

# 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

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## 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.

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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 Parliamentarian 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 Khetrpal 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 infection; and (3) recommended behaviours to minimize COVID-19 transmission should always be observed until this becomes the new normal.

Mr Martin Taylor delivered a presentation on Investing in Health: COVID-19 and UHC. Mr Taylor reminded Member States that countries around the world committed to achieving UHC at the United Nations General Assembly as part of the Sustainable Development Goals (SDG). UHC means that all people can obtain health services without suffering financial hardship. WHO is not just supporting healthy populations, but also recognizes that health is a significant part of the economic development of Member States across all regions. Mr Taylor also mentioned the biregional meetings held with ADB, where health and finance ministers explored the impact of COVID-19 on their countries and reaffirmed the importance of investing in UHC for both health and economic security across the Asia Pacific region, into the future. The economic crisis caused by COVID-19 is significantly greater than past crises in the Asia Pacific, including the global financial crisis. This reinforces the importance of investing in health for future regional economic security. A working group consisting of the International Monetary



Fund, the World Bank, ADB and WHO have been exploring the impact of this pandemic on the future of health expenditure. There is a projected decline in government revenue in almost all groups of countries. Along with this, a huge increase in government expenditure across both the South-East Asia and Western Pacific regions in all countries will result in significant increases in government expenditure as countries invest in both tackling COVID-19 and supporting the welfare of their population as they continue to experience movement restrictions. These incidents pose challenges for future budgets. An increase in national debt as governments borrow to support this increased expenditure will mean even less revenue available for health expenditure in several countries. The implications are that COVID-19 has eroded gains made in recent years in expanding effective coverage and improving financial protection; government per capita health expenditure will likely show slower growth, stagnation or decline; this will limit the health services offered and when and where they are offered; more people will fall into poverty; out of pocket expenditures will result in more difficulty in paying for uncovered health costs; and social health insurance is threatened as employment based revenue diminishes while expenses increase due to COVID-19 treatment costs and delays in care. Mr Taylor concluded his presentation by stating that multilateral development banks have evidence on the importance of investing in health and UHC, which leads to reductions in poverty and health expenditures. This contributes to improved education of children, leading to improved productivity throughout the lifecycle of the population. Although the outbreak has resulted in severe economic crisis, health can be a major part of the economic recovery and contribute to economic growth, with many benefits, up to and including the 2030 Sustainable Development Goals (SDG) targets.

Her Excellency Davaajantsan Sarangerel, Minister of Environment and Tourism, former Minister of Health, Member of the Great State Hural (Parliament) of Mongolia, shared her country's response to the COVID-19 pandemic. Mongolia has reported 313 cases, 202 have been reported as recovered. All cases are imported by overseas travellers. Mongolia implemented social distancing and travel restrictions as early as January to prevent COVID-19 infections as it is situated beside China. To date, there are no imported cases between China and Mongolia. These restrictions have had negative effects on the social and economic environment of Mongolia. The Government of Mongolia implemented two stimulus packages in March and April 2020 for families with children under age 18 and for vulnerable populations. The parliament also passed a law on COVID-19 prevention, to mitigate the pandemic's socioeconomic impact. The law will allow the government to make budget adjustments and execute quarantine measures and procedures to be followed during the pandemic. Mongolia has also upgraded their International Health Regulations capacity in the last 10 years, as well as their local disaster management planning procedure and structure. Planning involved civil society, private sectors, NGOs and health cluster partners. Since 2019, Mongolia has approved SDG budgets with development partners (the United Nations Development Programme, WHO, ADB). The health budget is developed with clear SDG outcomes using innovative calculation methods and design. As a result, inclusive financial investments and strengthening primary health care for UHC has provided a critical foundation for adapting to the pandemic scenario.

### **2.3 Block C: Health financing for COVID-19 and UHC**

#### ***Country perspective: Japan***

The Honourable Hanako Jimi, former Parliamentary Vice-Minister of Health, Labour and Welfare and Secretary-General of the Japanese Parliamentary League for WHO, House of Councillors, National Diet of Japan, shared perspectives from Japan. Japan has successfully controlled the outbreaks from March to May, and UHC has played a central role in control of the infection. Japan's national health insurance system enabled people to access health-care services without financial hardship; public and private health facilities provided high quality health-care services, even in rural areas; and these facilities allowed Japan to detect cases at early stages and provide appropriate health-care services to those in need. Currently, Japan is experiencing a resurgence of COVID-19 infection and is increasing testing capacities and strengthening public health centres to enforce services at the local level. Japan gave three action points in their approach to controlling the pandemic and future health crisis: (1) design a robust health financing mechanism through the cooperation of finance and health authorities; (2) application of innovation to maintain necessary, safe and high-quality health-care services; and (3)

protection of vulnerable populations. Finally, the Honourable Hanako Jimi noted that mutual trust and solidarity among nations will overcome COVID-19.

