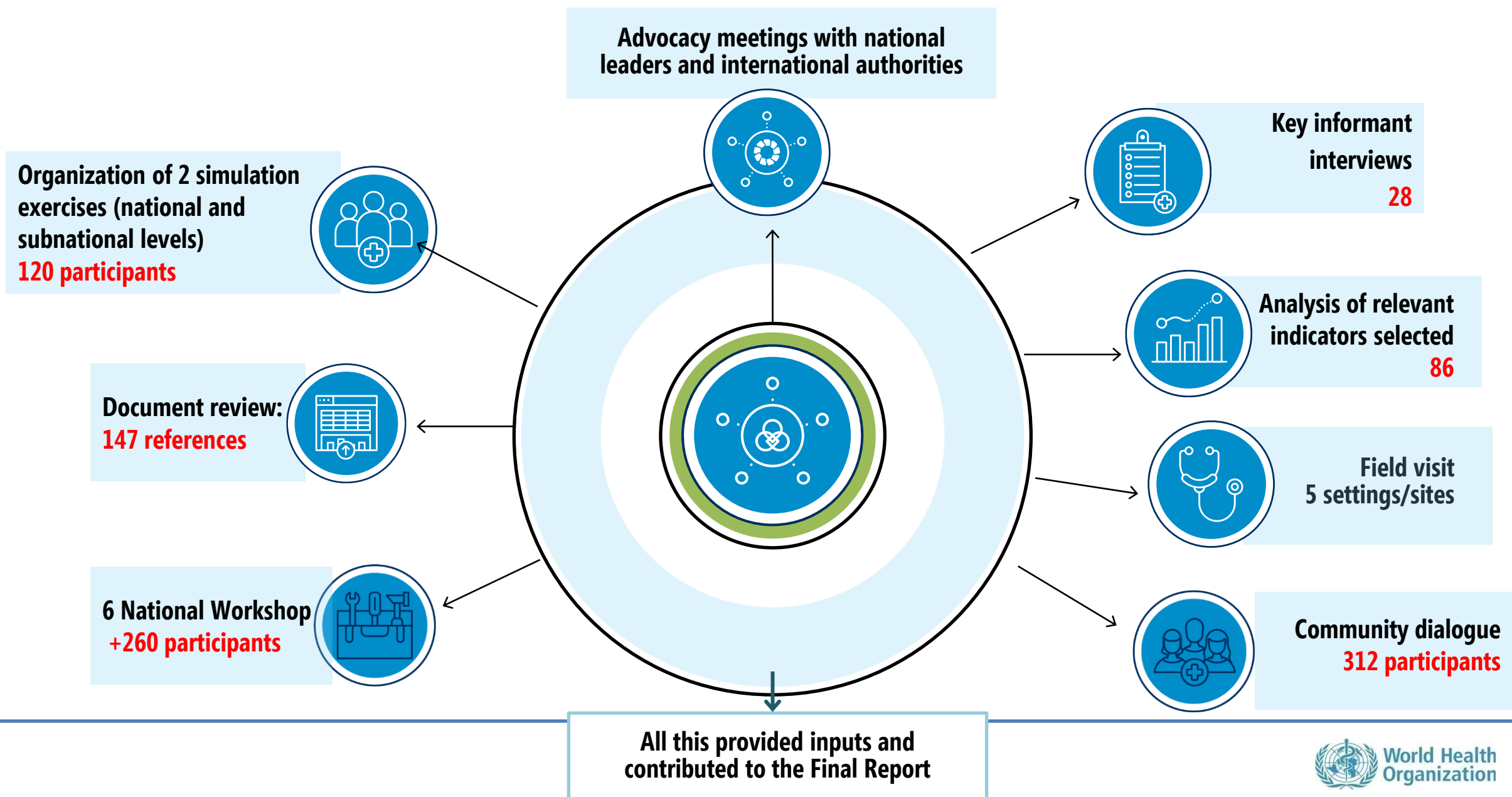
Opening of UHPR review with PM and ADG , Dec 2021



