

Advisory Committee
of the WHO Centre for
Health Development
28th Meeting Report

2024



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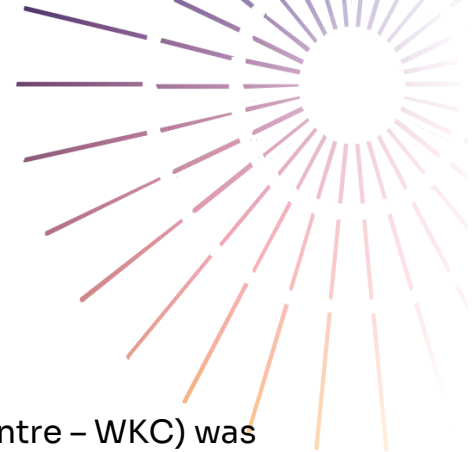
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The World Health Organization Centre for Health Development (WHO Kobe Centre) is a global centre of excellence for universal health coverage (UHC) and innovation. Our vision is to promote innovation and research for equitable and sustainable UHC, building 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 28th annual meeting on 25–26 November 2024 in Kobe, Japan, advised the DG and the Director of WKC on strategic priorities. The Secretariat updated research progress and achievements between 2018 and 2023 and presented plans for 2025 by the three pillars of research and local engagement. The Secretariat also presented the findings of joint evaluation of the 3rd Memorandum of Understanding (MOU). The ACWKC noted with satisfaction the reports including the response to ACWKC recommendations in 2023 and commended the team for enormous output with limited human and financial resources.

The Chair, Dr Viroj Tangcharoensathien, presented the Committee’s conclusions and recommendations.

CONCLUSIONS

The Advisory Committee acknowledged several global contexts worth mentioning:

1. The WHA resolution 76.4 Preparation for the high-level meeting of the United Nations General Assembly on Universal Health Coverage.
2. The United Nations General Assembly resolution, A/RES/78/4: Political declaration of the high-level meeting on Universal Health Coverage in 2023. Among others, Paragraph 109 says “Decide to convene a high-level meeting on Universal Health Coverage in 2027 in New York, aimed

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

to undertake a comprehensive review on the implementation of the present declaration to identify gaps and solutions to accelerate progress towards the achievement of Universal Health Coverage by 2030.” Both WHA resolution 76.4 and UNGA A/RES/78/4 had clear references to unmet healthcare needs.

3. The United Nations General Assembly resolution, A/78/L.2: Political declaration of the General Assembly high-level meeting on pandemic prevention, preparedness and response in 2023.
4. The ongoing Inter-Governmental Negotiating Body to negotiate a Pandemic Agreement which also highlights the need for a global health emergency workforce deployable to Parties affected by the pandemic upon request.
5. The UN Decade of Healthy Ageing: On 14 December 2020, a UN Decade of Healthy Ageing (2021-2030) was proclaimed by the United Nations General Assembly.

WKC’s research portfolios were relevant to and supported global political commitment.

The Advisory Committee commented that WKC’s work had significant global impacts. The Centre’s research work had fully and timely responded to the global context and various high-level political commitments, specifically:

1. UHC service delivery and innovations: Critical achievements were the continued dissemination of the multi-year Kobe Dementia Study, and the launch of a new study to analyse the behavioural responses to the COVID-19 pandemic in Kobe, Japan with the Japan Agency for Gerontological Evaluation Study (JAGES) and Kobe City (Aug 2023-Dec 2025). These studies are not only global contributions, but also respond to Kobe City priorities.

2. Sustainable financing: Major achievements were the completion of research on purchasing arrangements for strengthening quality services for chronic diseases, expansion of simulating the impact of population ageing on revenue generation for health and health expenditures, and new publications on investing in long-term care (LTC).

3. UHC metrics and measurement: Major achievements were a new normative publication on financial protection analysis, and significant progress with the research on unmet health and social care needs of the

older population with five parallel studies launched at the WHO regional level.

4. Health emergencies and disaster risk management (Health EDRM):

Critical achievements were that WKC serves as the secretariat of the Health EDRM Research Network worldwide, convening annual WHO core group meetings. Further, together with global partners of more than 400 experts from 60 countries, WKC produces and updates the *WHO Guidance on Research Methods for Health EDRM* as a living reference. In addition, WKC also conducts mental health and psychosocial support in the context of health emergencies and disasters and research on Health EDRM in the context of the COVID-19 pandemic, and addresses health needs among sub-populations.