### ***Country perspective: the Philippines***

The Honourable Angelina Tan, Chairperson of the House Committee on Health, House of Representatives, Congress of the Republic of the Philippines, shared perspectives from her country. She presented priority categories in the Philippine 2021 national expenditure programme submitted by the Department of Health. The first priority is UHC Act Implementation related activities and COVID-19 initiatives such as: UHC-related activities, population-based health services, primary care service provision and COVID-19 initiatives or health system resilience. The plan involves human resources for health; health facilities enhancement at all public hospital levels; development of clinical practice guidelines; health information technology; support to ongoing epidemiology and surveillance; capacity building and technical assistance on health emergency preparedness and response; and support of ongoing health promotion activities. The national immunization programme also allotted 2.5 billion pesos for COVID-19 vaccines for medical front-liners, government employees (front-liners), uniformed personnel and indigent senior citizens. This health budget will have to pass through Congress. As for long-term health system strengthening and health security that builds upon investments in COVID-19 response, the following bills are currently pending in the Committee on Health: Centers for Disease Control, Virology Institute of the Philippines, Medical Reserve Corps, Medical Stockpiling and National Health Security Act. Finally, the Honourable Angelina Tan shared lessons learnt as the Philippines continues to fight COVID-19 – realization of UHC should be deliberate and programmatic based on long-term and sustainable planning processes, and it should be given the highest budgetary priority by governments subject to certain constitutional and legal restrictions.

### ***Country perspective: Fiji***

The Honourable Ifereimi Waqainabete, Minister for Health and Medical Services, Parliament of the Republic of Fiji, shared perspectives from Fiji. Since May 2020, Fiji continued to employ strict public health measures against COVID-19. A public health based national response has been essential to safely and effectively address the wide-ranging impact of COVID-19. The pandemic has highlighted for policy-makers the need for investments in health and to get the focus back on primary health care, public health promotion strategies and intensive medical care support. There is a need to develop specific processes for allocating budget funds to improve health systems for all during catastrophic global events such as COVID-19. It is not simply a health issue, but also a global security issue. Fiji held a parliamentary sitting in March 2020 to consider a supplementary budget on public health. In June, parliament passed the budget for 2021, with the health budget heavily increased and allotted more towards the national COVID-19 response. Parliament tackled implementation of commitments on public policy responses, and many key taxes and custom legislation underwent major amendments to reduce the tax burden on citizens and businesses. The Ministry of Health recognized that COVID-19 poses challenges to Fiji, and their response plan of evidence-based practices also included emphasis on local context. The plan includes increasing testing capacity, contact tracing, observing physical distance and restricting mass gatherings. A whole-of-government approach was used by visiting communities and settlements, explaining that by working together lives will be saved. The Fiji Coronavirus Preparedness and Response Plan presented a well-coordinated, whole-of-government commitment in response to the pandemic. The focus was maintaining UHC for all Fijians and the plan was designed to ensure that all Fijians are protected by health systems, and that there is continuity of care in health facilities. In June, the Prime Minister launched a Care Fiji mobile application based on Singapore's TraceTogether model, having been modified to Fijian context. The Honourable Minister also highlighted that UHC is the answer to the health crisis that the COVID-19 pandemic has created. Fiji's health-care services are based on the premise of being comprehensive and holistic and making sure that it is fit for Fiji. We ensure top-down and bottom-up approach, having commitments from ministry senior executives and ownership from frontline practitioners. Fiji has also established innovative approaches, including a model where small teams of doctors and nurses are placed in villages to advocate for health and COVID-19 strategies. The teams also visit homes of possible patients which also reduces the burden in the hospitals. In conclusion, the Minister highlighted the need for close collaboration and cooperation to achieve UHC.