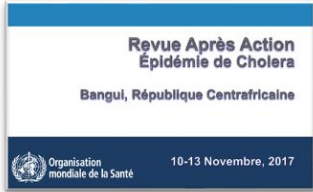
Community dialogue on UHPR, Dec 2021

- **Crisis committee: Head of State**
- ↕
- **Technical committee: Prime Minister**
- ↕
- **Strategy and Methodology Group (MoH)**
- ↕
- **UHPR National Secretariat (decree of the PM)**
- ↕
- **Community dialogue**

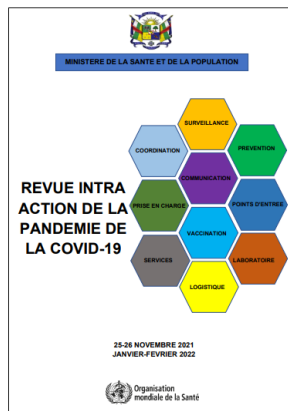
CAR: UHPR process



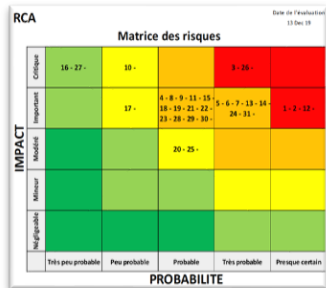
CAR- UHPR completion of existing information



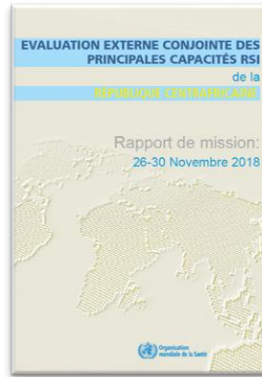
AAR
(Nov '17)



COVID-19 IAR
(Nov '21)



STAR
(Dec '19)



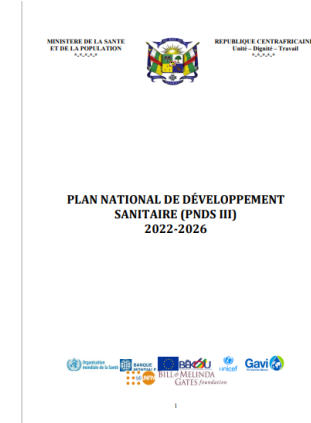
JEE
(Dec '18)



SPAR 2021



UHPR
(Dec '21)



HNDP 2022-2026
(Sep '21)



NAPHS 2022-2026
(Sep '21)

Two years
operational
plan and
investment
case



CAR- Lessons learnt from UHPR

- **Highest level commitment** – President's and Prime Minister level engagement
- **Engagement of stakeholders** – private, civil society, national & international
- UHPR took into account **vulnerabilities and other social determinants** of health (and outbreak too).
- **Simulation exercises are a powerful tool to measure health security readiness** ensuring a genuine involvement and ownership at political level.
- Addressing the unifying concept between **PH emergency risk mitigation, preparedness, response, recovery and development** – **PHEM, Disaster Risk Management & Development Management**
- Interlinkage between **health security and development & Health and peace**



