

Advisory Committee of the WHO Centre for Health Development 27th Meeting Report

2023



World Health
Organization

Centre for Health Development

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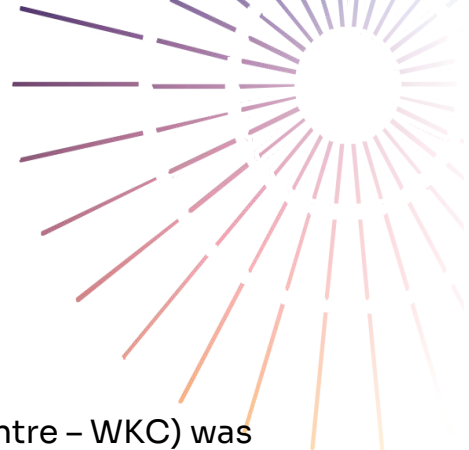
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The World Health Organization Centre for Health Development (WHO Kobe Centre) is a global centre of excellence for universal health coverage (UHC) and innovation. Our vision is to promote innovation and research for equitable and sustainable UHC, building on our comparative advantage in the areas of UHC, health financing, ageing and health emergency and disaster risk management, and drawing on lessons from Japan and the Asia Pacific Region and more widely to inform global policy development.

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EXECUTIVE SUMMARY



The WHO Centre for Health Development (WHO Kobe Centre – WKC) was established in 1995 with support from the Kobe Group¹ and endorsement of WHO’s Executive Board. WKC’s research plan for 2018–26 aims to study health systems in the context of population ageing, and health emergencies and disaster risk management (Health EDRM) to accelerate progress towards Universal Health Coverage (UHC).

The Advisory Committee for WKC (ACWKC) is appointed by the WHO Director-General (DG) to represent WHO’s six regions, the host country, local community, and donor group. The on-site 27th annual meeting on 15–16 November 2023 advised the DG and the Director of WKC on strategic priorities. The meeting discussed the Centre’s progress in 2022–23 in research and local engagement and progress on the 2022 ACWKC recommendations. The Chair, Dr Viroj Tangcharoensathien, presented the Committee’s conclusions and recommendations.

CONGRATULATIONS

Despite relatively small financial and human resources, WKC has achieved significant research collaboration by mobilising social and intellectual capital, expertise, and researchers in Hyogo Prefecture, the Kansai region, Japan and worldwide.

These achievements include the publication of policy briefs, WHO guidelines, the *Health EDRM Guidance on Research Methods*, inputs for global UHC monitoring, high-impact journal publications, and local policy linkages such as the work on dementia. WKC’s work on unmet healthcare needs is innovative and ahead of the curve.

The ACWKC congratulated WKC on its accomplishments and expressed appreciation for the in-depth discussions and implementation of the 2022 ACWKC recommendations.

¹ Hyogo Prefectural Government, Kobe City, Kobe Steel, Ltd., and the Kobe Chamber of Commerce and Industry (KCCI)

RECOMMENDATIONS

1. The COVID-19 pandemic offers opportunities to draw lessons across all three of WKC's research portfolios. For example:
 - a) Exploring the impacts of COVID-19, such as excess all-cause mortality in populations and in certain population groups (e.g. older persons, persons with disability, end-stage renal diseases, mental health in adolescents, and the number of orphans from COVID-19 mortality).
 - b) Investigating access to services by specific population groups, and business continuation plans by hospitals to maintain essential services.
2. Applicable legal provisions of the negotiations for the WHO Pandemic Agreement through the Intergovernmental Negotiating Body (INB)² to be finalised by the World Health Assembly (WHA) in 2024 foster the relevance and contribution of Health EDRM work. For example, developing a global public health emergency workforce to be deployed to countries upon request where curriculum development is required (see Article 7(3) of the Proposal for negotiating text of the WHO Pandemic Agreement).
3. In the context of the upcoming UHC Centre, WKC's role in generating evidence (normative work and policy research) on UHC should avoid duplication, ensure synergies, and contribute to the work of the UHC Centre through regular exchanges and plans for a programme of work between WKC and the yet to be established UHC Centre.
4. WKC's focus, re-orientation, or phasing in and out of research priorities may be guided by a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis in each research cluster and WKC as a whole, with co-production and engagement of local partners in the analysis. The analysis can be one of the inputs for the external joint evaluation at the end of the 3rd Memorandum of Understanding (MOU).
5. WKC may influence the work and contribution of the Consortium for Unmet Health and Social Care Needs³ to be more policy-focused to ensure use in global and national policy. In the context of rapid demographic transition in all countries, the future evolution of unmet needs should include both health and social care needs.

² Intergovernmental Negotiating Body 2023. Proposal for negotiating text of the WHO Pandemic Agreement. Available from A/INB/7/3

https://apps.who.int/gb/inb/pdf_files/inb7/A_INB7_3-en.pdf

³ [The Consortium for Advancing Research and Evaluation in Tracking Unmet Health & Social Care Needs of Older Populations](#)

6. Enhance effective research dissemination and sharing of knowledge and experience across countries and continents to promote policy adoption.
7. In response to the global noncommunicable diseases (NCD) epidemic, the completed work of purchasing quality chronic care provides opportunities for implementation research which may include two strands of intervention (supply and demand side).
8. Continue to expand the mobilization of expertise and collaboration beyond institutions in the global north to the global south which ensure relevance to health systems contexts in the global south.
9. In the Terms of Reference for the joint external evaluation of the third MOU, identify the following stakeholders to solicit their views:
 - a) Policy makers in the Kobe Group, Ministry of Health, Labour and Welfare (MOHLW) in Japan and multilateral development partners
 - b) Users who are the general public, the community and young people
 - c) Mass media
 - d) Scientific communities and research partners in the Kansai region and beyond
 - e) WHO Regional Offices and HQ.

ACWKC 2023



Chairperson

Dr Viroj Tangcharoensathien

Senior Advisor, International Health Policy Program (IHPP)
Representing the WHO South-East Asia Region



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Dr Felipe Cruz Vega

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Mr Yasutaka Katayama

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Representing the Kobe Group



Professor Soonman Kwon

Professor of Health Economics and Policy, School of Public Health, Seoul National University
Representing the WHO Western Pacific Region



Professor Reiko Sakashita

Vice President, University of Hyogo
Representing the local community



Dr Sarah Louise Barber

Director
WHO Centre for Health Development (WHO Kobe Centre)

ACWKC 2023 MEETING PARTICIPANTS



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Front row (from left to right): Mr Y. Hiraoka (KCCI), Prof R. Sakashita (Adviser), Mr I. Fujita (MHLW), Dr C. M. Auer (Rapporteur/Adviser), Dr V. Tangcharoensathien (Chairperson/Adviser), Dr S. L. Barber (Director, WKC), Dr F. Cruz Vega (Adviser), Dr T. Yamashita (Hyogo), Mr K. Mori (Kobe), Mr K. Nishizawa (Kobe Steel)

Back row (from left to right): Dr M. Rosenberg (WKC), Ms I. Morooka (MHLW), Ms N. Ishigami (Kobe), Ms N. Yano (JCC Secretariat), Mr A. Umeki (Kobe), Mr H. Ebisu (Hyogo), Mr Y. Nakui (Hyogo), Mr K. Ikezawa (Kobe), Mr T. Hatano (Hyogo), Mr H. Okada (Hyogo), Mr L. Garçon (WKC), Dr R. Kayano (WKC)

1. OPENING

Dr Sarah Louise Barber, Director of the WHO Centre for Health Development (WKC), welcomed all participants to the 2023 in-person meeting of the ACWKC. A new ACWKC member was appointed by the WHO Dr Felipe Cruz Vega, head of coordination of special projects in health of the Mexican Social Security Institute, representing the WHO Region of the Americas. The Honourable Governor of Hyogo Prefecture, Motohiko Saito, on behalf of the Kobe Group, expressed his appreciation to the advisors, and that the knowledge gained through WKC's work would inform policies in Japan and abroad. In a video message, Dr Ailan Li, WHO's Assistant Director-General (ADG) for UHC and Healthier Populations, thanked the local and national authorities for their support, and the Advisory Committee for its strategic advice over the years.

Several ACWKC members were unable to attend the meeting in Kobe, Japan. Dr Irene Agyepong, representing the African Region of WHO, and Prof Soonman Kwon, representing the Western Pacific Region of WHO, sent their apologies and comments. Prof Maged Elsherbiny, representing the Eastern Mediterranean, joined the meeting online. Dr Clemens Martin Auer, representing the European Region of WHO, was appointed as Rapporteur.

Dr Viroj Tangcharoensathien, representing the South-East Asia Region of WHO and chair of the ACWKC, gave introductory remarks. He noted that three UN General Assembly High-Level Meeting (UNGA HLM) Political Declarations on UHC⁴, TB⁵, and Pandemic Prevention Preparedness and Response⁶ were adopted in September 2023. They all were interlinked and endorsed the policy relevance at the global level of WKC's three research portfolios, namely Health Emergencies and Disaster Risk Management (Health EDRM), Universal Health Coverage (UHC) service delivery and financing, and metrics and measurement.

The discussions focused on the following points. Drawing from local Kansai regional expertise, the Centre's focus on older persons endorsed the UHC principle of "leaving no one behind." WKC's work on unmet health and social care need addresses WHA resolution WHA76.4⁷ which requested the WHO DG to review the importance and feasibility of using unmet need as an additional indicator for monitoring UHC, and as part of the ongoing WHO review process of health-related Sustainable Development Goal (SDG) indicators. The 2027 UNGA HLM on UHC is an opportunity for WKC's scientific contributions to shape

⁴ <https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf>

⁵ <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N23/306/91/PDF/N2330691.pdf?OpenElement>

⁶ file:///C:/Users/imaia/Downloads/A_RES_76_301-EN.pdf

⁷ https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_R4-en.pdf

policies and guide implementation to address unmet health and social care needs.

The *WHO Guidance on Research Methods for Health Emergencies and Disaster Risk Management* through the global engagement of expertise and capacity building, directly contributed to the implementation of the Sendai Framework locally and GPW13 globally. WKC supported the implementation of the *WHO Guidance* in WHO member states.

WKC research addressed the challenge of securing adequate health financing to address under population ageing. The Population Ageing Financial Sustainability Gap for Health Systems Simulator (PASH simulator)⁸ was an excellent initiative. It was “ahead the curve” and contributed to country financing policy choices as populations age.

⁸ <https://eurohealthobservatory.who.int/themes/observatory-programmes/health-and-economy/population-ageing-financial-sustainability-gap-for-health-systems-simulator>

2. STRATEGIC ACHIEVEMENTS AND CHALLENGES

Dr Barber outlined the Centre's main achievements of 2023 under the three main research themes and local engagement. For the first theme, UHC Service delivery and innovations under population ageing, two major research agendas were completed. This included the five-year Kobe Dementia Study, which led to both published research and recommendations for local government and was widely dissemination locally, across Japan and globally. The follow-up study will focus on behavioural responses to COVID-19 in Kobe, Japan in cooperation with Kobe City and the Japan Agency for Gerontological Evaluation Study (JAGES). Findings of the five-year eight country research project on the health systems response to population ageing was published in *Health Research Policy and Systems* and contributed to global and local WHO guidance.

Under UHC Financing in response to population ageing, the multi-year research agenda about the impact of population ageing on revenue generation for health and health expenditures was published by WKC in cooperation with the European Observatory for Health Systems and Policy, and the Western Pacific Regional Office (WPRO), including 12 policy briefs and two regional reports. Dissemination of the Population Ageing Financial Sustainability Gap (PASH) Simulator is continuing. Ongoing work focuses on two WHO Technical Products. Collaborations with the OECD and the Health Governance and Financing department continue and resulted in a major series of publications about *Purchasing for Quality Chronic Care* including eight country case studies. A book about long-term care (LTC): *The care dividend: making the case for investing in long-term care* was launched in collaboration with EURO and the European Observatory for Health Systems and Policy.

In the second research area on UHC Metrics and Measurement under population ageing, work on financial protection analysis including foregone care and unmet need among older persons contributed to the *2023 WHO-World Bank Global Monitoring Report on UHC*. The research on financial protection of older persons in health care in the Kansai region was presented at a WKC forum to local government and at domestic and international scientific conferences. A project on equity analysis (including unmet needs) in service coverage of older people supported the establishment of a global consortium for advancing the measurement and monitoring of unmet health and social care needs of older people. WKC is collaborating with WHO Regional Offices to update and assess available sources of data and the prevalence and reasons for unmet care needs in each region.