### *Country perspective: Indonesia*

The Honourable Fadli Zon, Chairperson for the Inter-Parliamentary Cooperation, the House of Representatives of the Republic of Indonesia, shared perspectives from his country. He began by reiterating the commitment of world leaders to UHC which makes it a political choice for parliaments to translate it into a national policy. As a response to that commitment and to the COVID-19 pandemic, the Indonesian Parliament approved a government regulation on state financial policy and stability of financial systems for the management of COVID-19, which became a law on 12 May 2020. The law is expected to benefit medical services and the business sector. The ongoing pandemic is testing how far we have committed to implement UHC, and how strong our respective national resilience is. The pandemic implicitly sends a clear message for improvement in our health care and social security agencies. In 2009, the parliament adopted a mandate that the government should allocate 5% of the state budget for health. In 2004, the National Social Security System law, and Social Security Administrative Body in 2011, committed Indonesia to improving the health-care system by implementing UHC through the establishment of the health care and security agencies in 2014. He concluded with the imperative need to help each other in addressing the pandemic. Parliaments will play a critical role in dialogue and understanding among countries as they represent their people and can drive executive policies to be in line with global common interests.

### *Discussion*

Mr Martin Taylor moderated a discussion among all participants of the meeting.

**Mongolia** thanked the Forum for organizing the meeting. Mongolia has a vast territory with more than 500 health centres providing primary health care, the government will also adopt an action plan for 2022 to 2024 to ensure emergency services can be provided throughout the country. COVID-19 has not spread in Mongolia, and the government is working on essential preparations for measures to be taken in case of transmission of infection. The most important work is to provide qualified and inclusive emergency care in primary health services in both urban and rural areas. Mongolia has initiated a helicopter health service to be able to reach across the country and support the saving of lives.

**Indonesia** posed a question to WHO on how it can play a role in terms of encouraging international commitment towards supporting countries. Mr Martin Taylor, Director of Division of Health Systems, WHO Western Pacific responded that WHO, including both its South-East Asia and Western Pacific regions, is working closely with all Member States to ensure that WHO can provide support to less resourced countries. In particular, WHO is working in partnership with global organizations, such as the International Monetary Fund, the World Bank and the Asian Development Bank to support countries.

**Cambodia** shared that they have established a National Commission for COVID-19 and promulgated law on the State of Emergency to uphold national security, public order and protection and the health of its people. The Government also launched support for the private sector through tax exemptions and monthly subsidies. All stakeholders firmly complied with the new normal which resulted in no community outbreak, and no deaths. This pandemic strengthened Cambodia by increasing cooperation to save lives and highlighting economic issues. The National Assembly recognizes efforts of the Government to a stronger commitment to achieve UHC. It has established a Social Protection Scheme through the Health Equity Fund, National Social Security Fund and cash support programmes. The Ministry of Health has also launched a health coverage plan. The Committee on Health, Social Affairs, Veterans, Youth Rehabilitation, Labor, Vocational Training and Women's Affairs of the National Assembly monitors the implementation of the Government on these plans. As a result, people became more aware of the available benefits of accessing health services. However, the quality and efficiency of services are still limited which requires the Parliament to work hard to

support human resources for health. Cambodia noted that it is important to encourage the participation of all stakeholders to make sure that all will have confidence in the quality of health care. Parliament has an important role to monitor, study and adopt laws related to the budget, with consideration of the needs of the health sector to achieve a level of health financing that assures the durability of UHC during and beyond the COVID-19 era. In addition, Cambodia also asked four questions:

1. In this period, Covid-19 has provided an opportunity for close regional cooperation to jointly combat all regional challenges, how can this meeting play a role in this coordination?
2. How will WHO intervene for equitable distribution of vaccine among countries, especially for developing countries and underdeveloped countries and how can we coordinate to help? How to do it?
3. How will superpowers take part in combatting Covid-19, in other words, put this forward in their agenda as this is a war against an invisible enemy?
4. What will be the priorities of efforts to enhance people's health, such as NCD, after Covid-19?

In response to questions from Cambodia, Dr Takeshi Kasai, Regional Director for the WHO Western Pacific Region answered the second question on vaccines. He noted that WHO views vaccines as global public good, and that this virus does not respect national boundaries, therefore, unless all countries are protected, no country is safe. WHO, together with partners, have launched an initiative to accelerate access to vaccines, called [The Access to COVID-19 Tools \(ACT\) Accelerator](#) to speed-up vaccine development and promote equitable distribution. We now have 159 countries participating in this facility, to maximize the chances of getting a safe and effective vaccine. Further, in response to the fourth question from Cambodia, Dr Thi Giang Huong Tran, Director of Programmes for Disease Control, WHO Western Pacific Region noted that addressing NCD and ageing populations is one of the four thematic priorities for the WHO Western Pacific Region. Since the start of the pandemic we have seen that people with underlying health conditions, including NCD, are at a greater risk from COVID-19. We are continuing to work on strengthening health promotion and prevention approaches, and also exploring innovative ways for engaging patients, such as using digital health for consultations. We will continue to explore innovation to address NCD now and in the future, including at the primary health-care level.

