Introduction

WHO continues to work with Member States to deliver on the regional framework for action *Universal Health Coverage: Moving Towards Better Health.*

This section elaborates on the work towards achieving the five essential attributes for universal health coverage or UHC: quality, efficiency, equity, accountability, and sustainability and resilience.

**Quality**

To improve hospital quality and strengthen management capacity, WHO convened policy-makers and hospital managers from nine countries for the Fifth Hospital Quality and Patient Safety Management Course in Japan, and supported a policy round-table discussion in Malaysia. Quality measurement for UHC was discussed at the Sixth Meeting on Health Care Quality Improvement in Asia-Pacific. WHO also supported countries to implement national infection prevention and control strategies.

To strengthen health workforce standards, WHO supported Cambodia, the Lao People’s Democratic Republic, Mongolia, Papua New Guinea and Viet Nam to strengthen regulatory capacity. The Australian Health Practitioner Regulation Agency

The proportion of older people has more than doubled in the past few decades in Japan. The country is trying to find ways to meet their health needs in an affordable, accessible and equitable manner.
was also designated as a WHO collaborating centre.

Regulatory systems for quality and safe medicines, vaccines and traditional medicines were strengthened in Cambodia, the Lao People’s Democratic Republic and Mongolia. In addition, Viet Nam developed pharmaceutical laws and strengthened its pharmacovigilance system. The Republic of Korea improved its pharmacovigilance, and Mongolia and the Philippines introduced regulatory inspectors. Countries in the Greater Mekong Subregion strengthened regulations for the quality and safety of antimalarial drugs.

Quality assurance for traditional medicines was fostered through laboratory training and development of legislation for traditional medicine in Cambodia, the Lao People’s Democratic Republic, Mongolia and Viet Nam. The Philippines, Fiji and the Federated States of Micronesia have also started to develop policies that integrate traditional medicine into their health systems.

**Efficiency**

WHO supported countries to reorient service delivery towards primary health care, including in Viet Nam where a new resolution on primary health care was adopted.

WHO convened eight countries to discuss strategic purchasing at the second Biregional Workshop on Health Financing Policy for Universal Health Coverage in Asia. The second UHC Technical Advisory Group meeting focused on the transformation of service delivery to respond to the demographic and epidemiological transitions.

To address the high cost of new treatments for hepatitis C, an informal consultation on access to medicines in upper-middle-income and high-income countries was held.

**Equity**

WHO strengthened capacity in countries for collection and use of data to inform strategies to address equity issues, including those associated with financial, gender and geographical barriers. Further support was provided to strengthen attention to gender, equity and rights in health programmes and service delivery, and to address discrimination in health-care settings.

The health sector response to gender-based violence was strengthened through country support, and a baseline for this work is being established. Social mobilization campaigns were held during the 16 Days of Activism against Gender-Based Violence.

WHO supported the exchange of good practices and lessons learnt on policies and actions to promote the health of migrants and refugees across the Region.

WHO continued to work with countries to implement the *Regional Framework for Action on Ageing and Health in the Western Pacific (2014–2019)*, and convened a regional meeting of 15 countries to review progress and identify priority areas for action.

WHO also continued its financial protection work by assisting Member States to collect and analyse out-of-pocket health expenses.

A woman in Malaysia presents her electronic health card, providing her medical records electronically whenever she seeks treatment.
Accountability

Countries were encouraged to develop their own monitoring frameworks for UHC and the Sustainable Development Goals (SDGs). The Lao People’s Democratic Republic implemented a web-based platform to report health system data. Mongolia and the Philippines linked UHC and SDG monitoring to national priorities, while Pacific island countries leveraged the Healthy Islands Monitoring Framework to gather regional data.

WHO also strengthened country capacity to monitor health expenditure and financial protection. Last year (2017) marked the start of the transition to A System of Health Accounts 2011, which provides a framework to measure the objectives and levels of spending on health in countries.

WHO collaborated with Australia on Health in All Policies (HiAP) to review lessons for intersectoral governance. HiAP was also core in national policy dialogue in Kiribati.

To foster awareness and skills on global health priorities among tomorrow’s health leaders, WHO continued to support the Global Health Learning Centre, as well as the Asia-Pacific Parliamentarian Forum on Global Health, which provides a platform to exchange ideas, foster collaboration and build political commitment for health.

To strengthen government leadership and the rule of law, WHO reviewed legislation in Viet Nam, developed UHC legislation with the Philippines, and supported the proposed Essential Healthcare and Health Promotion Law in China.

Sustainability and resilience

WHO strengthened coordination with the Food and Agriculture Organization of the United Nations and the World Organisation for Animal Health to support multisectoral action in Brunei Darussalam, Cambodia, Fiji, the Lao People’s Democratic Republic, Malaysia, Mongolia, the Philippines and Viet Nam on surveillance, antibiotic stewardship, monitoring of antimicrobial use and advocacy. Eighteen countries finalized national antimicrobial resistance action plans.

The Regional Committee endorsed a framework on sustainable financing to support countries facing declining donor funding by identifying domestic finance sources and improving efficiency through better public finance management and integrated service delivery. Viet Nam strengthened domestic financing mechanisms for public health priorities, such as tuberculosis (TB) and HIV.

WHO also supported Pacific island countries to strengthen e-health information system strategies, and convened an expert consultation on e-health for integrated service delivery.

Next steps

In the year ahead, countries will explore select regional priority areas in greater depth to advance UHC including: health equity monitoring; hospital planning and management; policy and legislative reform implementation; and e-health to improve service delivery.