For Health Emergencies and Disaster Risk Management (Health EDRM), two research projects were completed: a scoping review and seven case studies on human resource management during COVID-19, and an evaluation of a “Healthy Campus Trial” for improving student mental health in the Kansai region. Further research on the health emergency response in the context of COVID-19 is underway. Achievements included further expansion of the Health EDRM Research Network and Knowledge Hub. An additional chapter on COVID-19 was incorporated in the *Guidance*. The Japanese translation was completed. Major dissemination occurred through collaborations with universities and WHO offices.

Over 60 papers and publications were published in 2022–2023, including 14 WHO publications (books and reports), 42 journal articles, 12 policy briefs, working papers, technical and meeting reports, and contributions to the *WHO-World Bank Global Monitoring Report on Financial Protection in Health*, and the *2023 WHO-World Bank Tracking Universal Health Coverage*. A technical report series on long-term care is underway, and about 10 journal articles are under review.

Local engagement plans continued in sharing lessons learned and encouraging collaboration through sustained partnerships with seven Kansai-based institutions, strong communication and dissemination of research. The WKC Secretariat organized two core group meetings in 2022 and 2023 for the Global WHO Health Emergency and Disaster Risk Management (Health EDRM) Research Network. The Centre strengthened efforts to communicate information on WKC research at eight fora with the Kobe Group with over 150 participants in each, and the website featured 70 news stories in 2022–23. WKC promoted health awareness and advocacy to the Kansai community through 36 student lectures and 11 local technical committees. Over 300 translations of COVID-19 guidance and public information were posted on special web pages.

Responding to the 2022 ACWKC recommendations on research priorities. WKC has started consultation on research priorities with the Kobe Group, and a tripartite meeting between the Kobe Group, the MOHLW, and WHO was planned for November/December. Key considerations were WKC’s niche and mandate as a research organization; WHO’s GPW14 priorities and gaps which are not currently covered by other WHO departments; WKC’s capacity gaps due to the current hiring freeze in WHO HQ and regional offices are covered by consultants and contracts with academic institutes; links between local priorities in Kansai and global priorities; and the direction of the Tokyo UHC Centre which is supported by the MOHLW. WKC’s research mandate should support the global agenda, namely WHO’s 13th General Programme of Work (GPW13: triple billions) and the Sustainable Development Goals (SDGs) and include health priorities which are “locally and globally relevant” for both WHO and the Kobe constituency. The

three existing WKC niches on ageing, UHC, and Health EDRM were globally and locally relevant and should continue to be WKC research portfolios.

Mr Ichiro Fujita, representing the Government of Japan, led the discussion. He noted that ageing, UHC, and Health EDRM were key areas, not only for Japan but also for other countries. WKC had produced an impressive number of research publications. The Summer School and other local engagement activities addressed local requirements. A Task Force had been established by the MOHLW on the UHC Centre in Tokyo.

Dr Clemens Auer suggested that WKC contact the Berlin Hub regarding health emergencies to identify gaps that could be filled. He noted interest in research on the consequences of lockdowns during COVID-19. Dr Teruo Yamashita of the Hyogo Prefectural Government commented that a new project had started in Kobe City to study behavioural responses of the population during the pandemic, how it impacted their health outcomes, and healthcare utilization patterns. Findings are expected in the coming years.

Dr Tangcharoensathien suggested examining the impact of COVID-19 on vulnerable populations. Japan's UHC system was conducive to estimating excess death or cost, and data mining of existing information systems could be used to conduct such studies (e.g. JAGES). He suggested that an internal Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis be done separately and jointly between Hyogo Prefecture and WKC to map phasing in and out of research topics. This could contribute to the external evaluation and assist in identifying joint priorities. The Pandemic Treaty had 36 provisions in the current draft for negotiation, which overlap with Health EDRM activities. There was great potential to publish a paper on purchasing chronic care.

KEY POINTS OF THE SESSION

- WKC achievements included multiple research partnerships globally and in the Kansai region of Japan, over 60 publications, and contribution to WHO's flagship publications including the global monitoring reports for UHC and financial protection.
- WKC has identified research priorities which are "locally and globally relevant" for both WHO and the Kobe constituency, including the three existing WKC niches on ageing, UHC, and Health EDRM.
- The ACWKC recommended an internal Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis be done to contribute to the external evaluation and assist in identifying joint research priorities.

3. RESEARCH ACHIEVEMENTS

3.1. Health Emergencies and Disaster Risk Management (Health EDRM)

Dr Ryoma Kayano, WKC Technical Officer, presented research priorities and the progress of projects in Health Emergency and Disaster Risk Management (Health EDRM).

To address the priority of research architecture to enable standardization, WKC promoted research to practice and policy through the global dissemination of the *WHO Guidance on Research Methods for Health EDRM* (2022 revision). The Japanese version was published in 2023, with support from 28 experts at 15 leading research institutes. A research and policy webinar was held with the WHO Eastern Mediterranean and European Regional Offices. The WHO Health EDRM Research Network had over 250 experts from 50 countries, and the WHO Health EDRM Knowledge Hub was collaborating with Cochrane, and the World Association of Disaster and Emergency Medicine among others to guide key Health EDRM research topics. A university consortium for Health EDRM research capacity building is being planned.

Discussions are ongoing for a research project (2024–2025) to further standardize the data collection tool, as part of addressing priorities on health data collection and management and addressing vulnerability during emergencies.

Under the priority A holistic approach to the health needs of survivors through adaptable health systems, two projects were completed: A scoping review and seven case studies were completed on countries' responses for human resource management during the COVID-19 pandemic. A second study was done on "Secondary analysis of data from the Healthy Campus Trial to investigate the impact of digital cognitive and behavioural therapy (CBT) to prevent depression in university students during the COVID-19 pandemic". Two more studies were underway, one to systematically identify and evaluate strategies for strengthening community resilience, and the other to mitigate the mental health impacts of disasters.

In 2022, the ACWKC recommended extending the research focus to include public health emergencies in the context of the pandemic. This was addressed through three COVID-19 research projects on health system responses and community resilience. A recommendation to explore implementation research on health workforce development was covered through research on health workforce management in the context of COVID-19. Recommendations to expand the scope of dissemination to other disaster science, and to increase the citation of the *Guidance* in future publications were met. Planned joint

workshops dealt with the recommendation to have closer collaboration with regions and countries.

Dr Cruz Vega representing the WHO region of the Americas led the discussion. He acknowledged the challenge of covering such a wide range of topics, and the importance of sharing knowledge and experience of disaster survivors including vulnerable populations (e.g. older persons, people with disabilities). Sharing experiences across countries (e.g. with the Americas) in disaster prevention, mitigation, and management would be valuable. The *Guidance* would enable findings to be compared across countries over the long term.

Prof Reiko Sakashita, representing the local Kansai community, commented that the Knowledge Hub and *Guidance* tools were very valuable, particularly considering vulnerable populations, in disseminating WKC's Health EDRM research achievements.

Dr Auer proposed comparative research into the impact of strict versus less strict public health measures (e.g. lockdowns, travel bans, school closures) during the pandemic. Dr Yamashita commented that Hyogo Prefecture was assessing the impacts, especially of school closures on children. Dr Barber suggested that WKC could include some of these recommendations as part of the new Kobe Study.

Dr Tangcharoensathien noted that the Pandemic Agreement text included an article for Member States to establish training for the health workforce. WKC might be able to contribute to the training curriculum. He proposed further research into the issue of surge capacity during public health emergencies. He suggested that the strategic focus of Health EDRM be part of the SWOT analysis by research area.

Prof Maged Elsherbiny, representing the Eastern Mediterranean Region noted that the use of smartphone-based cognitive and behavioural therapy (CBT) for depression prevention was a highly commendable approach and could be used in similar WKC research studies. Research on mitigating the mental health impacts of disasters and crises such as those in the Middle East was worth exploring.

KEY POINTS OF THE SESSION

- Ongoing collaborations and research in HEDRM are a critical part of the approach to engage both locally and globally, given the great expertise and interest in the Kansai region.
- The SWOT analysis should be done by research area to contribute to the overall WKC SWOT analysis. WKC resources may be small, but capacity is large ('unlimited') through strong global and local partnerships and working with WHO offices regionally and in country.

- The research produced 25 publications in 2022–23, including one book and 23 journal articles as well as multiple policy briefs, training materials for dissemination of the research methods.

3.2. UHC – Service Delivery, Health Financing, and Innovations

Dr Barber presented progress on research priorities, completed projects and ongoing research. The first priority area was to evaluate service delivery models that are resilient, adapt continuously and innovatively to population ageing and address multi-morbidities. The second was to study the impact of population ageing on revenue generation and expenditures for health and to understand how countries have adapted and made policy adjustments.

Two projects were completed: Managing dementia patients in Kobe City (2017–2022) led to five journal papers and the project design was presented to Japanese local municipalities and at conferences in Japan, Austria and Switzerland. Results of the project on How health systems are adapting to population ageing in 8 countries (2017–22) were published in a supplement of *Health Research Policy and Systems*.

Ongoing research in service delivery included a project to analyse the behavioural responses to COVID-19 among residents of Kobe, Japan as part of the Japan Agency for Gerontological Evaluation Study (JAGES) and Kobe Municipality (2023 – 25). The goal is to inform policies in Kobe City to address the observed health impacts and prepare for future pandemics, with implications for other settings.

In research on sustainable health financing, an ongoing study on the impact of population ageing on expenditures (2018–2024) led to two Western Pacific Regional Office (WPRO) reports, journal articles, further dissemination of the PASH simulator, and requests for more workshops in WPRO and other WHO regions.

Collaboration with the OECD since 2017 contributed to a WHO Flagship Product published in 2023: “Purchasing to strengthen quality care for chronic illnesses” which produced eight country case studies, nine policy briefs, and three evidence reviews. Another ongoing project on sustainable financing in LTC with WHO Departments on Health Governance and Financing, and Ageing resulted in a second WHO Global Flagship product on “LTC financing recommendations for low- and middle-income countries (LMIC)” has led to five supporting research products and a book on *Making the case for investing in LTC*. An additional eight research briefs are planned to disseminate key findings for policy-makers in countries.

In 2022, the ACWKC recommended that WKC disseminate the findings from the Kobe Dementia Research Project to detect, prevent and manage decline in dementia conditions in larger settings in and outside Japan. Discussions are underway with WHO, interested countries and regions, possibly to scope tools used in health systems for management of people with cognitive decline, and to identify partnerships and collaboration with LMICs to validate relevant tools.

Regarding the Kobe Dementia Study, Kobe City confirmed that the WKC research had informed the Ordinance. Uniquely, anyone over 65 was eligible for free dementia screening and those with dementia were eligible for insurance coverage for dementia-related damages. Dr Tangcharoensathien commented that this was one of the global public goods that WKC had contributed.

Prof Soonman Kwon, representing the Western Pacific Region of WHO, submitted comments to lead the discussion. He noted that there was strong collaboration with the EURO Observatory, and suggested collaboration with the Asia Pacific Observatory on Health Systems and Policies, and EMRO.

The ACWKC gave input on the planning for the UHC Centre in Tokyo. Prof Kwon believed duplication with the future UHC Centre in Tokyo would be avoided given the importance of WKC's niche research on health systems and ageing. Dr Yamashita indicated that clarification of roles and responsibilities between the two Centres would be necessary to avoid duplication, and there remained questions about the financing and governance of the two Centres. The Kobe Group appreciated WKC's performance and expected some national government funds in the next decade to continue the Kobe Group's support to WKC. He urged the national government to recognise the 30-year legacy of WKC's work supported by the Kobe Group and use the establishment of a UHC Centre as an opportunity for further development. Mr Fujita appreciated the comments and agreed to share WKC's research achievements with MHLW colleagues for further discussion. Dr Tangcharoensathien commented that the UHC Centre was part of Japan's commitment to promote UHC. Duplication should be avoided, and synergy was needed to generate effective UHC evidence. He suggested that WKC focus on generating evidence, and for the new Centre to apply that evidence to support LMICs to implement UHC.

Prof Elsherbiny pointed out that a new simulator was an excellent idea and could be used to develop cross-thematic research.