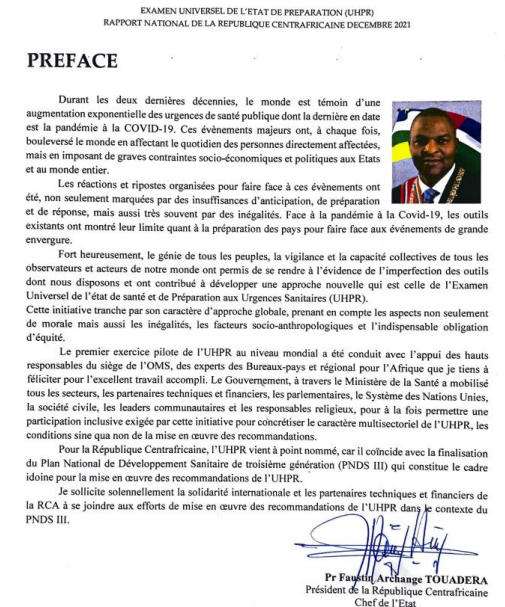
CAR- UHPR way forward

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



CAR- UHPR key results

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



SINGUILA MINGUI



High level advocacy meeting with Head of State, Dec 2021



Crisis committee meeting with Head of State, Approval of UHPR report, Jan 2022



UHPR Review team, Dec 2022

**UHPR: “A Game
Changer in Health
Security and UHC.”**




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Piloting the UHPR in Iraq

HE Dr Hani Musa Bader

Technical Deputy Minister, Ministry of Health

Dr Riyadh Al-Hilfi, Director-General, Ministry of Health, Iraq



Universal Health and Preparedness Review

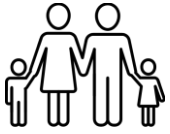
The Republic of Iraq

December 2021-March 2022

Member States information session, 14 December 2022



Country context



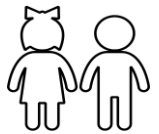
40 million total population



21 Governorates (18 North & 3 Kurdistan)



4.1 million in need of humanitarian assistance



40% of population <5 years old



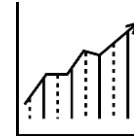
250,000 refugees and **1.2 M** IDPs



55% are between 16-60 years old



70% are living in urban settings



-15.7% GDP growth rate



14.1 Unemployment rate



26.7% Population living below international poverty line

Country Context: Sustainable Development Goals



SDGs on Track

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

Low progress of SDG

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

Country capacity for IHR Capacities

- **54% Prevention capacity**

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

- **45% Preparedness capacity**

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

Risk Matrix for Iraq, 2022

Impact	Critical	Dams/bridge failures, deliberate biological attacks		Earthquakes, Droughts	Polio, Novel influenza viruses (avian)	Mass gatherings, Armed conflict and forced population displacement, Food insecurity, Falsified and substandard medicine and technology, Antimicrobial Resistance
	Severe	Radiation/nuclear events	Cold waves, Heat waves	Floods, industrial accidents including chemical events	Crimean-Congo haemorrhagic fever, Measles, SARS-CoV-2 (new strain), Fire incidents, Water pollution,	
	Moderate		Cutaneous leishmaniasis, Air pollution	Food poisoning, foodborne diseases, Mumps, Meningitis	Cholera	
	Minor	Chickenpox	Locust's invasion	Dengue fever	Sandstorms	
	Negligible					
		Very unlikely	Unlikely	Likely	Very likely	Almost certain
		Likelihood				

Very high risk

High risk

Moderate

Low risk

Very low risk

- **47% Response capacity**

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

Piloting the UHPR in the Republic of Iraq: process (1)

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



Piloting the UHPR in the Republic of Iraq: Nat Review process (2)



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

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

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

Press conference to share findings of UHPR

Launching **national report with best practices, challenges, and recommendations**



Key highlights from the UHPR pilot in Iraq

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



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

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



Recommendations from the UHPR pilot in Iraq

Governance & Leadership

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

Agile System

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

Resources

- Increase Government's **budget for health**
- **Financial review** for health security financing
- **Refine the insurance law**
- Conduct a **national health account review**
- Review and update the **recruitment law**
- Develop national health workforce **strategy**
- Identify mechanisms for the **workforce capacity building**
- Explore opportunities and incentives to generate **family physicians and public health specialists**



Next Steps for the UHPR in the Republic of Iraq

Develop a **5-10 years National Health Roadmap** defining the priorities of the country

Review structure for **managing health emergencies**

strengthen the **Health information system**

Develop multisectoral **One Health** advocacy, committee and Work-Plan

Establish the **Iraqi national institute of health** (ongoing)

