SECOND INNOVATION FORUM IN THE WESTERN PACIFIC REGION: SCALING FOR IMPACT

28 to 29 April 2022
Virtual meeting
MEETING REPORT

SCALING FOR IMPACT:
SECOND INNOVATION FORUM IN THE WHO WESTERN PACIFIC REGION

Convened by:
WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

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NOTE

The views expressed in this report are those of the participants of Scaling for Impact: Second Innovation Forum in the WHO Western Pacific Region and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in Scaling for Impact: Second Innovation Forum in the WHO Western Pacific Region in Manila, Philippines (hybrid meeting) from 28 to 29 April 2022.
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SUMMARY

In 2020, the inaugural WHO Innovation Forum in the Western Pacific Region formulated a vision for the innovation we need to make the Western Pacific the safest and healthiest region. In 2022, the Second Innovation Forum aimed to cultivate deliberate processes to scale up innovation in Member States, and to explore pathways to support Member States to systematically harness innovation for public health.
1. INTRODUCTION

1.1 Meeting organization

The meeting was organized by the Innovation and Research unit under the Data, Strategy and Innovation group of the WHO Regional Office for the Western Pacific, with moderators from across the WHO system – Healthy Ageing unit under the Division of Healthy Environments and Populations, Health Law and Ethics as well as Maternal Child Health and Quality Safety units under the Division of Health Systems and Services, Emergency Operations unit under WHO Health Emergencies, the Division of Pacific Technical Support, WHO China and WHO Viet Nam.

Three keynote speeches and eight sessions, each approximately 50 minutes, were distributed across two days and designated with specific themes:

- Day 1 opening keynote: Fostering health innovators of the next generation
- Problem-solving session I: Health policy innovation and dissemination
- Problem-solving session II: Cervical cancer elimination
- Problem-solving session III: Increasing digital application adoption
- Problem-solving session IV: Medical registry for vulnerable population
- Day 2 opening keynotes: Becoming an innovative state
- Roundtable discussion 1: Community-based adaptation to health challenges
- Roundtable discussion 2: Define a vision, design a system – national innovation systems
- Roundtable discussion 3: Innovation at scale – the pathway to population impact
- Roundtable discussion 4: A stepwise approach to health innovation – towards a strategy in the Western Pacific Region

A range of innovators selected from the first Public Health Innovation Challenge in the WHO Western Pacific Region were invited to participate in problem-solving sessions held on the first day; a range of diverse speakers from the Region and beyond were invited to share experiences in scaling up innovation for public health. The list of participants is available in Annex 1 and the programme of activities in Annex 2.

1.2 Meeting objectives

The objectives of the meeting were:

(1) to demonstrate public health innovations and systematic efforts to foster innovation that are initiated by health ministries;

(2) to initiate an innovation ecosystem for the Region to scale up the level of support and resources that WHO can provide to Member States in developing innovation interventions; and

(3) to foster dialogue, trust and cooperation between health leaders and innovation implementers.

2. PROCEEDINGS

2.1 Recognizing the Challenge winners

This session is a celebration of health innovators and their solutions with potential for scaling up in the Region. The first Public Health Innovation Challenge, launched in the Western Pacific Region in
September 2021, totalled 468 entrants from 49 WHO Member States around the globe. The crowd and expert judges selected 29 final winners. Outside the Challenge, the Million Lives Collective (MLC) initiative, an ecosystem of innovators and social entrepreneurs, identified 10 innovative solutions that have been implemented in the Region and reached more than 1 million lives each.