KEY POINTS OF THE SESSION

- This portfolio included two WHO Flagship Products. One was published in 2023 about *Purchasing to strengthen quality care for chronic illnesses*; the second will be published in next biennium to focus on "LTC financing recommendations for low- and middle-income countries (LMIC)".

- The PASH Simulator was an excellent initiative and deserves further dissemination.
- This portfolio generated over 30 papers and publications over the year, including 16 books and WHO reports, 16 journal articles and a policy brief series. For LTC, a WHO background paper is in progress, as well as the first of the 8-part technical series about LTC financing.
- The ACWKC witnessed clear synergies between WKC and researchers in the Kansai Region which produced dementia screening tools and the exemplary implementation of the Kobe City Ordinance on being a Dementia-Friendly City. The research informed specific elements of the implementation of the Ordinance, especially screening, early detection and reducing dementia progression. This was one of WKC's global public goods.

3.3. UHC – Metrics and Measurement

Dr Megumi Rosenberg, WKC Technical Officer, presented the progress report and proposed programme (2024-25) for UHC metrics and measurement in the context of population ageing.

The research priorities for 2022-25 were to analyze the current research landscape related to the measurement of essential health services, financial protection, quality and equity for older populations, and to support the development of metrics and measurement tools that enabled countries to monitor UHC in the context of population ageing.

Four studies were completed in 2023. The first examined Financial protection of older persons in health care in the Kansai region of Japan: Barriers to effective implementation of financial protection policies and programmes. It found complex physical, mental, and social problems of older patients, and fragmented services and complicated administrative processes were key barriers. The second study was a household survey analysis of financial hardship due to excessive health spending and unmet care needs of older people in Japan with implications for the Kansai Region. It found that health spending was higher among households with persons older than 65, and unmet need due to foregone care was more prevalent among persons younger than 65 years than those older. Multi-country cross-sectional and longitudinal studies to quantify unmet needs for health and social care among older people found a prevalence of limitations with Activities of Daily Living (ADL) ranging from 7.3% in Norway to 36.1% in Romania. Of those with ADL needs 35% expressed unmet need for care. The fourth completed work was the organization of a global research Consortium to Advance Research and Evaluation in Tracking unmet health and social care needs of older people (Caretrack). It was officially established in

August 2023 and will be hosted by the London School of Hygiene and Tropical Medicine in the UK.

Work continues on the development of a technical report on measures of unmet health and social care needs of older persons. WKC will continue to mobilize the Caretrack Consortium to provide research support and data for WHO at HQ, regional and country levels for monitoring SDG/UHC and Decade for Healthy Ageing.

The ACWKC's recommendation for unmet health need as a major portfolio led WKC to initiate this research for 2023–25 and will focus on analysing the prevalence of unmet needs by Region. The recommendation to establish a global research consortium giving WKC comparative advantage to drive the research agenda on unmet health care needs, particularly in LMICs and in the African Region, was addressed.

Dr Auer was the lead discussant. He observed that interdependencies of unmet needs with financial and budgetary rules for governments were important considerations. For example, the budget deficit should not be above 3% of GDP in the European Union. This rule was invalid during the pandemic crisis but would be reintroduced and would have an effect.

Prof Elsherbiny suggested new research linking the global consortium with innovative simulators such as the one projecting LTC workforce needs. There should be a plan for continued engagement and utilization of the newly formed “CARETRACK” consortium beyond the scope of work in 2022–2023. For the operational sustainability of this consortium, he recommended interacting with major funding foundations, such as the Qatar Foundation, not only for funding but also to include data from the Gulf Cooperation Council (GCC) countries.

Dr Rosenberg responded that WKC had provided seed funding to start the Consortium and had applied for funding from the UK. The Qatar Foundation had been approached to organize a symposium during the 2024 WISH conference. Certain cross-thematic work between LTC financing and unmet needs showed some correlations, e.g. countries with higher investment in LTC had a lower need for social care.

Responding to Dr Sakashita on the causes of such wide variation in ADL limitations among countries, Dr Rosenberg stated that this study had focused on the prevalence of unmet social care need and had not examined the causes of functional decline, such as in ADL, but that there are numerous studies that have addressed this issue, including many from Japan.

Dr Cruz Vega agreed that financial issues were very important, as were social unmet needs. Cross-thematic work would be important for recommendations for LMICs. Dr Barber responded that how LTC is financed is a key factor. Tax-based

programmes were more prone to budget cuts, whereas social insurance was less sensitive to this risk.

Dr Tangcharoensathien noted that WKC's input on unmet need in the World Bank-WHO UHC Global Monitoring Report was a key contribution to the world. The Consortium has an important role in revealing evidence beyond high-income countries (HICs), for the next UN General Assembly high-level meeting on UHC in 2027. It should develop a module for measuring unmet care needs that can be added to national surveys, looking beyond healthcare needs to address social needs in the context of rapid demographic transitions.

KEY POINTS OF THE SESSION

- A major accomplishment is the new global research consortium (CARETRACK) on methods for measuring unmet health and social care needs of older people set up with WKC support. The Consortium should not have an exclusively academic focus to facilitate concrete policy change.
- The measurement of unmet care needs should include unmet social care needs.
- This portfolio produced 13 publications in 2022-23: 10 peer-reviewed journal articles, and inclusion in the WHO-World Bank *Global Monitoring Report on UHC* in 2023. The inclusion of unmet need and the data about the impact on older people are key WKC contributions to global health.

3.4. Research highlights:

Purchasing

Dr Megumi Rosenberg presented highlights on Purchasing to strengthen quality care for chronic illnesses, a WHO Flagship project in 2022-23 with WHO HQ Department of Health System Governance and Financing and the OECD.⁹ This was the 3rd phase of collaboration with the OECD to address preventable mortality from chronic diseases. How health providers are paid (e.g. fee-for-service, capitation, bundled payments) is one way to provide incentives for better quality of care among older persons. The study aimed to describe different payment methods and how these were used to provide incentives for better quality and health outcomes for chronic conditions.

WKC and OECD undertook extensive evidence reviews and commissioned eight case studies in different countries. Rigorous evaluations showed no or small effects. However, the case study analysis showed the intended change was often

⁹ Research products about purchasing for quality chronic care described at https://extranet.who.int/kobe_centre/en/project-details/purchasing

to manage chronic diseases at primary care level. Facilitating factors included investments in health information systems and technology; governance structures such as strong leadership; multistakeholder engagement; quality assurance mechanisms; and financial factors including start-up funding for investments in quality.

The key findings were that changes in payment methods alone could not improve quality. Instead, there should be a stronger focus on healthcare delivery models and how payments can support changes in service delivery mechanisms to improve quality. Smaller penalties might be insufficient to counter much stronger incentives in activity-based payment methods while withholding payments had negative or regressive effects. Financial incentives to improve quality rely heavily on other quality assurance mechanisms and should be embedded in broader quality assurance mechanisms such as standards for health system inputs and processes. Substantial long-term planning was needed to set up the necessary infrastructure to enable quality care.

This project produced a summary report, eight case studies, nine policy briefs, and three background papers. Plans for 2024-25 include dissemination through the WHO Health Financing Technical Network and the WHO Health Systems Governance and Financing webinar. Possible follow-up studies include examining the impact of penalties for poor quality and documenting specific country experiences (e.g. pay-for-success models for health care and frailty prevention interventions in Japan).

Dr Auer commented that payment for healthcare was ‘income’ for some, but ‘cost’ for others. Payment models were more often about cost reduction. He agreed with the lack of evidence about payment methods increasing the quality of services. He suggested cooperating with the WHO EURO Barcelona Office’s work on the catastrophic effects of out-of-pocket and co-payments on equity and healthcare quality. Investment in health technology and digitisation by sharing a patient’s health information among healthcare providers was a key method to improve quality. He agreed that substantial long-term planning was needed and suggested a paper reversing the perspective to explore what payment system was needed to improve quality of care. Dr Tangcharoensathien suggested for the next phase to conduct implementation research addressing the supply- and demand-side interventions for chronic conditions such as diabetes and/or hypertension.

Long-term care

Dr Sarah Barber presented on Sustainable financing for long-term care (LTC) for an ageing population, the 2nd Flagship Project.¹⁰ The first output was a book in collaboration with the EURO Observatory and EURO, which concluded that greater investments in formal LTC benefit individuals, families, communities, the

¹⁰ Research products about LTC financing described at https://extranet.who.int/kobe_centre/en/project-details/ltc_financing

health system and the economy. It was launched on 3 November 2023 in Kobe, Japan, with a local meeting and a global webinar, and will be published in early 2024.

A series of eight policy briefs on LTC financing: lessons for LMICs, is being done with WHO's Health Governance and Financing, and Ageing Departments. *Brief 1* will focus on what is driving the demand for long-term care. As countries develop economically, women have more opportunities to enter the formal labour force leading to a decline in the availability of informal caregivers. *Brief 2* explores who will be covered (universal vs selective approaches). Governments are shifting towards a universal approach to ensure that older people have the right to needed benefits. *Brief 3* addresses how countries have financed LTC (e.g. through tax or insurance). *Brief 4* will discuss what services will be covered in the benefits package, given the wide range of health and social needs among older people, and lack of consensus on what constitutes need and should be covered in LTC. *Brief 5* will examine how countries have aligned delivery and financing. *Brief 6* addresses how countries have ensured financial protection, without which many people face catastrophic payments. *Brief 7* will explore how countries promote quality and value in LTC, and *Brief 8* will focus on how countries have ensured financial sustainability.

The plan for 2023-24 will be to publish the eight reports, policy briefs and a background paper. There is potential to do an LTC workforce simulator and applications in countries and regions in partnership with the EURO Observatory. In addition the work will be presented at the Health Systems Global Meeting in Nagasaki in 2024.

Dr Auer commented that LTC challenges needed to be vocalised, as governments had competing agendas for allocating money. Intergenerational aspects of LTC need to be addressed, and the health sector should propose financing solutions and safeguard sustainable financing to avoid being overlooked by other sectors. The proposed work on the LTC workforce simulator would be important. Dr Sakashita noted the valuable evidence on the importance of investing in LTC, and the LTC workforce need. This was already a serious problem in Japan which would worsen with depopulation. It would be important to improve working conditions, as increasing salaries would not be enough. Dr Tangcharoensathien observed that formal LTC systems were mostly in HICs. Looking ahead, recommendations on LTC for LMICs were needed, where the demographic transition was faster.

Dr Barber confirmed the need would be for LMICs to learn lessons from HICs which have spent years refining their LTC systems. Some substitution was taking place between spending on LTC and health care. The health workforce (formal and informal) would continue to be a huge challenge for all countries. Work will be done on the quality and value of digitisation to help people access care and support when needed.

Health EDRM

Dr Ryoma Kayano presented the research highlight on Health EDRM: Promoting research to practice and policy in regions and countries. This work was underpinned by two international frameworks. Since 2016, WKC has worked to improve scientific evidence on Health EDRM. The research network was established, and five key research needs were identified and are being addressed on health data management and disasters; mental health and psychosocial support; addressing the needs of sub-populations; health workforce development; and research methods and ethics.

The *Guidance*, developed with 164 experts from 30 countries, had about 3000 downloads so far. It has been presented at numerous local and international meetings and in lectures at over 50 universities. The Japanese version was published in September 2023, supported by 28 experts from 15 leading research institutes, not only in medicine but also nursing, and psychology. Discussions were underway for a university consortium on Health EDRM research to be established through joint lectures, webinars, workshops etc. A joint workshop with the Regional Offices of the Eastern Mediterranean (EMRO) and Europe (EURO) was held in July 2023 on “Research to practice and policy”.

Plans for 2023-24 include a workshop for local municipalities in 2024, and in-person workshops for regions and countries to advocate with national departments and local municipalities, while encouraging universities and research institutes to build research capacity using the *Guidance*.

Dr Auer suggested identifying the jurisdiction and level of institutions that oversee prevention and preparedness, as often Ministries of Health were not responsible for emergency responses. Dr Tangcharoensathien commented that if the Sendai Framework was not legally binding, the long-term vision of Health EDRM should be to hold governments accountable.

Dr Kayano clarified that policymakers were instrumental in efforts to generate evidence on policy and practice. The growth and adoption of this work would depend on collaboration with many stakeholders and constant advocacy. Sarah clarified that this huge body of work fell under one of the three pillars of WHO's GPW 13-14, and already simple interventions were being adopted by countries. The *Guidance* also included related issues such as mental health and disasters.