Create space for the **two-way community engagement**

Update the **National Action Plan for Health Security**

Production of the **Investment case** for WHO/World Bank FIF



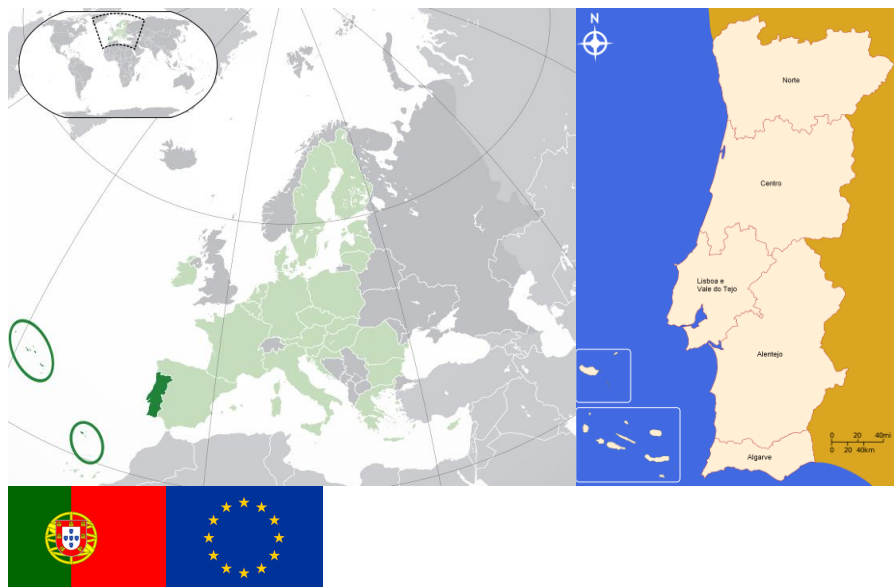
Piloting the UHPR in Portugal

Dr Rui Portugal

Deputy Director-General of Health, Ministry of Health, Portugal

Dr Paula Vasconcelos, PHEOC/CESP
Ministry of Health

Country context - Portugal