The 29 Challenge winners include (in no specific order):

- **Tamanu - Beyond Essential Systems** – Aims to improve the health security of all countries in the Western Pacific Region by providing a fit-for-purpose electronic medical record designed to work seamlessly in settings with poor infrastructure and low digital literacy.
- **The AuTuMN platform - Monash University** – An innovative modelling platform (AuTuMN) to assist national public health teams in developing plans for controlling the COVID-19 pandemic.
- **Digital solutions for primary stroke and cardiovascular disease prevention - Auckland University of Technology** – An innovative mobile application to address stroke and cardiovascular disease as the leading causes of death and disability worldwide.
- **SanteIMS - SanteSuite Inc.** – Target beneficiaries include anyone that can benefit from better, more equitable access to safe vaccines, timely high-quality data, streamlined end-to-end workflow and reporting, improved vaccine development, and efficient management of stocks and supply chains.
- **Variable reward systems that dramatically improve nutrition behaviour uptake - ThinkPlace Pty. Ltd.** – This behavioural system for change has shown remarkable success at supporting people through the initial period of behaviour change and made significant improvements in efforts to shift critical health behaviours overall.
- **National Health Hotline system for improving infectious disease surveillance and outbreak response - Innovative Support to Emergencies Diseases and Disasters (InSTEDD)** – A health hotline born from an EpiHack (epidemiology hackathon) and ultimately adopted by the Centers for Disease Control and Prevention of the Cambodia Ministry of Health scaled to become the 115 National Health Hotline system.
- **Improving access to diabetic retinopathy screening - The Fred Hollows Foundation** – An artificial intelligence (AI) solution increasing to retinopathy screening.
- **Using virtual interventions on social networking platform to promote the HIV service update among men who have sex with men - BlueCity (NASDAQ: BLCT)** – Leverages social media platforms and dating applications to promote interventions encompassing online needs assessments, online health promotion, online consultation and outreach services, online HIV infection risk assessments, and online testing services.
- **Cloud-based system for effective surveillance and control of COVID-19 - School of Health Management, Southern Medical University** – A hybrid surveillance system aims to strengthen COVID-19 preparedness and response for all vulnerable populations.
- **Comprehensive intelligent hypertension management system for supporting patients and physicians (CHESS) - National Clinical Research Center for Cardiovascular Diseases, Chinese Academy of Medical Sciences Fuwai Hospital** – A solution to achieve better hypertension management in China, effective intervention for both patients and health providers.
- **KontraCOVID bot - GOVSOLUTIONS INC. (trade name: AI4GOV)** – Targets automated processing and answering of thousands of queries on COVID-19 and vaccines, aimed at processing queries more efficiently for the health communications staff of the Department of Health.
• Mental health promotion nudges - Department of Health, Health Promotion Bureau – Innovative solution to implement digital nudges to promote healthy behaviour and relaxation techniques with the goal to reduce the burden and improve the mental health of health-care workers.

• Tackling antimicrobial resistance - CarbGem Inc. – This innovative AI application helps physicians in primary care settings and small or midsize hospitals in early diagnosis and support to select proper antibiotics for patients.

• AusTrakka, a genomics surveillance platform - The University of Melbourne – Shares data with the target beneficiaries of public health decision-makers, policy developers and experts in laboratories, health departments, governments and national health protection committees.

• EPIWATCH, rapid epidemic intelligence and early warning observatory - University of New South Wales, Sydney, Australia – Uses data models to predict where risks may be increasing for early prevention.

• The Only Way is Up: pumping water uphill and changing lives - Alternative Indigenous Development Foundation, Inc. (AIDFI) – Provides clean and safe water to the populations in neglected communities.

• KliP Mobile Program: Leaving no one behind - Universiti Sains Islam Malaysia – KliP Mobile (Klinik Pakar bergerak) is a mobile eye specialist clinic initiative aimed to serve the rural community.

• Tele-contact investigation and tuberculosis prevention amid COVID-19: utilizing mathematical modelling to aid participatory governance in the Philippines – FHI 360 - This solution promotes tele-contact investigation to contribute to the country’s tuberculosis (TB) elimination efforts by treating latent TB infection.

• Leveraging frontier technology in noncommunicable disease (NCD) prevention for youth - PATH – Aims at preventing or reversing risk behaviours among Vietnamese youth.

