Report from the Inception meeting of The Asian Collective for Health Systems (TACHS)

(Virtual meeting held on 22 Jan 2025)

The inception meeting began with a brief overview of the TACHS initiative, why it was developed, its goals and anticipated outcomes by the Secretariat at the Centre for Social and Economic Progress (CSEP), India. This was followed by focused discussions with three sets of partners – 1) development partners, 2) existing networks / platforms operating in the region and 3) in-country partners in the 10 focus countries identified by TACHS in South and Southeast Asia. The first two were in the form of panel discussions while the last was in the form of a loosely structured, participatory dialogue.

The first panel discussion focused on understanding key opportunities and challenges for health systems in South and Southeast Asia from the perspective of development partners. The session underscored the importance of including diverse stakeholders including government and civil society in the discussion and emphasized the value and need for initiatives like TACHS in the region. The session was moderated by Dr Robert Marten from the Alliance for Health Policy and Systems Research and the panelists included **Dr Eduardo Banzon** (Director, Health, Asian Development Bank), **Mr Manoj Jhalani** (Director, Health Systems Development, WHO-SEARO), **Dr Lluis Vinyals Torres** (Director, Health Systems and Services, WHO-WPRO), **Dr Somil Nagpal** (Lead Health Specialist East Asia and Pacific, World Bank), **Dr Rene Ekpini** (Regional Advisor, Health UNICEF) and **Ms Sandhya Venkateswaran** (Lead, Health and Human Development, CSEP).

All the panelists emphasized the need to maximize usage of existing platforms and create new ways of working together to leverage expertise and experience available in the region. Asia, though being a dynamic region with heterogeneous health systems, is still looking for collective solutions to some of the critical concerns like primary health care, etc. Several panelists reiterated that while health systems in Asia have made tremendous progress in the last two decades, especially countries like Thailand, the achievement of countries like Bhutan are still under-appreciated. It was also mentioned that as donor dependency is getting reduced across Asian countries, health systems in the region are increasingly driven by domestic agendas even as countries like Malaysia and China are willing to share their stories. **Dr Banzon** suggested that we need to make use of opportunities provided by platforms like TACHS to understand the full Asia story.

Mr Jhalani emphasized that within this region, the current focus is on strengthening health systems, especially primary health care; making it more comprehensive, ensuring quality and there is political commitment to advance Universal Health Coverage across countries. **Dr Nagpal** highlighted that access to and availability of human resources with the right kind of knowledge and skill set is an emerging problem, which is going to be further complicated by digital technology revolution in future. **Dr Ekpini** pointed out that despite issues of human resources, it is critical to identify ways to sustain the progress made so far across all domains while accelerating progress in certain areas like immunization, maternal and newborn health to achieve SDGs and gearing up simultaneously to deal with emerging challenges like non-communicable diseases and climate change.

All the panelists emphasized the need to involve national and sub-national governments as critical stakeholders. **Mr. Jhalani** also suggested that it may be useful to have networks anchored in some multilateral organization, such as Joint Learning Network or WHO regional PHC forum. Further, **Dr Torres** stated that numerous critical decisions are currently delegated to the private sector, despite these issues being inappropriate for resolution through market-driven mechanisms. He further suggested the need to move beyond technical content by addressing the political economy, enhancing stakeholder communication, incorporating civil society perspectives, fostering academic collaboration, and ensuring convergence and integration across networks.

Further, **Ms Venkateswaran** from TACHS Secretariat reiterated that while there are numerous networks and platforms, the synergies across issues remain insufficient. She noted that while regional platforms like ASEAN and SAARC exist, their engagement with health is limited and often peripheral. These institutions hold immense potential for health-related mobilization, which currently remains underutilized. Therefore, TACHS aims to engage more closely with regional initiatives to enhance their role in health-related efforts. Additionally, she highlighted that TACHS's niche lies in addressing how to implement solutions, focusing on institutional ecosystems, governance, accountability, and state capacity—areas that are often overlooked.

The second panel discussion 'Connecting networks and building bridges: Priority issues at country and regional level' reflected a diversity of perspectives grounded in the experience of various networks represented in the panel. Key topics included specific health areas such as urbanization, climate change, strategic purchasing, aging, and the role of the private sector. Broader themes also emerged, including the engagement of non-state actors, communities, and sub-national entities, as well as the importance of institutional capacity-building and governance. The session was moderated by **Dr. Nima Asghari** (Asia-Pacific Observatory) and included panelists **Dr.**

Sunil Mehra (DragonNet), **Dr. Genevieve Howse** (Asia Pacific Parliamentarians Forum on Global Health), **Dr. Krishna Reddy** (Access Health), **Dr. Kiesha Prem** (Southeast Asia Collaborative for Health) and **Dr. Rahul Kadarpeta** (Joint Learning Network, AMREF).

Dr Howse shared experiences of working with one such regional network, Asia Pacific Parliamentarians Forum for Global Health, and discussed how effective it is for engaging parliamentarians on health concerns, including climate change, universal health coverage, primary health care, the health workforce, health security, etc.

Drawing from the experience of DragonNet, **Dr Mehra** re-emphasized the importance of understanding the implementation context and collaborating or working closely with the government.