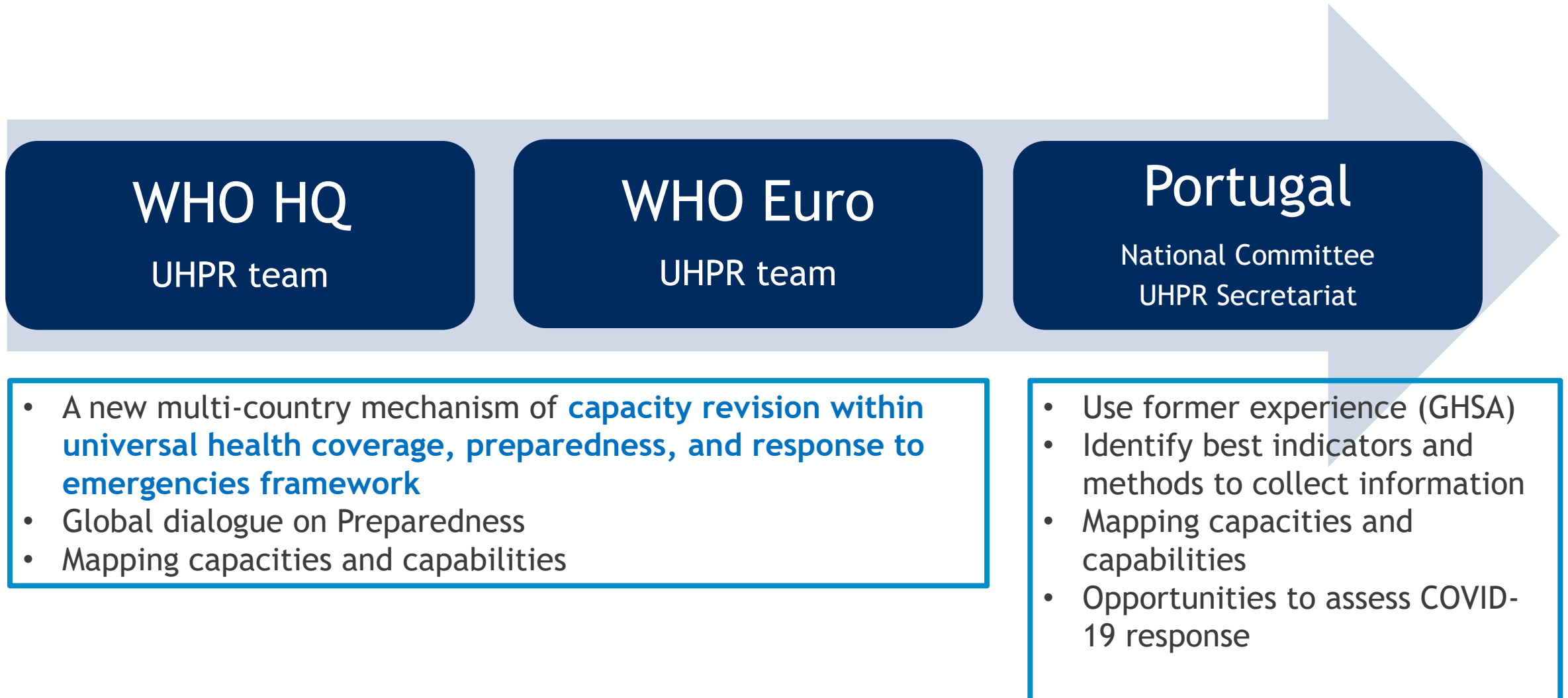
- No changing borders since 1297
- Founding member of NATO in 1949
- Semi-presidential republic since 5 October 1910 and democratic country since 25 April 1974
- Universal National Health System (SNS) since Sept 1979
- EU Member-State since 1986
- Chief of State - President Marcelo Rebelo de Sousa
-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