• Digital nudges to reduce COVID-19 vaccine hesitancy - K-three Inc. – NudgeAI addresses the issue of behavioural barriers associated with vaccine acceptance and uptake.

• Children’s Environmental Health Indicators - Vital Strategies Health Systems (Asia Pacific) Limited – Developed in response to the growing environmental health threats that low- and middle-income countries in Asia and the Pacific face.

• Bot MD Care - 5 Health – Targets COVID-19 patients who are placed in isolation or home quarantine by facilitating medical personnel to quickly stratify these patients according to risk to identify those who are unwell and require intervention.

• CareGo EMR - CP Health Innovations Inc. – Building an all-in-one field application for health workers and an effective communications channel of the rural health units to engage community members to participate in health programmes.

• Seoul’s effort to building a workforce ecosystem for the 50+ age group - Seoul 50 Plus Foundation of Seoul Metropolitan Government, Republic of Korea – The objective of this innovative solution is to support those aged 50 years and above, or 22.2% of Seoul’s population, for them to participate in social activities without discrimination and extend their work life so that they can enjoy an independent and high-quality life with physical, social and mental healthiness as they age.

• International Pandemic Preparedness Centre (IPPC) - AINQA Health Sdn. Bhd. – Serves to address all the existing gaps in infectious disease surveillance systems, with additional predictive and prescriptive functions that utilize AI and big data analytics for disease prediction using traditional epidemiological indicators.
• **Ensuring access to cervical cancer screening** - The Chinese University of Hong Kong – Targets disadvantaged groups, such as those living in rural areas and ethnic minorities to facilitate access to screening.

• **Improving capacity for health promotion** - Fuwai Hospital, Chinese Academy of Medical Sciences – Development of the principles, methods, technologies and devices for an interventional system based on ultrasound guidance, which allows to forego fluoroscopy guidance in the treatment of atrial septal defect, ventricular septal defect, patent ductus arteriosus, pulmonary valve stenosis, aorta coarctation, aortic valve stenosis, mitral valve stenosis, mitral valve regurgitation and atrial fibrillation, among other cardiovascular diseases, without surgery, radiation, contrast agents or general anaesthesia.

• **Post-Haiyan Integrated Non-Communicable Disease Prevention and Control Program in Salcedo, Eastern Samar** - Health Futures Foundation, Inc. – Aims to reduce the burden of disease due to NCDs in Salcedo, Eastern Samar, a fifth-class municipality in the Eastern Visayas Region of the Philippines.

• **MyHeart STEMI** - Universiti Teknologi MARA (UiTM), Malaysia – Implementation of a model that predicts STEMI (ST-elevation myocardial infarction) patient mortality better than current risk scores and identifies accurately who would need early cardiac catheterization with good outcomes.

The MLC innovators include:

- **Simprints** – digital identification solution designed for frontline service providers
- **We Care Solar Suitcase** – solar electric system that provides last-mile health facilities with medical lighting and power for mobile communication and small medical devices
- **CAD4TB** – computer-aided TB screening platform
- **The eCompliance Suite** – fingerprint-based tracking software to ensure adherence to TB treatment
- **HCP|CureBlindness** – high-volume cataract surgery and training model as the cornerstone to strengthening national eye health programmes
- **RestoringVision** – non-profit eye glass supplier
- **Self-sustaining Wolbachia method** – biological method for preventing mosquito-borne diseases
- **Sure Chill** – self-regulating fridge for vaccines in remote areas
- **SATO Pans and Stools** – water-saving toilet solution.

### 2.2 Opening keynote: Fostering health innovators of the next generation

The inevitable 100-year life future underlies two reforms: data system reform and social system reform. Challenges we face to complete the two reforms require disruptive innovation. Universities, where research and development (R&D) and human resources development are being held, should and can play a key role in fostering innovators of the next generation.