The Philippines posed a question to Mongolia regarding what other sources of financing aside from taxation, are available, to enable the waiver of corporate and personal income taxes, as part of the economic stimuli. In response, Mongolia indicated that they received economic recovery packages from development banks.

Cambodia has also taken an approach of dividing the battle against COVID-19 into three areas. Firstly, preventing the virus from being imported into Cambodia; second by preventing a virus outbreak within the country; and thirdly by providing access to treatment for those who have contracted COVID-19. Further, Cambodia called for the development of a specific plan at the domestic level, and cooperation at the global level to support economic recovery, build community trust, and foster community engagement.

Fiji noted the important role that health plays in the economic recovery of the country. The engagement of a range of stakeholders across various sectors has been an important component to ensuring health and economic challenges are addressed, and a path forward for economic recovery is charted. For example, promoting domestic tourism within Fiji's tourist industry has been part of their economic recovery processes.

Intervention from the Lao People's Democratic Republic highlighted the importance of planning for the future, to invest in increasing social health insurance to cover over 90% of the population, ensuring that health is adequately reflected in government budgets.

## **2.4 Block D: Closing**

**Dr Takeshi Kasai, Regional Director for the WHO Western Pacific** provided closing remarks, reminding participants of the recent meeting of Health and Finance Ministers from across Asia and the Pacific to discuss the path of achieving UHC by 2030. During the meeting he noted how unique this moment in time was, and the opportunities that this pandemic has presented to make choices that change our future. Similar statements from parliamentarians were heard today at this meeting. This pandemic has reinforced the connection between good health and economic security, and that both governments and individuals are finding that they have different roles and responsibilities in securing and maintaining good health. So far, during the pandemic, many countries in the Region have managed to avoid large scale community transmission, thanks to past investments in primary health-care systems and expanded financial protection. We've seen in real terms, that investment in health has significant economic benefit, and health can be a driver for economic recovery. WHO appreciates the leadership shown by parliamentarians in making decisions during this time of uncertainty, to recommitting to financing and achieving UHC, and investing in our countries' future productivity and economic development.

## **2.5 Follow-up points**

WHO will follow-up questions from Cambodia and Indonesia, through the respective country offices, and continue discussions with the Mongolia Parliament regarding the hosting of the sixth Asia Pacific Parliamentary Forum on Global Health, scheduled for 2021.

## ANNEXES

### Annex 1. Programme

TIME	ITEM	PRESENTER
11:00 –11:16	BLOCK A: Opening	<i>Moderated by Dr Angela Pratt Director of Regional Director's Office and Communications and External Relations, WHO Western Pacific Regional Office</i>
	Programme Overview	Mr Martin Taylor Director of Health Systems and Service Delivery, WHO Western Pacific Regional Office
	Opening Remarks	Honourable Keizo Takemi President, Asia-Pacific Parliamentarian Forum on Global Health WHO Goodwill Ambassador for Universal Health Coverage House of Councillors, National Diet of Japan
	Opening Remarks	Dr Poonam Khetrpal Singh WHO Regional Director for South-East Asia
11:16 –11:47	BLOCK B: From COVID-19 response to Universal Health Coverage	<i>Moderated by Dr Angela Pratt Director of Regional Director's Office and Communications and External Relations, WHO Western Pacific Regional Office</i>
	COVID-19 situation in the Asia Pacific Region	Dr Tamano Matsui Programme Area Manager, Health Emergency Information and Risk Assessment, WHO Western Pacific Regional Office
	Investing in health: COVID-19 and Universal Health Coverage	Mr Martin Taylor Director of Health Systems and Services, WHO Western Pacific Regional Office
	State Great Hural (Parliament) of Mongolia	Honourable Davaajantsan Sarangerel Member of Parliament (Minister of Environment and Tourism) State Great Hural (Parliament) of Mongolia
11:47 –13:25	BLOCK C: Health financing for COVID-19 and Universal Health Coverage	<i>Moderated by Dr Angela Pratt Director of the Regional Director's Office and Communications and External Relations, WHO Western Pacific Regional Office</i>
	House of Councillors, National Diet of Japan	Honourable Hanako Jimi Former Parliamentary Vice-Minister of Health, Labour and Welfare Secretary General – Japanese Parliamentarian League for the WHO
	House of Representatives, Congress of the Republic of the Philippines	Honourable Angelina Tan Chairperson, Committee on Health