UHPR activities - Background info:

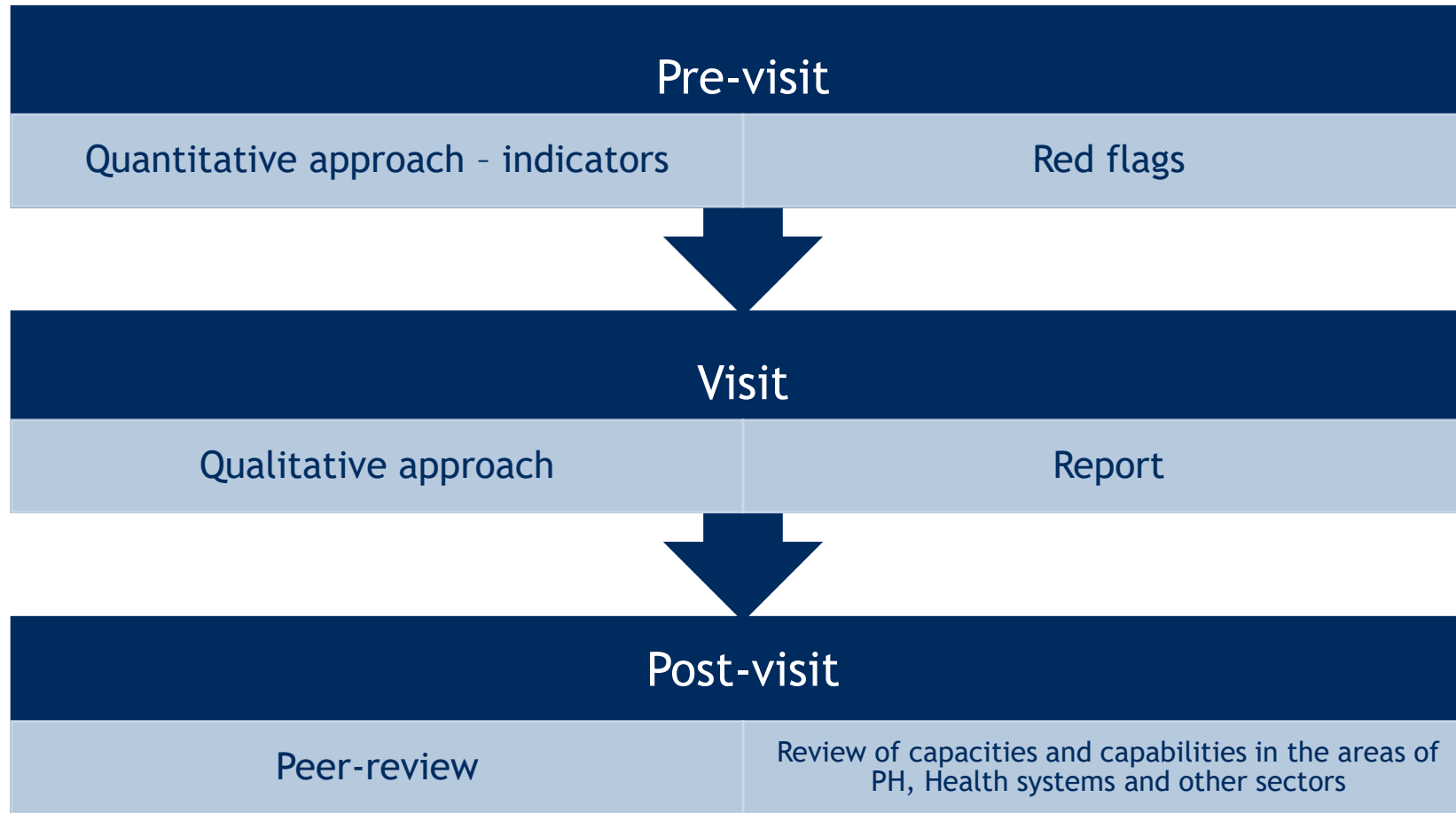
- Still facing pandemic
- No government 2021-2022 - MoH delegation to technical level