Being the open innovation platform to match state-of-the-art technology seeds with industry (public) needs, universities are the place for diversity and innovation. Research analysis suggests that while the value of innovation may grow with diversity in a team of innovators, diversity alone does not predict the success of an innovation. Nonetheless, inclusion of all stakeholders is the key to social implementation. Bringing together faculty and students from diverse backgrounds, universities are best positioned to encourage cooperation, identify common and specific areas of interest, draw a line
between R&D for competitive areas and common good, and explore the optimal combination of diversity to bring out the most value in innovation.

2.3 Problem-solving session I: Health policy innovation and dissemination

This session is about validating the articulated need for innovation by rethinking the problem hypothesis.

The WHO Representative Office in the Lao People’s Democratic Republic is potentially introducing a mechanism to the existing Essential Health Services (EHS) database to ensure timely updates of the national standards database, systematic revision of health-care workforce policies and education based on the changing evidence. Articulated needs include improving the user interface and expanding the content of the database to incorporate latest WHO guidelines through the use of information and communications technology (ICT) tools, with the long-term goal of handing the database over to the Ministry of Health counterpart.

Seven panellists, selected from the winners of the Innovation Challenge, analysed the hypotheses underlying the articulated needs. They suggested that it was necessary to understand the use case and user experience of the database. One option was to observe how target users have benefited from the system and advocate or motivate government officials to continuously update the database. Regarding the interest of migrating the database from Excel to a digital application, the WHO SMART guidelines were recommended to the Lao People’s Democratic Republic as a comprehensive set of reusable digital health tools that can be useful in advancing the adoption of digital health interventions. The final suggestion from the panellists was to organize a diverse taskforce to develop next steps with all stakeholders (ownership, governance, maintenance) and ensure alignment between the WHO global standards and the national guidelines.

2.4 Problem-solving session II: Cervical cancer elimination

This session is about forming a well-defined problem.

Pacific island countries and areas (PICs) are being encouraged to move towards cervical cancer elimination and are trying to change practices towards use of human papillomavirus (HPV) DNA testing. This requires a new paradigm and practices in the health system, which largely do not exist. As a result, PICs are seeking innovative approaches to address resource constraints and reach the screening targets. One major challenge is the cost of HPV DNA testing that local health systems incur.

The first suggestion is to advocate the use of taxes from the tobacco and alcohol industries to increase funding for the health-care system. This demands strong advocacy and commitment from governments. Another suggestion was to take advantage of the existing pooled procurement of vaccines in PICs and add HPV DNA testing to the procurement list. This could provide a good position for negotiating prices with the manufacturer. Raising awareness of the importance of screening is proposed as an essential component, in parallel to financing HPV DNA testing. Panellists recommended to integrate health education on cervical cancer prevention and HPV self-sampling in maternal and child health services, alongside using popular social media channels to target and educate younger female patients on the benefits of HPV screening.

2.5 Problem-solving session III: Increasing digital application adoption

This session is about approaches to scale up innovations.
The Department of Health of the Philippines developed an integrated and comprehensive End TB Application Suite as a complete digital solution to attain TB programme targets. The population uptake, however, has been limited – even with high awareness of the application suite. The problem is to increase application adoption and utilization on the ground. Suggestions were made around re-examining the value proposition, design, implementation strategy and user experience of the app. Specific suggestions include adding behaviour nudges (for example, triggers or promotions) within the application to engage users, open sourcing the application suite to leverage crowd intelligence and facilitate the developer community to develop more engaging applications, offering the platform across more platforms and operating systems to expand the reach, and identify champions among users who can provide continual feedback to improve the application.

2.6 Problem-solving session IV: Medical registry for vulnerable population

This session is about designing an inclusive solution for a common challenge across a number of countries in the Western Pacific Region.