4. LOCAL ENGAGEMENT ACHIEVEMENTS: OUR CONTRIBUTION TO THE COMMUNITY

Mr Loïc Garçon, WKC Programme Officer, presented the achievements and plans for WKC's local engagement strategy. Under the first objective, to share lessons learned and encourage collaboration across countries, WKC continued to collaborate with Kansai-based institutes and partnerships with global academic research institutes, and this work would continue in 2024-25 for all research themes in WKC's research plan. WKC was the Secretariat for WHO Thematic Platform for Health Emergency and Disaster Risk Management Research Network Research Network (TPRN) and was instrumental in the expansion of Health EDRM network and the Knowledge Hub on Health EDRM.

The second objective was to communicate and disseminate information. In 2022-23, eight WKC Fora were held with the Kobe Group on topics ranging from the Annual High School Students Forum, school and youth mental health, and the "2024 research strategy for Health Emergency and Disaster Risk Management (Health EDRM): breaking silos and promoting cross-sectional approaches". At least two Fora were planned in 2024, one on "Unmet need due to financial and social challenges in accessing care among older persons" and WKC's Summer School.

In 2022-23, over 70 news stories in Japanese and English were published on the website, which attracted 83% of its visitors from Japan and had 54,000 page views. The website migrated at the end of November to <https://wkc.who.int>. In July 2023, WKC launched its LinkedIn profile with already more than 130 followers and about 2000 impressions. X (formerly Twitter) had about 9500 followers and 1.2 million impressions. The Centre's YouTube channel had 350 followers and about 5400 video views. WKC's communication plans included several strategies for each research project to raise visibility and improve dissemination.

The third objective was to contribute to health awareness in the community. This was achieved through student lectures about WHO and WKC activities, with 36 lectures and webinars in 2022-23. The Centre held its first Summer School in 2022, which was now an annual event. WKC officials also participated in 11 local technical committees. During COVID-19, WKC launched special pages in Japanese on its website, YouTube and Twitter to respond to the needs of policymakers and local citizens. While these had been paused, the materials were still available. Local communication was strengthened through various annual and monthly meetings with the Kobe Group. The WKC Biennium Report (2020-21) was published, and the 2022-23 Report will be published in 2024.

In response to the 2022 ACWKC recommendations, WKC continues to increase its network of collaborating research partners locally and abroad. The WHO global research product on unmet needs and purchasing for quality UHC was a direct result of this strategy. To strengthen local engagement, WKC designated a focal person and hired a consultant to support WKC Fora, the Summer School and other local engagement events.

Dr Yamashita led the discussion on behalf of Vice Governor Yasutaka Katayama. The Hyogo Prefectural Government expected surplus funds to be used to continue research on local priorities such as dementia and the Kobe City study on COVID-19 impacts, applying research findings to local policies. He requested ongoing communication with the Japan Cooperating Committee (JCC) to ensure input into research. Efforts should continue to disseminate research findings to the public, not only academia. The current MOU expires in two years; this was a critical period to demonstrate tangible benefits of WKC to local citizens.

The annual Summer Schools, the series of WKC fora and the Centre's contributions during the COVID-19 pandemic were effective measures in addressing local expectations and supported community engagement with WKC work. The advisors noted the designated focal points from WKC and the Kobe Group in coordinating WKC Fora and looked forward to the new user-friendly website featuring a design more in line with WHO's website.

They suggested that WKC strive to improve its presence in the mass media. This could be achieved by improving relationships with journalists through regular meetings. Dr Sakashita noted that local citizens' familiarity with WKC as a research institution was a challenge. Publicity could improve by involving university research partners in media outreach (e.g. through joint media releases). Mr Fujita remarked that the MHLW used to conduct regular 'study meetings' to build capacity with the media to help them write articles.

Dr Tangcharoensathien segmented WKC's key audiences and noted that visibility was important for WKC's local accountability given the three decades of support from the Kobe Group. The recent WKC Forum demonstrated how successful WKC had been in engaging Japanese partners. Dr Cruz Vega acknowledged WKC's efforts to make research dissemination a routine practice.

Dr Yamashita noted that WKC evidence could support media briefings on local policies, and the Centre's cooperation with local media briefings would be appreciated. Even Hyogo Prefecture had challenges with media impact due to the media's concentration in Tokyo and Osaka.

Mr Garçon confirmed that target audiences and channels were included in WKC's communication strategy, and that the Centre had good contact with the health editor of Kobe Shimbun. He agreed with partner collaboration, citing recent publicity efforts for the Kobe City Dementia Project which involved press releases from Kobe City, JAGES and WKC. Participation in local committees was important to nurture face-to-face relationships.

Dr Barber added that WKC would appreciate partnering with the JCC regularly about dissemination of products. WKC can participate in and contribute to media briefings initiated by local stakeholders or the Kobe Group and she welcomed the Group's input on this.

KEY POINTS OF THE SESSION

- Main achievements included eight WKC fora, ongoing collaborations with Kansai-based research institutions, good website and social media engagement, and the launch of the WKC LinkedIn profile.
- In response to the 2022 ACWKC recommendations, WKC will hold annual Summer Schools and designate staff to coordinate with the Kobe Group and strengthen local engagement events and product development.
- Going forward, WKC will continue to work with research partners in the Kansai region and beyond to disseminate research findings and expand local engagement activities to promote WKC's visibility.
- The ACWKC recommended that WKC enhance effective research dissemination and sharing of knowledge and experience across countries and continents to promote policy adoption.
- WKC should continue to expand the mobilization of expertise and collaboration beyond institutions in the global north to the global south which ensure relevance to health systems contexts in the global south.

5. RECOMMENDATIONS

Dr Tangcharoensathien as chair and Dr Auer as rapporteur presented the recommendations:

- 1) The COVID-19 pandemic offers learning and opportunities to draw lessons across all three of WKC's research portfolios. For example:
 - a) Exploring the impacts of COVID-19, such as excess all-cause mortality in populations and in certain population groups (e.g. older persons, persons with disability, end-stage renal diseases, mental health in adolescents, the number of orphans from COVID-19 mortality).
 - b) Investigating access to services by specific population groups, and business continuation plans by hospitals to maintain essential services.
- 2) Applicable legal provisions of the negotiations for the WHO Pandemic Agreement through the Intergovernmental Negotiating Body (INB)¹¹ to be finalised by the World Health Assembly (WHA) in 2024 foster the relevance and contribution of Health EDRM work. For example, the development of a global public health emergency workforce to be deployed to countries upon request where curriculum development is required (see Article 7(3) of the Proposal for negotiating text of the WHO Pandemic Agreement).
- 3) In the context of the upcoming UHC Centre, WKC's role in generating evidence (normative work and policy research) on UHC should avoid duplication, ensure synergies and contribute to the work of the UHC Centre through regular exchanges and plans for a programme of work between WKC and the yet to be established UHC Centre.
- 4) WKC's focus, re-orientation, or phasing in and out of research priorities may be guided by a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis in each research cluster and WKC as a whole, with co-production and engagement of local partners in the analysis. The analysis can be one of the inputs for the external joint evaluation at the end of the 3rd MOU.
- 5) WKC may influence the work and contribution of the Consortium for Unmet Health and Social Care Needs¹² to be more policy-focused to ensure use in global and national policy. In the context of rapid demographic transition in all countries, future evolution of unmet needs should include both health and social care needs.

¹¹ Intergovernmental Negotiating Body 2023. Proposal for negotiating text of the WHO Pandemic Agreement. Available from A/INB/7/3

https://apps.who.int/gb/inb/pdf_files/inb7/A_INB7_3-en.pdf

¹² [The Consortium for Advancing Research and Evaluation in Tracking Unmet Health & Social Care Needs of Older Populations](#)

- 6) Enhance effective research dissemination, and sharing of knowledge and experience across countries and continents to promote policy adoption.
- 7) In response to the global NCD epidemic, the completed work of purchasing quality chronic care provides opportunities for implementation research which may include two strands of intervention (supply and demand side).
- 8) Continue to expand the mobilization of expertise and collaboration beyond institutions in the global north to the global south which ensure relevance to health systems contexts in the global south.
- 9) In the Terms of Reference for the joint external evaluation of the third MOU, identify the following stakeholders to solicit their views:
 - a) Policy makers in the Kobe Group, MOHLW in Japan and multilateral development partners
 - b) Users who are the general public, the community and young people
 - c) Mass media
 - d) Scientific communities and research partners in the Kansai region and beyond
 - e) WHO Regional Offices and HQ.

6. CONCLUSIONS

The Chair noted that there was significant progress in the past two years and continued planning for the next two years showed cohesion between the local, Japanese and global agendas, responding to local and global needs. There was cross-fertilization of research, and the three areas of work continued to do well. While WKC's financial and human resources were relatively small, its capacity was large and "unlimited".

Research collaboration was significantly achieved by mobilizing social and intellectual capital, expertise and researchers in the Hyogo Prefecture, Kansai region, Japan and worldwide.

These achievements included the publication of policy briefs, WHO guidelines, the *Guidance*, inputs for global UHC monitoring, high-impact journal publications, and local policy linkages such as the work on dementia. WKC's work on unmet healthcare needs was innovative, thought leader material and ahead of the curve.

ANNEXES

[Annex 1: Programme](#)

[Annex 2: List of Participants](#)

[Annex 3: Activity Reports](#)



*Twenty-seventh Meeting of the Advisory Committee of
the WHO Centre for Health Development (ACWKC)
Kobe, Japan, 15–16 November 2023*

PROGRAMME

15 November 2023

09:00–09:30	Opening of the meeting	(Agenda item 1)
	Welcome address	Dr Sarah Louise Barber Director, WKC
	Welcome remarks	
	– Representative from the Kobe Group	Hon. Motohiko Saito Governor Hyogo Prefecture (Video message)
	– Representative from WHO	Dr Ailan Li Assistant Director-General WHO (Video message)
09:30–09:45	Group photo	
09:45–10:00	<i>Coffee and Tea</i>	
10:00–10:15	Introduction of ACWKC members & statutory business	(Agenda item 2)
	<ul style="list-style-type: none">• Remarks by Chairperson, ACWKC• Appointment of Rapporteur• Adoption of Agenda	Dr Viroj Tangcharoensathien
10:15–11:15	Research Plan & update on 2022 ACWKC Recommendations	(Agenda item 3)
	<ul style="list-style-type: none">• Questions and discussion	Dr S. L. Barber
		Lead discussant Mr Ichiro Fujita
11:15–12:15	Research Theme 1: Health Emergencies	(Agenda Item 4)
	<ul style="list-style-type: none">• Progress report• Proposed programme 2024–25• Questions and discussion	Dr Ryoma Kayano Technical Officer, WKC
		Lead discussant Dr Felipe Cruz Vega

12:15–13:30	<i>Lunch</i>	
13:30–14:30	Research Theme 2: UHC-Service delivery, sustainable financing and innovations <ul style="list-style-type: none"> • Progress report • Proposed programme 2024–25 • Questions and discussion 	(Agenda item 5) Dr S. L. Barber Lead discussant Prof Soonman Kwon (written comments received)
14:30–15:30	Research Theme 3: UHC-Metrics and measurement in the context of population ageing <ul style="list-style-type: none"> • Progress report • Proposed programme 2024–25 • Questions and discussion 	(Agenda item 6) Dr Megumi Rosenberg Technical Officer, WKC Lead discussant Prof Maged Elsherbiny (online participation)
15:30–15:45	<i>Coffee and Tea</i>	
15:45–17:00	Research highlights/discussion <ul style="list-style-type: none"> a) Purchasing for quality chronic care b) Long-term care financing c) Research capacity building for Health EDRM 	(Agenda item 7) Dr M. Rosenberg Dr S. L. Barber Dr R. Kayano Lead discussant Dr Clemens Auer
17:00–17:30	Wrap up Day 1	Chairperson
17:30	Meeting adjourned	
18:30	Reception	