The poor track record on community engagement was highlighted by **Dr Reddy** who pointed out that there is a huge gap between non-state and state actors in terms of engagement and there is a need to bring an orchestrated mechanism within the non-state actors, ensuring that all stakeholders are aligned with a common purpose and objective, which is currently missing. **Dr Kadarpeta** added that the non-state actors, and the state or provincial level policy makers and practitioners can adapt solutions but there are difficulties in continuing engagements with them. He further suggested TACHS could look at ways to have a sustainable platform for state level or provincial level actors within the countries that could synergically work with the global platforms.

Speaking about the institutional capacity deficit within health systems in Asia, **Dr Kiesha Prem** highlighted that there is a pressing need to strengthen the connection between policymakers and evidence-based research, especially training researchers in ways to engage with policymakers and to support tailored solutions in accordance with country specific challenges. Apart from this, she also pressed upon the need to strengthen health systems and improve governance while addressing broad-based challenges related to the political economy, need for building institutional capacity, and focus on key specific areas such as primary health care delivery, strategic purchasing, health technology, and ensuring access to health services.

The third session aimed to gather insights from all the in-country actors and experts, focusing on their health system priorities including challenges and experiences, and exploring how these can be integrated into the TACHS agenda. This session was moderated by **Dr Neethi Rao** from TACHS Secretariat.

As explained during the discussion by several participants, countries share similar concerns, in terms of disease burden – for instance, the burden of non-communicable diseases is a major problem especially among marginalized communities in India, which requires targeted attention and resources. Similarly,

ageing, mental health and climate change is noted as a concern by several countries. **Dr Isdijoso** from SMERU Research Institute, Indonesia also talked about ongoing struggle to balance curative and preventive care efforts.

Several countries also identified the digital divide in their countries, with some regions adopting technology while others lag. For instance, for Indonesia, digitalization in primary healthcare remains a pressing issue.

Dr Phuong, Health Strategy and Policy Institute from Vietnam highlighted the need for stronger institutional frameworks and capacity building for policymakers. She informed that regulatory impact assessments are a legal requirement in Vietnam for all health policies. Improving researcher capacity to provide timely evidence for decision-making is a challenge shared by representatives from Vietnam and Malaysia.

The need for effective coordination across governance levels is highlighted by **Dr Dhimal**, Nepal Health Research Council, where the transition to a federal system complicates coordination among federal, provincial, and local governments.

Dr Chelladorai, Institute for Health Systems Research, Malaysia identified that there remains a lack of synergy in creating strategies for effectively utilizing the best evidence, particularly at the local level.

Based on her previous experience, **Ms Anuradha Jain** from USAID India shared that insufficient understanding and assessment of the existing systems in the recipient country is a major challenge in translating knowledge into effective implementation across countries. According to her, initiatives like TACHS could play a vital role in addressing governance and systemic issues by facilitating detailed assessments of governance frameworks, digital infrastructure, human resources, policies, and existing systems, enabling recipient countries to advance more quickly based on shared knowledge.

Resource limitations, both financial and human, as a concern is shared by several country representatives – for instance, **Dr Dhimal** from Nepal pointed out human resource shortages, while **Dr Joarder** from SingHealth Duke-NUS Global Health Institute spoke about high out-of-pocket health expenditures, as well as outdated public financial management systems in Bangladesh.

Some countries also highlighted practical challenges in achieving universal health coverage such as Philippines and Indonesia. While talking about Indonesia, **Dr Isdijoso** shared that the country is grappling with the financial sustainability of its health system as premiums for poor families are funded by the government, while **Dr Asuncion** from the Department of Health, Philippines emphasized the urgent need

for coordination among health institutions and political will to implement UHC effectively.

Ms Chayanan, Ministry of Public Health Thailand and **Dr Chelladorai** from Malaysia pointed out issues related to retention of healthcare workers, their equitable distribution across regions, and the need for training healthcare professionals at the frontline level. **Dr Joarder** pointed out that the current recruitment system for public health roles is predominantly limited to clinicians, who are often appointed to public health positions without a defined career trajectory or specialized training in public health management in Bangladesh.

Lastly, **Ms. Venkateswaran** from the TACHS Secretariat summarized the discussion, emphasizing the key takeaways. She reiterated that ensuring the involvement of diverse stakeholders is crucial, encompassing private sector players, ensuring community engagement, while making efforts to reduce the gap between non-state and state actors. Determining the most effective strategies for such engagement remains a key consideration. A recurring theme that emerged from the discussions was the distinction between policy formulation and implementation. While many policy responses are well-understood, challenges often arise in executing these policies effectively, underscoring the importance of addressing the "how" of policy implementation.

Broader themes as well specific topics emerged from the discussion as potential areas of future work for TACHS. Specific challenges highlighted included addressing the needs of aging populations and linking health with social care, etc. Broader issues of focusing on marginalized communities, navigating market forces, and fostering effective governance were also highlighted as shared priorities for partners.

Following immediate next steps for TACHS were identified:
- A digital platform, such as a webpage or website, will be developed to facilitate engagement, resource sharing, and collective discussions.

- Additional focused convenings will be planned around the key areas of climate and health, primary healthcare, and geopolitics and health. Each will aim to explore specific challenges and dynamics in greater depth.