Marginalized and vulnerable populations are often discriminated against or persecuted due to their status within the country. As a result, these populations are fearful to receive health care because of the lack of transparency and visibility on who their data will be shared with and whether repercussions may arise through their data being available to non-health-care personnel. The problem identified is how to create an inclusive medical registry system without impacting health-seeking behaviours among vulnerable and marginalized groups.

The panellists recommended an agile approach and start with a minimum viable product (MVP), rather than building a solution. The system shall be co-created with the vulnerable communities. Another suggestion was to give access to the vulnerable groups to their own data and ensure they can manage their records and they own the right to grant access to any non-health-care stakeholders.

2.7 Day 2 opening keynotes: Becoming an innovative state

The emergence of digital technology is putting innovation under spotlight, and the role of states has become important than ever – a supporter of the ecosystem, certifier and standard setter of innovation. Dr Albert Park, Chief Economist of the Asian Development Bank and Professor Mariana Mazzucato, Chair of the Council on the Economics of Health for All, delivered the two keynote speeches on the role governments should play to foster innovation in the health sector.

Described by the World Bank as the Innovation Paradox, poor countries further away from the technological frontier did not manage to have a higher return on innovation investment than advanced economies even if they could easily make huge gains by catching up to the frontier. It was because of the lack of complementary factors required to make investments in innovation pay off in poor countries such as firm managerial competency. These factors are often influenced by government institutions, including the credit system, the rule of law and regulatory environments. In that context, there is enough room for public institutions to align policy instruments with the needs of innovators to improve capability and to create a more enabling environment. Dr Park also suggested that the government should play the builder role for health innovation ecosystems – funding health innovations, setting standards, testing and approving innovations for the market based on standards, and leveraging public–private collaboration.
Professor Mazzucato reinforced the role of the government as the investor, market shaper, value co-creator and ecosystem builder. As the investor, investment in health innovation should be conducted in a structured fashion, ensuring that it creates value for the whole of the society. As the market shaper and value co-creator, governments must be redesigned to be truly mission-oriented and ambitious to deploy policy tools to stimulate health innovation and pull demand. As the ecosystem builder, there is an opportunity to redefine what a health partnership looks like and start building a truly symbiotic and mutualistic ecosystem where the public, private, not-for-profit and philanthropic sectors work together with a common goal.

2.8 Roundtable discussion 1: Community-based adaptation to health challenges

Community-based innovations have responded to local contexts and needs, addressed health challenges, improved health systems and catalysed social changes in the Region. This session is an exploration of the deep knowledge, expertise and potential of innovators as agents of change for health and well-being in communities, challenges, and opportunities to potentially scale up community-level innovations for impact.

In the Lao People’s Democratic Republic, the Ministry of Home Affairs is exploring community engagement as an approach to facilitate cross-sectoral collaboration and strengthen health governance. Workshops that engaged community stakeholders during COVID-19 have supported authorities to understand the needs and roles of communities in pandemic control. In Cambodia, the Lake Clinic provides essential primary health care to hard-to-reach villages living on the Tongle Sap Lake. In the Philippines, the Social Innovation in Health Initiative fosters community-grounded innovations, monitors innovation performance, and institutionalizes health innovation in collaboration with government agencies.

Discussions centred around the roles of community and government in scaling up community innovation. It was concluded that: communities shall be empowered and participate in the design, implementation, management and evaluation of innovations for sustainability; scaling of community innovation is as much about expanding the service as improving the service on the same group of population; and trust- and capacity-building in the innovation process for all innovators and government officials are essential.

2.9 Roundtable discussion 2: Define a vision, design a system – national innovation systems

The concept of innovation systems has been gaining intellectual and practical coherence over decades, and more recently has become the focus of increased attention to address some of the more profound health issues for developing nations. Through exchange of country experience, this session examines the process and considerations in developing a health innovation ecosystem.

Investment in application-oriented R&D has been an established approach towards socioeconomic growth. However, this model has failed to address social well-being or bring out responsible innovation. In the Republic of Korea, the next phase of innovation will be mission driven and take a long-term perspective. Access to impact investment to de-risk innovation is critical to taking hyperlocal innovations to a scale that can achieve the Sustainable Development Goals with sustainable business models.