16 November 2023

09:00–09:15	Recap Day 1/Programme	Chairperson
09:15–10:15	Local engagement, communications and dissemination <ul style="list-style-type: none">• Progress report• Proposed programme 2024–25• Questions and discussion	(Agenda 8) Mr Loic Garcon Programme Officer, WKC Lead discussant Prof Reiko Sakashita Dr Teruo Yamashita
10:15–10:30	Joint external evaluation at the completion of the 3rd MOU	(Agenda item 9) Dr S. L. Barber
10:30–12:00	<i>Coffee and Tea</i> <i>- ACWKC prepares recommendations</i>	
12:00–13:00	Conclusion/Recommendations	(Agenda item 10) ACWKC
13:00–13:15	Other matters <ul style="list-style-type: none">– Dates of the 28th meeting of ACWKC (2024)– AOB	(Agenda item 11) Chairperson
	Close of the meeting	(Agenda item 12) Chairperson



*Twenty-seventh meeting of the Advisory Committee of
the WHO Centre for Health Development (ACWKC)
Kobe, Japan, 15–16 November 2023*

LIST OF PARTICIPANTS

ACWKC Members

Dr Irene Akua Agyepong, Public Health Consultant, Public Health Faculty of the Ghana College of Physicians and Surgeons; Dodowa Health Research Center, Ghana ¹

Dr Clemens Martin Auer, President, European Health Forum Gastein (EHFG), Austria

Dr Felipe Cruz Vega, Head of coordination of special projects in health of the national medical direction, the Mexican Social Security Institute, Mexico

Professor Maged Elsherbiny, Higher Education Senior Advisor, Direct Aid International, Egypt ¹

Dr Eiji Hinoshita, Assistant Minister for Global Health and Welfare, Minister's Secretariat, Ministry of Health, Labour and Welfare, Japan ¹

Mr Yasutaka Katayama, Vice Governor, Hyogo Prefectural Government, Japan ¹

Professor Soonman Kwon, Professor of Health Economics and Policy, School of Public Health, Seoul National University, Republic of Korea ¹

Professor Reiko Sakashita, Vice President, University of Hyogo, Japan

Dr Viroj Tangcharoensathien, Senior Advisor, International Health Policy Program (IHPP), Ministry of Public Health, Thailand

Guest

Hon. Motohiko Saito, Governor, Hyogo Prefecture, Kobe, Japan ¹

Mr Ichiro Fujita, Deputy Assistant Minister for International Policy Planning Division of International Affairs, Minister's Secretariat, Ministry of Health, Labour and Welfare, Japan

MHLW

Dr Ikumi Morooka, Assistant Director for Global Health, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Japan

1. Unable to attend

Kobe Group

Dr Teruo Yamashita, Chief Executive Officer, Public Health Department, Hyogo Prefectural Government

Mr Hideki Okada, Assistant General Manager, Public Health Department, Hyogo Prefectural Government

Mr Takeshi Hatano, Director, Medical Affairs Division, Public Health Department, Hyogo Prefectural Government; Secretary General of the WKC Cooperating Committee

Mr Yasuhiro Nakui, Group Leader, Policy Planning and Coordination Group, Medical Affairs Division, Public Health Department, Hyogo Prefectural Government

Mr Hirotaka Ebisu, Assistant Manager, Policy Planning and Coordination Group, Medical Affairs Division, Public Health Department, Hyogo Prefectural Government

Ms Noriko Yano, Secretary, WKC Cooperating Committee (JCC)

Mr Naoto Nishikawa, Director General, Kobe Biomedical Innovation Cluster, Planning and Coordination Bureau, City of Kobe ¹

Mr Kozo Mori, Director, Kobe Biomedical Innovation Cluster Department, Planning and Coordination Bureau, City of Kobe

Mr Kazuyuki Ikezawa, Manager, Research Division, Kobe Biomedical Innovation Cluster Department, Planning and Coordination Bureau, City of Kobe

Mr Akinari Umeki, Assistant Manager, Research Division, Kobe Biomedical Innovation Cluster Department, Planning and Coordination Bureau, City of Kobe

Ms Nodoka Ishigami, Research Division, Kobe Biomedical Innovation Cluster Department, Planning and Coordination Bureau, City of Kobe

Mr Shinichi Goto, Director, General Manager of Industry Division ¹

Mr Yasutoshi Hiraoka, Executive Adviser, The Kobe Chamber of Commerce and Industry

Ms Yumi Nishida, Manager of Industry Division, in charge of international affairs, The Kobe Chamber of Commerce and Industry ¹

Mr Takashi Oomizo, Senior General Manager, General Administration and CSR Department, Kobe Steel, Ltd. ¹

Ms Mayumi Kamio, Manager, General Administration Group, General Administration and CSR Department, Kobe Steel, Ltd. ¹

Mr Komei Nishizawa, Manager, General Administration Group, General Administration and CSR Department, Kobe Steel, Ltd.

WHO Kobe Centre

Dr Sarah Louise Barber, Director

Mr Loïc Garçon, Programme Officer (Management)

Dr Ryoma Kayano, Technical Officer (Health EDRM)

Dr Megumi Rosenberg, Technical Officer (Metrics and measurement)

Health Emergency and Disaster Risk Management (Health EDRM)

Background

One of the three strategic priorities under the WHO's 13th General Programme of Work for 2019-23 is to ensure that one billion more people will be better protected from health emergencies. This priority aims to build and sustain resilient national, regional, and global capacities, and to ensure that populations affected by acute and protracted emergencies have rapid access to essential life-saving health services. The WKC has contributed to the global movement to enhance scientific evidence to improve Health EDRM, as represented by the WHO Thematic Platform for Health EDRM Research Network (Health EDRM RN). Health needs have been highlighted in the Sendai Framework on Disaster Risk Reduction 2015-2030 (Sendai Framework), the resulting document of the 3rd UN World Conference on Disaster Risk Reduction, followed by WHO Health EDRM Framework 2019.

The WKC is uniquely placed to continuously engage with experts in Japan and globally who have extensive experience in prevention, preparedness, response, and recovery from severe disasters. Based on the research gap analysis and recommendations from an expert meeting in Kobe in 2018, the 1st Health EDRM RN Core Group Meeting in Awaji in 2019, and the lessons and experience from Japan, WKC has selected several research areas to focus on during 2018-2026. In addition, WKC has sought to incorporate COVID-19 in response to the emerging research needs of Health EDRM in the context of COVID-19.

Key research areas

1. To address gaps and information needs in the research architecture to enable standardization and ethical issues.
2. To inform about the most appropriate format and key content for health data collection and management and enable greater standardization and comparative analysis of health impact across disaster prevention, preparedness, response, and recovery.
3. To carry out research that supports evidence-based policy development enabling effective disaster response, with focus on a holistic approach to the health needs of survivors through adaptable health systems
4. To study the specific health needs of vulnerable sub-populations, including older adults.

Progress report 2022-23

Results from research completed in 2022-23

Given the official publication of **WHO Guidance on Research Methods for Health EDRM** in October 2021, in 2022, WKC has produced different **learning materials** (e.g. video presentation and slide sets for each chapter) in collaboration with Evidence Aid to promote dissemination of the guidance. **The 2022 revision** was published in October 2022 by adding the chapter on the application of this guidance in the context of COVID-19. Those chapters and learning materials are available on the [dedicated webpages for Health EDRM research methods](#). Further updates and revisions are under preparation. On 18 July 2023, **a webinar launch of the 2022 revision focusing on the application of the guidance for regions and countries** was jointly organized with WHO Regional Office for the Eastern Mediterranean (EMRO) and WHO Regional Office for Europe (EURO). Subsequently, in-person workshops for regions and countries are planned for EMRO and EURO in 2024, and further involvement of other regions is under discussion. Along with this effort, as part of local engagement activities, **the Japanese version of the guidance** was developed in collaboration with over 30 experts from key research institutes and academic associations on Health EDRM, including Tohoku University, University of Hyogo and Japanese Association of Disaster Medicine. The Japanese guidance was published on 1 September 2023, the National Disaster Prevention Day. A further dissemination campaign in Japan is under discussion.

In 2020-2021, the WKC launched three research projects on Health EDRM in the context of COVID-19. Two research projects were completed in 2022-2023. **A scoping review of countries' responses to human resource management during the COVID-19 pandemic (Hiroshima University, Johns Hopkins University 2021-2023)** identified several common strategies to manage human resource challenges in countries including financial coordination mechanisms,

relaxing standards and rules for working regulations depending on the situation, redeployment/task shifting/skill mix, recruiting volunteers and fast tracking medical students, and using other workforce resources. **Five case studies were conducted to analyze countries' policies and programmes to manage health workforce shortages (Hiroshima University, University of Occupational and Environmental Health, The Catholic University of Korea, Ritsumeikan Asia Pacific University, Mongolian National University of Medical Sciences, Johns Hopkins University, Università del Piemonte Orientale, Thailand Ministry of Public Health, Japan National Hospital Organization Disaster Medical Center, and Yodogawa Christian Hospital, 2021-2023).** The studies described short-term measures such as recruitment of volunteer workers and recalling inactive healthcare workers as well as concerns on long-term quality assurance and operational sustainability. **Secondary analyses of data from Healthy Campus Trial was carried out.** This randomised controlled trial provided different types of smartphone-based CBT for 1093 students in the Kansai Region from 2018 to 2021 **to investigate the potential effect of smartphone-based cognitive and behavioural therapy (CBT) for depression prevention (Kyoto University, 2022-2023).** It demonstrated both short-term (eight weeks) and long-term (one year) effects of digital CBT for preventing depression.

Research ongoing (2018-2024) and expected results

WKC continues to function as the **secretariat of WHO Health EDRM RN** and promote multiple global, regional, national, and local collaborative activities in collaboration with the RN participants. As of 20 September 2023, 325 experts from 47 countries participate in this network. The strategic direction of the Health EDRM RN activities is discussed by a Core Group that consists of focal points of HQ DRR Unit, six Regional Offices, Secretariat (WKC) and two co-chairs representing the participants of the Health EDRM RN. The 4th Annual Core Group Meeting of the Health EDRM RN was held online on 27 October 2022. The meeting report is available on WKC website.¹ The meeting supported to continue the effort to establish **WHO Health EDRM Knowledge Hub and WHO Health EDRM Research Agenda.** Given the increasing linkages with normative activities of HQ DRR Unit and Regional Offices, in 2023 the 5th Annual Core Group Meeting will be jointly organized with HQ DRR Unit as a back-to-back in-person meeting with the 4th Annual WHO Meeting of DRR Focal Points.

Research was initiated focusing on Health EDRM in the context of COVID-19, **Systematically Identifying and Evaluating Strategies for Strengthening Community Resilience (Baylor University, Hiroshima University, McLennan County Medical Education and Research Foundation, University of Hyogo, Robin Moore and Associates, Queensland University of Technology, Bangladesh Ministry of Health and Family Welfare, UT Southwestern 2021-2023),** is in the final stage of implementation. Under this project, eight workshops were conducted for local municipality officials and healthcare professionals in Australia, Bangladesh, Slovenia, Turkey, and the United States of America involving 175 participants. In these workshops, a questionnaire-based survey using "Public health System Resilience Scorecard" developed and validated by United Nations Office for Disaster Risk Reduction (UNDRR) were conducted to collect stakeholders' opinions on priority actions for public health emergencies. A sequential modified Delphi process was used to prioritize the identified public health actions. Efforts for journal paper publication is underway.

In 2023, a new research project was launched, entitled **Mitigating Mental Health Impacts of Disasters: Evidence to support more effective Disaster Risk Reduction Tools for better mental health and psychosocial support (MHPSS) (University of Melbourne, Phoenix Australia, Monash University, Curtin University, Okayama University, Osaka University, Italian society of Emergency Psychology Social Support – Emilia Romagna, USA National Centre for PTSD 2023-2025).** This project aims to provide evidence for future policies and practices by mapping and assessing existing policies, programmes and interventions to reduce mental health risks, promote protective factors, and mitigate the impacts of disasters on mental health. This study is a follow-up from the results of WKC's 2020-2022 research project, **Determinants of long-term mental health outcomes after disasters and health emergencies: A systematic review and establishment of the Asia Pacific Disaster Mental Health Network (Curtin University, Japan National Institute of Mental Health, Hyogo Institute for Traumatic Stress, University of Melbourne, Harvard University, 2020-2022),** which revealed high prevalence of mental health issues among disaster survivors and

¹ https://extranet.who.int/kobe_centre/sites/default/files/documents/2023-04/4th%20CGM%20Report%20October%202022.pdf

persistence of mental health symptoms after the event regardless of the type of disaster, and identified protective and risk factors for mental health outcomes.