	Parliament of the Republic of Fiji	Honourable Ifereimi Waqainabete Minister of Health and Medical Services
	The House of Representatives of the Republic of Indonesia	Honourable Fadli Zon Chairperson – Committee for Inter-Parliamentary Cooperation
	Discussion	Moderated by Mr Martin Taylor Director of Health Systems and Service Delivery, WHO Western Pacific Regional Office
13:25 –13:30	BLOCK D: Closing	<i>Moderated by Dr Angela Pratt Director of Regional Director's Office and Communications and External Relations, WHO Western Pacific Regional Office</i>
	Closing Remarks	Dr Takeshi Kasai WHO Regional Director for the Western Pacific

## Annex 2. List of participants

### AUSTRALIA

Honourable Tony Zappia  
Member – Standing Committee on Health, Aged Care and Sport  
House of Representatives, Parliament of Australia  
Canberra

### CAMBODIA

Honourable Tep Yuthy  
Senator  
Member – Commission on Public Health, Social Work, Veteran,  
Youth Rehabilitation, Labor, Vocational Training and Women's Affairs  
Senate of the Kingdom of Cambodia  
Phnom Penh

Honourable Lork Kheng  
Chairperson – Commission on Public Health, Social Work, Veteran,  
Youth Rehabilitation, Labor, Vocational Training and Women's Affairs  
National Assembly of the Kingdom of Cambodia  
Phnom Penh

Honourable Ngoun Bean  
Member – Commission on Public Health, Social Work, Veteran,  
Youth Rehabilitation, Labor, Vocational Training and Women's Affairs  
National Assembly of the Kingdom of Cambodia  
Phnom Penh

Honourable Pich Chivorn  
Member – Commission on Public Health, Social Work, Veteran,  
Youth Rehabilitation, Labor, Vocational Training and Women's Affairs  
National Assembly of the Kingdom of Cambodia  
Phnom Penh

Honourable Sos Mousine  
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Youth Rehabilitation, Labor, Vocational Training and Women's Affairs  
National Assembly of the Kingdom of Cambodia  
Phnom Penh

Honourable Khoeng Noupheap  
Member – Commission on Public Health, Social Work, Veteran,  
Youth Rehabilitation, Labor, Vocational Training and Women's Affairs  
National Assembly of the Kingdom of Cambodia  
Phnom Penh

Honourable Pal Samoeurn  
Vice-Chairperson – Commission on Public Health, Social Work, Veteran,  
Youth Rehabilitation, Labor, Vocational Training and Women's Affairs  
National Assembly of the Kingdom of Cambodia  
Phnom Penh

Honourable Nguon Sim An  
Member – Commission on Public Health, Social Work, Veteran,  
Youth Rehabilitation, Labor, Vocational Training and Women's Affairs  
National Assembly of the Kingdom of Cambodia  
Phnom Penh

Honourable Chuun Sirun  
Member – Commission on Public Health, Social Work, Veteran,  
Youth Rehabilitation, Labor, Vocational Training and Women's Affairs  
National Assembly of the Kingdom of Cambodia  
Phnom Penh



	<p>Honourable Mak Vansintha  Member – Commission on Public Health, Social Work, Veteran,  Youth Rehabilitation, Labor, Vocational Training and Women's Affairs  National Assembly of the Kingdom of Cambodia  Phnom Penh</p>
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REPUBLIC OF KOREA	Secretariat – Korean Parliamentarian Forum on Global Health
LAO PEOPLE'S DEMOCRATIC REPUBLIC	Ms Sivaly Savathdy Deputy of Head Health Division National Assembly of the Lao People's Democratic Republic Vientiane  Mrs Dalany Inthathilath Technical Staff Inter-Parliamentary Relations Department National Assembly of the Lao People's Democratic Republic Vientiane
FEDERATED STATES OF MICRONESIA	Ms Stephanie Ritland Committee Attorney Committee on Health and Social Affairs Congress of the Federated States of Micronesia Pohnpei
PHILIPPINES	Mr Johd Carlos Office of Senator Bong Go Senate of the Philippines, Congress of the Republic of the Philippines Pasay City  Ms Kat Kapunan Office of Representative Angelina Tan House of Representatives, Congress of the Republic of the Philippines Quezon City

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