An innovation ecosystem can be an organic product of problem-solving on the ground. In SingHealth, one largest public health clusters in Singapore, an innovation ecosystem grows out of the need to
improve the continuum of care and reduce health worker burnout. The ecosystem itself evolves as the need to prioritize problems to solve and assess the impact.

2.10 Roundtable discussion 3: Innovation at scale – the pathway to population impact

Public health innovation is defined as the creation and implementation of a novel process, policy, product, programme, or system leading to improvements that impact health and equity. An invention becomes a true innovation only when population impact is achieved. This session explored the pathway and common barriers of the innovation scaling process.

Inclusiveness lays the ground for population acceptance and impact at scale. In Cambodia, the Bakong initiative, a mobile wallet service introduced by the National Bank of Cambodia, has expanded to cover half of its population and supported migrant workers, especially women, to transfer money at no cost and therefore improved financial inclusion.

The scaling of innovation necessitates the institutionalization and iteration of rethinking, research and redesign. In China, when setting standards for technology-based health innovations, the China Academy of Information and Communications Technology engages itself in consultations with multisectoral stakeholders at provincial level to design the standards to ensure maximum compatibility with evolving use cases for the innovation.

Not all innovations are worth taking to scale. Innovations should be scaled only when they contribute to the outcomes of the system or when they have the potential to change the entire system. Re-examining the assumptions underpinning the constantly evolving innovation process is critical.

Conscious design of an innovation ecosystem is essential to address the health challenges of the future. In Malaysia, mission-oriented policies, R&D and public–private sector collaborations were developed to promote healthy ageing innovations in a digitally transformed society.

2.11 Roundtable discussion 4: A stepwise approach to health innovation – towards a strategy in the Western Pacific Region

The closing session explored different frameworks and provided various examples to identify steps governments can take to foster a culture and ecosystem of innovation. Society 5.0, Japan’s transformation plan, contemplates shifting innovation policies from the traditional technology-driven formulations to human-centred approaches by focusing on the values of openness, sustainability and inclusiveness – with the community lying at the heart of all actions. The Lancet and Financial Times Commission report on governing health futures 2030 developed a value-based framework to support governments and societies towards new approaches to digital health transformation, governance, and citizenship by putting individuals – specifically young people – at the centre. VicHealth, one of Australia’s health promotion foundations, highlighted how it is building community-led and outcome-driven innovations to address deeper structural, political, cultural and digital drivers to build more robust, adaptive and highly capable health promotion systems. And finally, WHO’s commitment in the Western Pacific through the Innovation Challenge, Forum and Repository to further support Member States in building mission-driven innovation policies and jointly shape the innovation ecosystem in the Region.
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

There is no lack of innovation in Member States, but there are major roadblocks for scaling up innovation for wider and deeper health impact. Countries must take a systematic approach to cultivate a culture and ecosystem for all stakeholders to be engaged in the ongoing process of incremental and radical change. Many components go into the development of an ecosystem: governments should define the mission, value and direction for health innovation; make institutional arrangements and bring together a diverse group of partners and communities; and create an environment and incentives for ecosystem players to develop, adapt and scale up innovation for impact.

3.2 Recommendations

3.2.1 Recommendations for Member States

Member States are encouraged to consider the following:

(1) **Governance and co-creation of innovation.** Take a long-term perspective and purpose-driven health innovation through a mission-oriented approach, and strengthen the capacity of the public sector in managing health innovation.

(2) **Financing.** Redirect long-term, strategic investment towards common goals in health, harness the power of policy tools to expand the budget for health innovation and stimulation of market demand, and forge symbiotic public–private partnerships through a combination of investment conditionalities, regulations and incentives.