Between 2023 and 2024, there were a total of 70 papers and publications disseminated including 29 WHO publications (books and reports), 28 journal articles, 12 policy briefs, working papers, technical reports and meeting reports. Most importantly, WKC contributed to the biennial WHO-World Bank *Tracking Universal Health Coverage: Global Monitoring Report*; the UN Decade of Healthy Aging (2021-2030), and Health EDRM planning and programmes.

Research highlights by each thematic area were compelling in terms of advancing the horizons of knowledge and practice, which were relevant to global commitment towards UHC, Health EDRM needs, and the UN Decade of Healthy Ageing. Clearly WKC research work demonstrates global impacts.

The Advisory Committee also noted with concern that systematic reviews were mostly dominated by English literature, and efforts should be made to cover more languages in future updates.

The joint external evaluation of the 3rd MOU period reported three main findings:

1. The Centre made significant achievements across all areas of research, including increased engagement with Japanese and international research groups, implementation of research based on local and national health needs, and effective dissemination of research outcomes.
2. Significant achievements were evident across all three areas of local engagement, notably strengthening organizational structures to

improve local engagement, dissemination of research results, and support of human resources development. Despite these significant achievements, there were mismatches between expectations and WKC's capacity to deliver.

3. WKC realized two out of three achievements on governance, notably strengthening external review systems, and clarity of the process for deciding the workplan with the Programme Review Meeting. The deficient area was WKC's inability to obtain funding from WHO and limited external funding. Throughout the three MOUs, funding was solely by partners in Hyogo Prefecture, Kobe City, Kobe Steel, Ltd. and the Kobe Chamber of Commerce and Industry.

Significant achievements were made on all research portfolios including through publications and global, national and local impacts, and on local engagement including capacity building.

RECOMMENDATIONS

The current third MOU will conclude by 31 March 2026. The Advisory Committee notes that the financing of WKC beyond 2026 is currently not secured. In this context, the Advisory Committee proposed the following five actions:

- I. Assess WKC's impact of three decades to local, national and global policy and practice for historical records.
- II. Through dialogue between WKC and the Kobe Group, in collaboration with the Ministry of Health Labour and Welfare, Japan, develop clear messaging on the future of WKC.
- III. Invest in targeted dissemination and transfer of knowledge to policy makers/implementers.
- IV. Complete the ongoing research programmes to support global commitments, notably UHC, unmet needs, Health EDRM, and the UN Decade of Healthy Ageing.
- V. In case the Centre is to conclude by March 2026, find competent partners to home some of the WKC legacies in order to continue ongoing work of global significance.

Advisory Committee of the WHO Centre for Health Development 2024



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ACWKC 2024 MEETING PARTICIPANTS



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Front row (from left to right): Mr K. Mori (Kobe City), Prof R. Sakashita (Adviser), Ms H. Nomura (Ministry of Health, Labour and Welfare), Dr L. Waqatakirewa (Adviser), Dr V. Tangcharoensathien (Chairperson/Adviser), Dr S. L. Barber (WKC Director), Dr C. M. Auer (Rapporteur/Adviser), Prof S. Kalula (Adviser), Prof L. A. Al-Ansary (Adviser), Dr T. Yamashita (Adviser), Mr Y. Hiraoka (the Kobe Chamber of Commerce and Industry), Mr L. Garçon (WKC)

Back row (from left to right): Ms G. van Zyl (WKC), Mr S. Torita (Hyogo Prefectural Government), Mr R. Abe (Hyogo Prefectural Government), Dr M. Izutsu (Ministry of Health, Labour and Welfare), Mr R. Yokoe (WKC), Dr R. Kayano (WKC), Dr M. Rosenberg (WKC), Ms T. Kurabayashi (WKC), Mr S. Rokuda (Kobe City), Ms Y. Kawazu (Kobe City), Mr T. Hanafusa (Kobe City), Ms M. Miyazawa (WKC), Dr M. Tadokoro (Hyogo Prefectural Government), Mr H. Sakaguchi (Hyogo Prefectural Government), Ms N. Yano (WKC Cooperating Committee (JCC) Secretariat), Ms M Kato (WKC)

1. OPENING

Dr Sarah Louise Barber, Director of the WHO Centre for Health Development (WKC), welcomed all participants to the 28th meeting of the ACWKC in Kobe, Japan on 25 – 26 November 2024. The WHO Director-General appointed three new ACWKC members: Prof Lubna A. Al-Ansary, Professor, Department of Family and Community Medicine, King Saud University, Saudi Arabia representing the WHO Eastern Mediterranean Region; Professor Sebastiana Kalula, Emeritus Associate Professor, University of Cape Town, South Africa representing the WHO African Region; and Dr Lepani Waqatakirewa, President, Public Health Association of Fiji representing the WHO Western Pacific Region. Dr Felipe Cruz Vega representing the WHO Region of the Americas sent his regrets. Dr Hajime Inoue of the Ministry of Health, Labour and Welfare (MHLW) was unable to attend, and Ms Hisayo Nomura attended on his behalf.