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Universal Health Coverage: Service Delivery, Sustainable Financing, and Innovations

Background

With population ageing, health systems respond to changes in needs and demands. The WKC conducts research on health systems and financing innovations to accelerate progress towards Universal Health Coverage (UHC) in the context of population ageing. We also seek to translate this research into concrete policy options, particularly for low- and middle-income countries. This programme of research currently focuses on two main areas: long-term care financing and financing for quality chronic care. With rapid population ageing, countries at all levels of development are seeking options for the delivery and financing of long-term care to meet the increased demands for appropriate health and social care for older persons. Older people use more health care on average in comparison with younger people, resulting in higher per person spending. This observation contributes to fears among policymakers that population ageing will lead to unconstrained growth in health care expenditures that will become unsustainable. Purchasing for quality chronic care has taken greater importance as countries seeking to gain better value for health spending, and WKC seeks to conduct research that will help inform the design of purchasing options.

Key research areas

1. To evaluate service delivery models that are resilient, adapt continuously and innovatively to population ageing and address multi-morbidities.
2. To study the impact of population ageing on revenue generation and expenditures for health and to understand how countries have adapted and made policy adjustments.

Progress report 2022-23

Results from research completed in 2022-23

In 2017-19, the WKC launched a series of research projects in ASEAN countries to study service delivery models and how health systems are adapting to population ageing. All of these research projects are now complete with the final one ending in 2022. The research resulted in final project briefs, journal publications, and working papers with implications for other countries. These studies were published in 2022 in a special supplement of BMC/Springer's *Health Research Policy and Systems* organized by WKC on the theme of health systems responding to population ageing.

The supplement included several studies that were carried out under WKC's research area on service delivery. This includes research from the Philippines, Viet Nam and Japan that evaluated a competency-based inter-professional training programme for health workers in the Philippines and Viet Nam which can be adapted for use in other low- and middle-income countries developing integrated care service delivery models (**Interprofessional training for delivering quality services for older people in the Philippines and Viet Nam; University of the Philippines Manila, Tokyo Medical and Dental University, Hue University of Medicine and Pharmacy and University of Hyogo, 2018–2022**); a study in Cambodia about health systems strengthening at the primary care level to enable the system to shift from acute to chronic care under existing resources (**Researching sustainable primary care in Cambodia; Duke-National University of Singapore Medical School, KHANA Centre for Population Health Research and Ministry of Health, Cambodia, 2019-22**); a community based cross-sectional investigation in three provinces of Lao PDR on the **Assessment of the prevalence of cognitive impairment in Lao People's Democratic Republic (Lao Tropical and Public Health Institute, 2019-22)**; and a **Randomized controlled trial to evaluate a model of community integrated intermediary care (CIIC) services for older adults in Thailand (Juntendo University, Tokyo, Chiang Mai Rajabhat University, Thailand, Tokyo Ariake University and Chulalongkorn University, 2019-22)**. Insights obtained from the study on **Evaluating an enhanced community of care model for high-risk older people in Singapore (Duke-NUS Medical School, Singapore General Hospital, 2019-22)** about the ethical and practical issues in conducting research

on vulnerable older populations during health emergencies were shared in a commentary article. This journal supplement was published at the end of 2022. Two promotional events were conducted targeting both local Kansai audiences in Japan and global audiences. The first took place in the form of a WKC Forum in November 2022 as a part of the official programme of the 37th Annual Congress of the Japan Association for International Health. The second was a series of video abstracts created by the authors which were released in July 2023.

The multi-year research project about **Managing dementia patients in Kobe City (Kobe University and Kobe Municipality, 2017–2022)** demonstrated the potential value of simple three questions to identify people at risk of long-term care needs linking with cognitive decline. The study analysed the health data of Kobe Citizen over 70 years old collected by letter-based survey and the respondents' long-term outcomes at two to four years. The project was completed with the journal paper publication on the main study results in November 2022. The study results were disseminated by press release, WKC website news and tweet, and policy dialogues with Kobe City responsible department. As of September 2023, total five papers were published or are under submission in peer-reviewed journals. The design of this project has been presented at conferences in Japan (e.g. Annual Conference of Japanese Society for Dementia Prevention 2021), Austria, and Switzerland, as well as shared with Japanese local municipalities as a unique model of public health study through collaboration between a local municipality and a local university (Yokohama workshop 2019). It has contributed to the Kobe Ordinance for Dementia-Friendly City. Follow up discussion on further application of this study results in LMICS is underway.

Research ongoing (2018-2024) and expected results

Given the successful collaboration on the Kobe dementia study, fruitful discussions with Kobe City resulted in a new collaborative research initiative on the broader health implications of the COVID-19 pandemic in Kobe City, which addresses a local public health priority and aligns well with WKC's global research agenda. After a successful bidding process, research has been commissioned for **Analysing the behavioural responses to COVID-19 among the residents of Kobe, Japan: secondary analysis of administrative healthcare databases (Japan Agency for Gerontological Evaluation Study, Kobe City, Kyoto University, Chiba University, University of Tokyo, Tokyo Medical and Dental University, Nihon Fukushi University, Tsukuba University, 2023-25)**. The research will utilize Kobe City's integrated healthcare database, which is open to the public for research purposes, as well as survey data collected by the city to identify changes in lifestyle, social interactions, health and long-term care use that may have occurred during the pandemic. Policy recommendations will be developed to address possible negative impacts of these reactions. The roughly 3-year project officially kicked off in August 2023 and is expected to be announced in a press release by WKC, Kobe City and the Japan Agency for Gerontological Evaluation Study in November 2023.

In terms of sustainable financing, several collaborative projects are continuing. A partnership with WHO EURO Observatory on Health Systems and Policy and WHO Regional Office for the Western Pacific (WPRO) was initiated to **study the impact of population ageing on revenue generation for health and health expenditures (WHO EURO Observatory on Health Systems and Policy and WPRO, 2018–2024)**. In 2020-21, WKC worked with WPRO and the EURO Observatory on Health Systems and Policies to conduct two sets of six country case studies (Japan, Mongolia, Republic of Korea, Viet Nam, Australia, New Zealand) to better understand how healthy ageing impacts trends in health expenditures and economic growth, respectively. Simulations predicted that improvements in health among people of working age could lead to increases in the growth of GDP. These results were observed for simulations carried out in the six different country contexts. Taken together, the reports indicate that there are many opportunities for people to age in good health and that healthy ageing can contribute to the economy. Twelve policy briefs were completed, and a regional report is under publication. This research resulted in the **Population Ageing financial Sustainability gap for Health systems (PASH) Simulator**, which allows policymakers to see how both health expenditures and health revenues are expected to change through the end of the century due to changes in population age-structure across a wide range of countries. Where there is a financing gap between revenues and expenditures, users can explore potential policy options. The overall message is that how population ageing affects health financing is a policy choice, rather than an inevitable consequence of ageing societies. The simulator is currently being tested in countries in cooperation with WHO regional offices.

A continuation of this collaboration will focus on a new **simulator projecting LTC workforce needs (EURO Observatory for Health Policy and Systems, WHO European and Western Pacific Regional Offices: 2024-25)**. The simulator will base demand for LTC workers on assumptions about the density of LTC workers per population needed at different ages and changes in the age-mix of the population over time, as well as assumptions about the locus of care (e.g., the mix between institutions /community based/ and informal care) and other related factors. Supply side factors may include the size of the working-age population, unemployment rates, migration, workforce entry and exit rates, wages, among others. The simulator will produce estimates of the gap in supply and demand for workers, the cost associated with the LTC workforce and with filling the gap (conditional also on decisions about wages), the size of the working-age population that will need to be engaged in long-term care, etc. The methodological approach will be informed by a review of existing health workforce models and methods and literature on determinants of health and care labour supply as well as consultations with policymakers and health and long-term care workforce experts.

Ongoing collaborations with the WHO EURO Observatory on Health Systems and Policy and WHO Regional Office for the European Region (EURO) for research resulted into a book published in November 2023 by Cambridge University Press entitled **Making the case for investing in long-term care systems (WHO EURO Observatory on Health Systems and Policy and WPRO, 2021–2023)**. It was launched locally in Kobe, Japan and globally on 3 November 2023. The goal of this research is to systematically present the components and policy options for LTC in an edited volume, that demonstrates the benefits of investing in quality LTC for economies and society as a whole for countries at all income levels. This research commissioned studies to describe how, as populations age, countries of all income levels are adapting their service delivery configurations to the needs and demands of older persons, especially through building sustainable systems of long-term care.

A closely related new research project is about **Sustainable Financing in the Context of Population Ageing (WHO Health Governance and Financing Department, WHO Ageing Department, London School of Economics, Kyoto University, Dalhousie University, Canada, National Institute of Geriatrics and Gerontology, Harvard University, and the Lisbon School of Economics and Management, 2021-23)**. This joint global technical collaboration among three HQ technical departments and academic institutes produced five background papers to study gender aspects of long-term care, public financing, a rapid review of innovations, and intergenerational financing of LTC in Japan. This research informed an updated WHO Financing Brief for Long-Term care to be published by the end of 2023.

A collaboration with the Organisation for Economic Co-operation and Development (OECD) was initiated in 2018 and has developed into three Phases. Under Phase 1, WKC partnered with OECD to publish a book with the summary findings and nine case studies (including Japan) about how countries set prices for health services and the investments they have made to institutionalize pricing as a policy instrument to promote coverage and financial protection: **Price setting and price regulation in health care – lessons for advancing UHC (OECD, WPRO, and universities in the EURO and WPRO regions, 2018–2021)**. Using the research in this book, WKC also published a brief for countries on price setting and regulation, under the WHO Health Financing Policy Brief series in collaboration with the Health Financing and Governance Department. Under Phase 2, the study expanded to financing and pricing long-term care for older adults: **Pricing long-term care for older persons (OECD and universities in the EURO and WPRO regions, 2020-21)**. In 2021, this research resulted in a second joint WHO WKC/OECD publication, summarizing the lessons from nine case studies. To disseminate the research, WKC created the **WKC Policy Series on Long-Term Care**, in which nine policy briefs were developed to provide readable summaries of each case study, accompanied by nine video interviews. In addition, a special journal supplement was supported in Health Services Impact, in which five papers on pricing health and long-term care were published.

Phase 3 of this collaboration started in 2021. **Purchasing instruments to strengthen quality health services for chronic illnesses (OECD, WHO Health Governance and Financing Department, 2021-23)** focused on the role of purchasing instruments and payment arrangements to improve the quality of health services for chronic illnesses. The research has produced eight country case studies and three background papers based on evidence reviews. These were the main inputs for the summary report on “Purchasing for quality chronic care”, jointly published by WKC and OECD in September 2023, which summarized the evidence gathered and lessons learned about the use of purchasing instruments and payment arrangements to improve quality of chronic care with implications for low- and

middle-income countries. An accompanying policy brief series was also published to facilitate dissemination of the research findings.

Publications (2022-2023)

Books and reports

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Metrics and Measurement for Universal Health Coverage in the Context of Population Ageing

Background

Universal Health Coverage (UHC) is among the Sustainable Development Goals (SDGs) for 2030. Striving towards UHC means that countries make efforts to offer every person the quality health services they need, while also ensuring that accessing these services does not result in financial hardship. Currently, the global standard of reference for measuring and monitoring UHC is a framework developed by the WHO and World Bank. While the global monitoring framework provides an important standard of reference, it is expected that the indicators for monitoring UHC will need to be adapted to local contexts to ensure their relevance in a rapidly changing environment. As a result of population ageing and changes in health needs, countries adapt UHC measurement and monitoring systems to be relevant to health systems challenges. Therefore, WKC seeks to study how countries are monitoring UHC and measuring how their health systems are responding the needs arising from population ageing.

WKC focuses on understanding the current state of measuring and monitoring UHC from the perspective of how health systems respond to an older person's right to health. This includes monitoring health service coverage, financial protection, equity and care quality. WKC also supports research to develop or improve tools for measurement and monitoring, as well as research focused on promoting knowledge translation from evidence to practice, for the advancement of UHC in the context of population ageing.

Key research areas 2022-2025

1. To analyse the current research landscape related to the measurement of essential health services, financial protection, quality and equity for older populations.
2. To support the development of metrics and measurement tools that enable countries to monitor UHC in the context of population ageing.