(3) **Implementation and scaling.** Create an enabling environment for communities to understand challenges in local contexts, identify opportunities, and test and develop solutions with an eye for scale. Member States should make systematic efforts and develop policy tools to facilitate the scaling process of health innovations.

(4) **Metrics and evaluation.** Adopt metrics for common goods that reflect health values to assess the impact of innovation.

3.2.2 Recommendations for WHO

WHO is requested to consider the following:

(1) Support Member States to build the capacity and tools to identify problems, opportunities and solutions.

(2) Document good practices in innovation governance and ecosystem development, and support Member States to design and develop health innovation ecosystems.

(3) Monitor emerging innovation trends in the Region and support Member States to find localized pathways at country level to scale innovation for impact.
ANNEXES

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2022 WHO Innovation

28 – 29 APRIL 2022

Thursday 28 April 9:30 – 15:30 (GMT+8)

Challenge day: research, innovation, and enterprise

Research, innovation, and enterprise are cornerstones to uphold sustainable solutions to solve the health challenges of tomorrow. With technological disruptions, digital and societal transformations, we have more tools than ever to address complex public health situations.

The first public health innovation challenge was launched in 2021 to explore what the regional innovation landscape has to offer. With the Challenge-winning innovators, together we explore and identify possible solutions to address pressing health challenges in the region.

9:30 – 9:35  Opening
Dr Gauden Galea, WHO Representative to China

9:35 – 9:40  Opening Remarks
Dr Takeshi Kasai, WHO Regional Director for the Western Pacific (WPRO)

9:40 – 10:00  Acknowledgement of the WHO Western Pacific Innovation Challenge winners

10:00 – 10:10  Keynote: Fostering health innovators of the next generation
Professor Yuichi Tei/Ung-il Chung

10:10 – 10:15  Introduction: Scaling innovation for public health benefit: towards a WPRO Strategy
Ms Amy Cawthorne, Acting Director of Data, Strategy and Innovation Division, and Coordinator of Innovation and Research unit, WHO WPRO

Mr Jeremy Ware, Innovation and Research unit, WHO WPRO

10:20 – 11:10  Problem-solving session 1: Healthcare Policy Innovation and Dissemination
Moderator: Mr Christopher Bates, Technical Officer, WHO Pacific Island Countries and Area
Panelists are representatives of: BlueCity, Alternative Indigenous Development Foundation, Inc., Universiti Sains Islam Malaysia, Fuwai Hospital, Chinese Academy of Medical Sciences

11:10 – 11:20  Mobility break

11:20 – 12:10  Problem-solving session 2: Cervical Cancer Elimination
Moderator: Dr Van Thi Thuy Nguyen, Technical Officer, WHO Viet Nam
Panelists are representatives of: Auckland University of Technology, The Fred Hollows Foundation, National Clinical Research Center for Cardiovascular Diseases, Chinese Academy of Medical Sciences Fuwai Hospital, Bot MD, The Chinese University of Hong Kong, Health Futures Foundation Inc.
Governments need to play a proactive role in innovation-led health problem-solving. They need to become leading agents in achieving breakthroughs that allow innovators to grow through:

- Creating the right infrastructure
- Proactively developing strategies around the thematic priorities even before the potential is understood by the business community
- Investing in solutions in areas where the private sector is less motivated to work
- Funding the most uncertain phase of research that the private sector is too risk-averse to engage
- Setting the rules and standards for system interoperability and open innovation
- Commissioning development
- Overseeing the commercialization and scale-up of general-purpose technologies

Friday 29 April 09:30 – 15:00 (Manila Time, GMT+8)
State-led innovation: ready, set, go!