- 10.344.802 inhabitants (2021)
- Two archipelagos with Political and Administrative Statute of Autonomous Region (Azores and Madeira)

Piloting the UHPR in PORTUGAL: process



Piloting the UHPR in PORTUGAL: process



Piloting the UHPR in PORTUGAL: process

Multisectoral engagement:

- 13 ministries
- 36 public institutions
- 22 private and civil society institutions

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

11 Sites visited
(Lisbon, Algarve, Porto)



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



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



20 + Key informant interviews



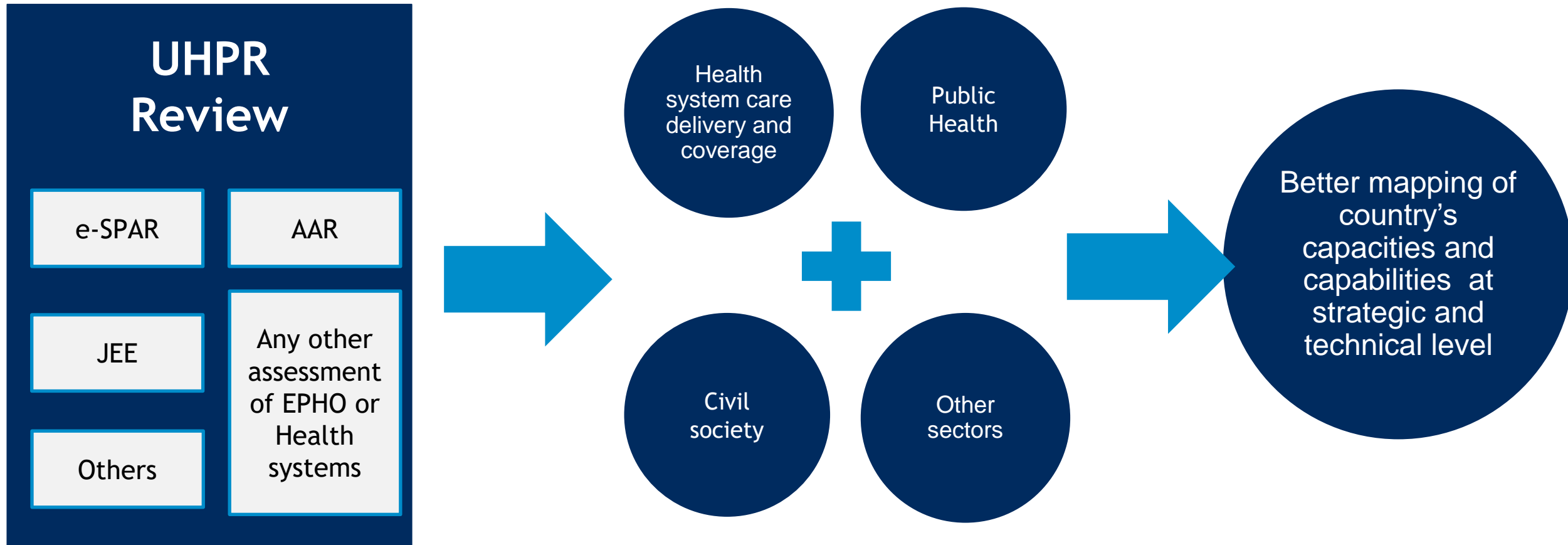
Focus group discussions
(**80+** participants)



Contributions to the Draft UHPR National Report



Key highlights from the UHPR pilot in PORTUGAL



| Key highlights from the UHPR pilot in PORTUGAL

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

Recommendations from the UHPR pilot

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

Recommendations from the UHPR

Governance and Leadership

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

Multi sectoral coordination

- Sustain and institutionalize key partnerships developed during pandemic response

Research & Development

- Support of health emergency preparedness

Engagement of Communities, Risk Communications

- Enhance risk communication through reliable communication network within and between organizations and with the public

Data and Information Sharing

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

Digital Technology and Telemedicine

- Maintain and increase investment in innovation and digital technology

Recommendations from the UHPR - Priorities /Recommendations

National Planning

- National Health Plan 2021-2030 for UHC, healthier populations and emergency preparedness
- National emergency preparedness and response plans
- Capture, document and disseminate the best practice and lessons learnt from pandemic (IAR & AAR)
- Training, recruitment and career paths
- Integrate in the system and process the gains made during the pandemic response
- Sustainable the budget lines for health emergency prevention and preparedness, based on lessons learned from COVID-19 pandemic
- More engagement of the parliament including through the health commission for PH emergencies preparedness and response



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Thank you





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Way Forward on the UHPR

Dr Stella Chungong, Director Health Security Preparedness
WHO Health Emergencies Programme

Member States information session, 14 December 2022

Way forward on the UHPR: Key Learnings

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

Key learnings for WHO from pilots

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

Progress update

- Detailed Concept Note on the UHPR presented and noted by MS following consultations in March 2022, [A75/21](#)
- Technical Advisory Group established in September 2021, continues to provide recommendations to WHO on the technical documentation and review process.
- UHPR included in the global architecture for HEPR
- WHO regional committees acknowledged the UHPR

- Based on feedback from the pilot countries and the TAG, WHO Secretariat has revised and updated the UHPR technical documents to:
 - Simplify and streamline processes and tools
 - Further refine the metrics, aligning with the scope of the UHPR.
 - Simplify the UHPR National Report Template
- Clarify the linkages with existing assessment tools and processes including the JEEs
- Engage with key stakeholders to support national priorities

Way forward on the UHPR

- **Country pilots to continue in 2023** – expressions of interest received from:
 - The Dominican Republic
 - The Republic of Congo
 - The Republic of Sierra Leone
- **Results of pilots will be used to continually update UHPR tools and processes**
- **Results and experiences to be shared with all Member States**
- **UHPR webpage** available for latest updates:

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