Progress report 2022-2023

Results from research completed in 2022-2023

In 2022, a special supplement of BMC/Springer's *Health Research Policy and Systems* was published which was organized by WKC on the theme of health systems responding to population ageing. The supplement included results of research completed in recent years under the area of Metrics and Measurement, including **Measuring financial protection for older persons in Viet Nam (Viet Nam Health Strategy and Policy Institute, 2019-21)** and **Adaptation and validation of tools for monitoring the health of older people in Myanmar and Malaysia (National University of Malaysia, Niigata University, National Center for Global Health and Medicine, Japan, University of Tokyo and Chiba University, 2018-2020)**.

Financial protection of older persons in health care in the Kansai region of Japan: Barriers to effective implementation of financial protection policies and programmes (Kyoto Univ, 2021-22) is one of two Kansai-based studies associated with WKC's global research agenda on financial protection in healthcare. The study involved document reviews and a survey of social workers in hospitals, local government offices and community-based social service agencies across all six prefectures of the Kansai region. The findings showed that fragmented services and complicated administrative processes, as well as complex physical, mental/cognitive and social/family problems of the older patients pose barriers to the use of some financial protection programmes. The findings were presented in an online WKC Forum in July 2022, which was attended by nearly 150 participants including local government officials, health and social care workers and

academics in the Kansai area. The results were also shared with the Kobe Group. Journal publications are under development.

Household survey analysis of financial hardship due to excessive health spending and unmet care needs of older people in Japan with implications for the Kansai region (Tokyo Metropolitan Geriatric Hospital and Institute of Gerontology, Keio Univ, Konan Univ, National Center for Global Health and Medicine, Japan, Osaka Univ, 2021-23) analyzed data from the Japan Household Panel Survey between 2004 and 2020 and found that out-of-pocket health spending greater than 10% of total household consumption (SDG 3.8.1 indicator) remained relatively stable during this period, ranging from 8.0% to 10.0%. Its incidence tended to be higher among households with older person(s), 65 years old and above (ranging from 10.9% to 22.9%) than among households with only younger people, 64 years old and under (ranging from 5.2% to 9.9%). In contrast, the incidence of self-reported unmet need due to foregone care remained consistently higher among younger people (ranging from 6.2% to 15.5%) than among those who were older (ranging from 1.8% to 8.6%) over the same period. This study also analyzed data from the National Survey of the Japanese Elderly, which covers those 60 years old and over, and found that among those reporting limitations in activities of daily living, 15.5% reported a lack of informal and formal care or support, and 62.5% had not yet been certified eligible to receive long-term care services. Regional comparisons showed that out-of-pocket health spending greater than 10% of total household consumption in the Kansai region was lower than in other regions while foregone care among older people tended to be higher in Kansai than in other regions. Findings from this research were featured in the *Global Monitoring Report on Financial Protection in Health 2021* and journal articles are under review. Results about the Kansai region were summarized in Japanese and shared with local health officials.

Multi-country cross-sectional and longitudinal studies to quantify unmet needs for health and social care among older people (International Health Transitions, National Research Council, Institute of Neuroscience (CNR-IN)/WHO Collaborating Center for Longitudinal Health and Cross-Country Statistical Modelling, University of Gothenburg, 2019-2022) This study produced cross-country estimates of the prevalence of unmet need for health and social care among older people through secondary analysis of survey data representing 83 countries. The results ranged from less than 2% to over 50% of unmet healthcare need in adults 60 years and older. Estimates for unmet social care need ranged from less than 4% to over 40%. Findings from this study contributed to the 2021 and 2023 editions of the WHO-World Bank Tracking Universal Health Coverage: Global Monitoring Report. Working papers and technical notes were published on the WKC website. One article was published in *Population Health Metrics* in September 2023 and a second one is under review.

Following the completion of this study, in 2023, we performed additional analysis using the European Health Interview Survey Wave 3 data from 2019. We studied unmet healthcare needs using the entire survey sample of individuals aged 15 and above in 27 countries and unmet social care needs among individuals aged 65 and above in 28 countries. The study found that 24.4% of persons 15+ years old reported unmet healthcare needs, with no distinct age-related patterns. Waiting time was the main reason for unmet healthcare needs in most countries, followed by cost and transportation/distance. The prevalence of unmet social care needs among those 65 and above was 35.4% for needs related to activities of daily living and 30.8% for needs related to instrumental activities of daily living, respectively. Older age groups, 70 and above, had a consistently higher prevalence of unmet social care needs compared to those under age 70 in all countries. The full technical report and research brief will be published on WKC's website and journal articles are being prepared.

Organization of a global research consortium to advance methods for measuring unmet health and social care needs of older people (The Australian National Univ, Univ of New South Wales, Univ of Gothenburg, Univ of Padova, International Longevity Centre Singapore, Univ College London, 2022-2023). This project engaged over 60 individuals from all WHO Regions with diverse expertise related to the care of older people in a series of online consultations to identify the main research priorities for better understanding and addressing the unmet care needs of older persons globally and the key methodological challenges. Most were academics but some were national government staff or

advisors and NGO staff. Several resources were compiled in the process including key documents, existing databases, and survey tools for assessing unmet needs of older persons. At the end of the project, several of the researchers agreed to form a global research consortium for advancing research and evaluation to track the unmet health and social care needs of older populations (named CARETRACK) and have it hosted by the London School of Hygiene and Tropical Medicine, United Kingdom. A website has been created for this consortium where all the project outputs and resources can be accessed. The consortium has applied for the UK Research and Innovation, Medical Research Council, Partnership Grant and has submitted a proposal to develop a policy paper for the World Innovation Summit for Health 2024, an initiative of the Qatar Foundation for Education, Research and Community Development.

Based on the outcomes of the research on unmet need that we have accumulated over the last few years, we published an article in the BMJ about the importance of improving global data on unmet health care needs to track progress towards UHC more accurately, with WKC Advisory Committee Chair, Dr Viroj Tangcharoensathien, and research partners, Dr Paul Kowal, Dr Mizanur Rahman and Dr Shohei Okamoto as co-authors. This article informed discussions at the high-level meeting of the United Nations General Assembly on UHC on 21 September 2023.

Research ongoing in 2023-24 and expected results

In 2023-2024, UHC research on metrics and measurement will concentrate on assessing unmet care needs of older persons. WKC has proposed to develop **a technical report on measures of unmet health and social care needs of older persons** as a new WHO Technical Product by 2025. This work responds to the 76th World Health Assembly resolution 76.4 which requests the WHO to review the importance and feasibility of using unmet needs for healthcare services as an additional indicator to monitor UHC progress. It will contribute to the ongoing WHO review process of health-related Sustainable Development Goal indicators, Decade of Healthy Ageing indicators, provide guidance on how countries can measure unmet need, and fill gaps in global data/evidence on unmet need. Specifically, WKC will work closely with WHO Regional Offices and international researchers to update information on the availability of data on unmet care needs of older persons and the prevalence and reasons for the unmet care needs in each region.

WKC will continue to support the activities of the **global consortium for advancing the measurement and monitoring of unmet health and social care needs of older people** as a technical advisor. Regardless of the outcomes of the application for the Partnership Grant from the UK Research and Innovation, Medical Research Council, WKC will continue to support external fundraising for the consortium. Should the proposal to the World Innovation Summit for Health 2024 be accepted, WKC will work closely with the consortium members and relevant WHO Regional and Country Offices to develop the policy paper focused on the implications of unmet need among older persons in the Eastern Mediterranean Region. WKC will also consider supporting an annual meeting of the consortium in Kobe, Japan.

Publications

Contribution to WHO Global Report

- World Health Organization & International Bank for Reconstruction and Development. *Tracking Universal Health Coverage: 2023 global monitoring report*. Geneva: World Health Organization; 2023.

WKC Publications

- Ng N, Berger F, Anindya K. Prevalence of and reasons for unmet needs in health and social care in the European region: working paper. Kobe: WHO Centre for Health Development; 2023.
- Ng N, Berger F, Anindya K. One third of older Europeans report unmet needs for social care: research brief. Kobe: WHO Centre for Health Development; 2023.

Journal articles

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Local Engagement: Our contribution to the community

Background

The WHO Kobe Centre (WKC) was established in 1995 following a WHO Executive Board Resolution and the Great Hanshin-Awaji Earthquake. WKC is a department of the WHO Headquarters and has a global mandate. At the same time, WKC seeks to contribute to the community where we live and work by sharing information and knowledge. As such, WKC has both a global and local role. As part of the local role, WKC established partnerships with Kansai-based research institutions and local governments to encourage collaboration towards common global health challenges. We also seek to better communicate and disseminate information about our research and other activities and strive to contribute to the local community.

Objectives

WKC is committed to supporting the community in which we live and work. The objectives set forth in the local engagement plan are three-fold:

1. To share lessons learned and encourage collaboration across countries as they strive to attain similar goals under the commitments for UHC and the Sustainable Development Goals (SDGs).
2. To communicate and disseminate information about WKC's research activities.
3. To contribute to the community in Kobe and Hyogo prefecture for awareness-raising and health advocacy.

Progress report Nov 2022-23

Objective 1: To encourage collaborations across countries for UHC and the SDGs.

As part of its role in strengthening local-global collaborations, WKC established partnerships with Kansai-based research institutions and local government to encourage collaboration towards common health challenges with a focus on UHC and the SDGs. In addition, WKC as Secretariat of the WHO Thematic Platform for Health Emergency and Disaster Risk Management Research plays a key role in establishing collaborations between Kansai-based institutes and the global research community.

Joint research. The WKC partnered with **local research institutions** to jointly address common health challenges. Within each of the research themes, WKC identified locally relevant challenges in the Kansai region and sought research partners. In such a way, lessons learned from the Kansai region formed a part of our global research programme. WKC also continued to provide opportunities to link up teams of researchers based in Kansai and international academia. This allowed for strengthening ties and expanding WKC's network of research within the Kansai region, while maintaining a global mandate approach to research.

In 2022-23, for example, new projects were started that jointly support researchers from the Kansai region to conduct research with academics in other parts of the world. These included partnerships with Kobe University, Kobe Gakuin University, University of Hyogo, Osaka University, Kyoto University, Hyogo Institute for Traumatic Stress and Hyogo Emergency Medical Center.

Secretariat for WHO Health Emergency and Disaster Risk Management (Health EDRM) Research Network (Health EDRM RN). Research knowledge and evidence is critical for building community and country resilience to disasters; however, this field is under-researched and not well documented. WKC has contributed to establishing the WHO Thematic Platform for Health Emergency and Disaster Risk Management Research Network (Health EDRM RN) in 2018 and has served as the secretariat of this network. Since 2019, every year WKC has organized the Core Group Meeting of Health EDRM RN, which update the policy/knowledge gaps on Health EDRM. As the results of the Core Group Meeting, three global collaborative activities: updating and application of WHO Guidance on Research

Methods for Health EDRM, establishment of WHO Health EDRM Knowledge Hub, and development of WHO Global Research Agenda for Health EDRM, are ongoing.

International visitors and meetings. Like the majority of international organizations, WKC has embraced online & hybrid meetings, when possible, to reduce cost and ensure greater participation. Face to face meetings are becoming the exception rather than the norm. With these expanded means, WKC regularly meets with and consults international experts remotely. In addition to the WKC fora, other notable online meetings included:

- **27 October 2022:** “The 4th Core Group Meeting of WHO Thematic Platform for Health Emergency and Disaster Risk Management Research Network” was held online
- 3 November, 2023: Launch of book “Making the Case for Investment in Long-term Care.” LTC Book launching event took place in during an in –person meeting in the morning involving international collaborators from the European Observatory for Health Systems and Policy, research collaborators from Kobe University, Kyoto University and National Institute of Geriatrics and Gerontology, and representatives of the Kobe Group and local government. The international launch was organized in the WKC office in the evening and accessible to global collaborators online.
- **13 and 14 November 2023:** “The 4th Annual Internal WHO Meeting of DRR Focal Points and 5th Core Group Meeting of WHO Thematic Platform for Health Emergency and Disaster Risk Management Research Network” were jointly organized as hybrid meetings with HQ DRR Unit. Following the two international meetings, “WKC Forum – 2024 research strategy for Health Emergency and Disaster Risk Management (Health EDRM): breaking silos and promote cross-sectional approach” was held at Hyogo Prefecture Museum, convening the international meeting participants and Japanese Health EDRM experts.

Objective 2: To communicate and disseminate information about WKC’s research activities.