Governments need to play a proactive role in innovation-led health problem-solving. They need to invest in research, build hubs, work with and regulate the market, but they also need to look how they define and measure values we need.
10:05 – 10:10  Member State Repository
Ms Roberta Pesce, Innovation and Research Unit, WHO WPRO

10:10 – 11:00  Roundtable Discussion: Community-based adaptation to health challenges
Moderator: Paul Li Jen Cheh, Community Engagement Consultant, WHO WPRO
Speakers: Mme. Vilaythone Soumthone Xaymongkhounh, Dr Jon F Morgan, Mr Filifilia Iosefa, Dr Meredith Del Pilar-Labarda
Community-based innovations in response to health challenges have gained much attention for their potential to complement top-down innovation initiatives. This session is an exploration of country experiences in fostering, scaling, and evaluating community innovations.

11:00 – 11:10  Mobility break

11:10 – 12:00  Roundtable Discussion: Define a vision, design a system - national innovation systems
Moderator: April Lee, Technical Officer, Healthy Ageing unit, WHO WPRO
Speakers: Prof So Young Kim, Ms Chen Ee Lee, Jaime Montoya, Dr Andrew Nerlinger
The concept of National Innovation Systems (NIS) has been gaining intellectual and practical coherence over decades and more recently becoming the focus of attention to address health issues. This session is an exchange of country experience in building and governing NIS to address health challenges and achieve common good.

12:00 – 12:30  Live Band

12:30 – 13:00  Side event: New portrayals of ageing
Moderator: Dr Wenzian Xu, Consultant, Healthy Ageing Unit, WHO WPRO
Speakers: Mr Jung Hyun Kwon, Ms Xiaohui Hu
Experiences shared of changing the perception of ageing and creating positive changes in lives and in societies.

13:00 – 13:50  Roundtable Discussion: Innovation at Scale - the pathway to population impact
Moderator: Zhao Li, Technical Officer, Maternal Child Health, Quality and Safety, WHO WPRO
Panelists: Ms Serey Chea, Ms Shan Xu, Prof Pei Lee Teh, Mr Thomas Feeny
A novel approach becomes an innovation only when it improves or saves lives at scale. This session features experiences in scaling up innovations, unveils the paths taken, and discusses the roles WHO could play along the scaling journey.

13:50 – 14:00  Mobility break

14:00 – 14:50  Roundtable Discussion: A stepwise approach to health innovation - towards a WPRO strategy
Moderator: Dr Gauden Galea
Panelists: Dr Yuko Harayama, Dr Sandro Demaio, Dr Ilona Kickbusch
WPRO Member States can benefit from a regional system of health innovation, mutually cooperating in going from exploratory stages to scaling up innovations. At the closing session, panelists will discuss the steps countries have taken to overcome these barriers and to build systems that develop innovative solutions, evaluate, regulate, and implement them at scale.

14:50 – 15:00  Closing
Dr Takeshi Kasai, WHO Regional Director for the Western Pacific (WPRO)
FORUM SPEAKERS

KEYNOTE SPEAKERS

Yuichi Tei/Ung-il Chung
Professor at Department of Bioengineering, The University of Tokyo, and Dean of School of Health Innovation, Kanagawa University of Human Services

Mariana Mazzucato
Chair of the WHO Council on the Economics of Health for All

Albert Park
Chief Economist, Asian Development Bank

PANEL SPEAKERS

Serey Chea
Assistant Governor and Director General of Central Banking, National Bank of Cambodia

Sandro Demaio
CEO, VicHealth

Thomas Feeny
Senior Program Director, Result for Development

Filifilia Iosefa
Small Grant Programme Sub-Regional Coordinator, UNDP

Yuko Harayama
Former executive Director of International Affairs, Institute of Physical and Chemical Research, Japan (RIKEN)

Ilona Kickbusch
Founder and Chair of the Global Health Centre, Graduate Institute of International and Development Studies in Geneva

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Pei-Lee Teh
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Jaime Montoya
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Head of Cabinet Office, Ministry of Health Affairs, Lao PDR

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Lisa McDonald  
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Scan the QR code and join us at the Forum on 28 and 29 April at 9:30 AM (Manila Time, GMT +8)