The **WKC Forum** is an important means to communicate and disseminate WKC research as well as to contribute to the community in which we live. WKC is committed to organizing at least three fora per year. The participants may include academics and/or the public. In 2022/2023, WKC organized 8 fora:

- 11 February 2022: Annual high school students forum co-organized with the Hyogo Board of Education with the cooperation of Kobe University – 200 participants
- 26 March 2022: “School and Youth Mental Health in the context of COVID-19” – 150 participants
- 25 June 2022: “Healthcare workers’ vital roles in health systems and UHC” – 150 participants
- 28 July 2022: Systems of financial support in healthcare for families with complex challenges and marginalized populations: to overcome the challenges of ‘leaving no one behind’ – Co-organized with Kyoto University – 150 participants
- 25 September 2022: “Our Planet, Our Health-Our Global Health Challenges-” – This WKC Forum was organized by the university students as a part of the WKC Summer School (5th – 24th Sept.) – Co-organized with inochi Wakazo project – 220 participants
- 19 November 2022: “Informing health system responses to rapid population ageing: research findings from six countries in the Asia Pacific region” - This hybrid forum was organized as part of the official programme of the 37th Annual Congress of the Japan Association for International Health (JAIH) – 200 participants
- 1 October 2023: “Build the world we want: A healthy future for all” - This WKC Forum was organized by the university students as a part of the WKC Summer School (11th – 22nd Sept.)- Co-organized with inochi Wakazo project
- 14 November 2023: “2024 research strategy for Health Emergency and Disaster Risk Management (Health EDRM): breaking silos and promote cross-sectional approach”

Website and social media. By the end of 2022, WKC had reached an agreement with the Kobe Group to gradually reduce the frequency and volume of COVID-19 dedicated communication, as part of an overall trend confirmed by the announcement of the end of the Pandemic in early 2023 by WHO.

The WKC website dedicated section on COVID-19 has been maintained. The dedicated page hosted messages and infographics for the general public in an effort to provide direct access to risk communication material to the general public, as well as showing WKC's contribution to the community. WKC believes that this helped provide accurate information to the public to help manage the COVID-19 pandemic. This specific section on COVID-19 still represents a large share of the page views, notably positioning WKC as a trusted information source for viewers in Japan.

On Twitter (X), WKC continued to leverage its broad follower base to disseminate information about research programme and research partners' activities by broadening its audience, maintaining its 9,500+ followers. WKC also increased its visibility across the Kansai region and Japan overall, as well as globally because of the reach that social media tools provide. The overall increased traffic through Twitter and WKC's website continued to provide great visibility for WKC's activities beyond COVID-19. WKC invested more time and resources to use its YouTube Channel to provide additional information and videos on technical activities (such as on Metrics and HEDRM Guidance research activities). WKC also diversified its online presence, with the launch of its LinkedIn account for the international English audience, refocusing its Twitter activities towards Japanese speaking audiences.

Continued media interaction: Strong efforts continued to be made to coordinate WHO communications and messaging with the HQ Communication Teams in HQ. As a result, WKC continued to be a trusted source for Japanese media to support the dissemination of reliable information about COVID-19. WKC also continued to engage with local and national media via the systematic use of a press release automated system that allows WKC to share its press releases to all relevant media in Japan.

Communications plans to disseminate findings for each research project: For each research project, the WKC identified how the results would be disseminated. This includes journal articles, as well as initial and final research briefs in Japanese and English, updated website research descriptions, interviews with researchers, tweets, LinkedIn posts and videos about specific research projects and investigators. Local and national press clubs receive media releases of important findings and noteworthy new research projects. In 2022/2023, over 70 news stories in both Japanese and English were published on WKC's website.

Objective 3: To contribute to health awareness in the community.

Student lectures. WKC continues to provide lectures about WHO and WKC activities for students in primary schools, high schools, and universities, both remotely and face to face. In 2022/23, WKC staff delivered over 36 lectures (23 lectures in 2022, 13 in 2023) online lectures, most of which are for local schools and universities.

WKC Summer School and WKC Student Forum. Following the successful completion of a series of high school fora since 2016, "WKC Summer School" started in 2022. This is a two-week training programme for local and national high school and university students to learn the history as well as current and future challenges of global health. In the programme participants created presentations on multiple global health issues through literature reviews and expert interviews with support of WKC staff and external experts who supported this event. The presentations were shared in the following "WKC Student Forum" as the deliverables of this event. For successful implementation of this event, WKC collaborated with local student groups including inochi Wakazo project.

Participation in local committees. WKC staff make every effort to contribute to local technical committees and meetings, to improve population health. In 2022-23, WKC participated in the following committees:

1. Hyogo Prefecture Council of Advisors on Influenza
2. Review Committee Meeting of Hyogo Prefecture's Prevention Measures for Passive Smoking
3. Hyogo/Kobe Expert Committee for Health Emergencies

4. Kobe Health and Medical Strategy Meeting
5. Kobe City expert committee on infection-resistant spaces in central Sannomiya
6. Kobe City Expert Meeting for Healthcare Service Development
7. Health Creative City Kobe Promotion Committee
8. FBRI Health Care Strategy Committee (online)
9. External Advisory Board; Department of Global Health, Kyoto University (online)
10. Disaster Reduction Alliance Board Meeting
11. International Recovery Platform (IRP) Steering Committee Meeting

Participation in local and global events: WKC staff make every effort to contribute to local events in our community, and also events that take place outside of Kansai providing the opportunity to disseminate research findings. In 2022/23, WKC participated in the following events:

2022

- Jan 4: The Kobe Chamber of Commerce and Industry New Year Ceremony
- Jan 17: Commemoration ceremony of the Great Hanshin-Awaji Earthquake
- Jan 26: International Disaster Reduction Alliance Forum (DRA Forum 2022)
- Jan 28: 32nd Annual Conference of the Japan Epidemiological Association
- Mar 5: 27th Annual Conference of the Japanese Association of Disaster Medicine
- Mar 26: Kickoff Seminar of the Japanese Red Cross College of Nursing's Disaster Relief Research Institute
- Jun 9: Dealing with Disasters International Conference (DwD 2022)
- Jul 13: UK Alliance for Disaster Research webinar
- Jul 23: Lecture for Suita Junior Chamber of Commerce
- Sep 14: Lecture for Griffith University Symposium on climate related disasters
- Sep 16: 20th anniversary symposium of DRA
- Oct 21: 10 years anniversary ceremony of Tohoku University International Research Institute for Disaster Science (IRIDeS)
- Oct 22-23: Lectures for the Bousai Kokutai 2022 with Tohoku University & Kobe University
- Oct 26: Lecture for Queen Mary College of the University of London
- Nov 12: Lecture for the 22nd Annual Meeting of the Japan Society of Cognitive Therapy and Cognitive Behavioural Therapy (JACT)
- Nov 14: Lecture for Kobe City Silver College
- Dec 10: 22nd International Congress of Nutrition by International Union for Nutritional Science (IUNS-ICN)
- Dec 13: Lecture for United Nations University Webinar

2023

- Jan 1: UNU's Dialogue Series on SDGs
- Jan 17: Commemoration ceremony of the Great Hanshin-Awaji Earthquake
- Mar 9: DRA Emergency Conference
- Mar 9-12: 28th Annual Meeting of Japanese Society for Disaster Medicine
- Mar 15-17: 6th Global Summit of Global Alliance of Disaster Research Institute (GADRI)
- August 3-4: Pricing health services, WHO and the Government of Vietnam, Ha Noi
- Sep 7: International Conference on Science and Technology for Sustainability 2023 organized by Science Council of Japan
- Sept 25: Population Health Academic Advisory Panel Singapore
- Sept 26: Roundtable discussions on age-friendly cities, Singapore
- Sept 26: Academic presentation on sustainable financing in the context of population ageing, Singapore
- Sep 26: Japan Agency for Gerontological Evaluation Study (JAGES) 5th Anniversary Symposium
- Oct 4: JAGES press conference

Strengthen local communication: WKC and the Kobe Group have worked to strengthen their regular communications. WKC and the Kobe Group conducted their annual program review in July 2023 to discuss progress made and planning for future research and local engagement. WKC and the JCC Secretariat also met regularly to review WKC progress. Regular meetings were held to discuss local engagement activities and strengthen communications among other topics. The Kobe Group is also represented in the annual WKC Advisory Committee (ACWKC) meeting in November every year.

Translation of WHO COVID Technical Guidance and public information. To respond to the needs of local policymakers as well as local citizens, WKC has provided relevant and accurate information on COVID-19 in Japanese since 2020. With the end of the Pandemic announced by WHO in early 2023, COVID19 specific Japanese translated information has been paused, though published material remains available through WKC website.

Proposed program for 2024/25 and ongoing activities

Objective 1: To encourage collaborations across countries.

Joint research. WKC will continue to expand on the successful approach of encouraging collaboration between Kansai based institutions and international researchers outside of Japan, for all research themes outlined in WKC's research plan. At present, direct research collaborations and engagement in meetings and technical events have expanded to at least 15 local academic institutes, including University of Hyogo, Himeji University, Kansai University of Social Welfare, Hyogo Emergency Medical Centre, Hyogo Institute for Traumatic Stress, Kobe University, Kobe City College of Nursing, Kobe Gakuin University, Konan University, Kyoto University, Shiga University of Medical Science, Osaka University, Shitennoji University, Setsunan University, and Nara Gakuen University.

Secretariat for WHO Thematic Platform for Health EDRM Research Network (TPRN). WKC seeks to build on ongoing activities in promoting research collaborations among local, national and international experts in Health EDRM. In 2024-25, WKC will continue to enrich the webpage for the knowledge hub on Health EDRM with the support of a consultant. The knowledge hub provides a database of up-to-date research and evidence to share among TPRN members and the public for effective knowledge synthesis and dissemination that can translate to better evidence-based policies, as well as features link to multimedia material such as YouTube videos of lectures/webinars and podcasts. As part of the dissemination initiative of the WHO Guidance on Research Methods for Health Emergency and Disaster Risk Management, WKC organized a webinar on research capacity building in collaboration with WHO Regional Office for the Eastern Mediterranean and WHO Regional Office for Europe. Upon the successful completion of this event, discussion on following in-person workshops for national and local government and other partners are underway.

Objective 2: To communicate and disseminate information about WKC's research activities.

WKC will continue to **organize at least three WKC Fora** per year. The following is already planned for 2024-25:

- 1st Quarter 2024
 - “Unmet need due to financial and social challenges in accessing care among older persons” – co-organized by Kansai-based university (TBD)
- 3rd Quarter 2024
 - WKC Summer School and WKC Student Forum

In addition, further efforts will be made to continue to strengthen WKC communication through its **website and social media accounts** to better understand the different needs of the local audience in our community, as well as the global audience. WKC will be moving to a new website platform already in use by the main WHO website, while maintaining its distinct identity. WKC will also continue to adjust its social media reach, dedicating Twitter (X) to mostly interacting with the Japanese audience, and growing its viewer base for the English international audience on LinkedIn, while trying to publish more visual content on YouTube in both languages.

Communications plan for each research project. WKC staff continues to work with communications experts and has adopted tailored dissemination approaches for its research projects. This includes projects briefs updated at the beginning and end of the project, social media and web messaging about research results and feature stories about research collaborators in video interviews or social media clippings. The communication plan provides for a minimal set of actions for each research initiative (project brief, news article, tweets, LinkedIn post of research result) as well as optional components actionable by WKC to highlight specific work (twitter storm campaign, webinars, media engagement, YouTube Miniseries, etc.). In 2024-25, WKC will continue to implement and integrate its communication plan into each project cycle to ensure greater visibility and dissemination.

Objective 3: To contribute to health awareness in the community.

WKC will continue to strengthen its ties to the community by **participating in technical committees and attending meetings in Hyogo/Kobe** as listed previously. WKC will also seek to continually improve communications with the Kobe Group to ensure mutual understanding and support.

School lectures. School lectures will continue in 2024-25, based on ad-hoc requests from local primary and secondary schools and universities. Though on-site lecture has resumed on a case-by-case basis, WKC expects to provide mostly online lectures in the form of webinars, to better manage time and costs.

Strengthen communications locally. WKC is routinely monitoring progress and considering new opportunities for local engagement. Through this process, we will work together with the Kobe Group and other stakeholders to identify common areas of interest. Through these discussions, WKC plans to expand on its local engagement activities.