On behalf of the Kobe Group, the Honourable Dr Teruo Yamashita, Chief Executive Officer, Public Health Department of Hyogo Prefecture, representing the Kobe Group, expressed his appreciation to the advisers, and hoped the knowledge from WKC's work would inform policies at home and abroad, particularly for solving health emergencies. He hoped WKC's experience would contribute towards the 30th anniversary plans of the Great Hanshin-Awaji Earthquake in 2025.

In her welcome remarks, Ms Hisayo Nomura, Deputy Assistant Minister for International Policy Planning in the Ministry of Health, Labor and Welfare (MHLW), represented the host government, as Dr Hajime Inoue sent his apologies. She acknowledged the Centre's important role in global health around ageing, Universal Health Coverage (UHC) and health emergencies. The MHLW was fully committed to UHC and would establish the UHC Knowledge Hub in Tokyo with the Ministry of Finance, World Bank and WHO to support dialogue between finance and health ministries in low- and middle-income countries (LMICs). In a video message, Dr Ailan Li, WHO's Assistant Director-General for UHC and Healthier Populations, thanked the local and national authorities for their steadfast support, and the Advisory Committee for its strategic advice over the years.

2. INTRODUCTION OF ACWKC MEMBERS AND STATUTORY BUSINESS

Dr Viroj Tangcharoensathien, representing the WHO South-East Asia Region and chair of the ACWKC, welcomed the new and existing members. He commended WKC for its contributions to global commitments and thanked the Kobe Group and Japanese government for their continued support. WKC's contributions were significant and contributed to global and local health, despite limited staff capacity. Through collaboration with networks of researchers, WKC had mobilized social capital and contributed to global goods, as demonstrated at the recent 8th Global Symposium for Health Systems Research of over 1500 participants. Dr Clemens Auer, representing the WHO European Region, was appointed as rapporteur. The ACWKC adopted the agenda.

3. RESEARCH PLAN 2024-25 AND RESPONSE TO 2023 ACWKC RECOMMENDATIONS

Dr Barber gave an overview of activities over the first two decades and presented achievements of the third decade from 2016 – 2023. These included the development of a ten-year research plan, the establishment of global research networks (i.e. WHO Global Research Network on Health Emergencies and Disaster Risk Management (Health EDRM) for which WKC is the Secretariat and the Consortium for Advancing Research and Evaluation in Tracking Unmet Health & Social Care Needs of Older Populations (CARETRACK) for which WKC provided the concept and seed funding), and the completion of 55 research projects on ageing, health systems and Health EDRM. The Centre now exceeds the target of 40 publications annually, totaling over 200 WHO titles, books, journal papers, and other research publications.

WKC's three research themes aligned with WHO's Global Programme of Work (13/14), and with relevant WHO Headquarters departments, focused on service

delivery, sustainable financing related to population ageing, metrics and measurement of unmet needs of the older population, and health emergencies and disaster risk management (Health EDRM). In 2023 and to date in 2024, the Centre produced 70 publications.

Research activities and achievements for UHC service delivery and innovations included health systems responses to population ageing (2018–23) in the Asia-Pacific region, the Kobe Dementia Study (2017–22), and an ongoing project on behavioral responses to COVID-19 in Kobe, Japan with JAGES and Kobe City (2023– 2025). The latter two studies focus on practical implications for Kobe, other municipalities in Japan and globally.

In the area of sustainable financing, WKC carried out three phases of research with the Organisation for Economic Co-operation and Development (OECD). The third phase was completed in 2024 and focused on purchasing arrangements for quality chronic care (2018–2024). WKC also collaborated with the European Observatory for Health Systems and Policies under a three-phase research project focusing on sustainable financing as populations age. Ongoing research studies the impact of population ageing on revenue generation for health and health expenditures. This work led to the Population Ageing Financial Sustainability gap for Health Systems (PASH) simulator applied in countries. The sustainable financing agenda includes research on long-term care financing (2021–2025), with the production of ten research briefs completed in 2024, and a book to be published by Cambridge University Press (CUP) in 2025.

For UHC Metrics, WKC continues its work on financial protection analysis with a focus on older people with contributions to the 2023 *WHO/World Bank Tracking Universal Health Coverage: Global Monitoring Report* and a new WHO normative publication that sets the standard for countries to report financial protection indicators disaggregated by the household age structure. Five new studies on the feasibility of identifying and quantifying unmet health and social care needs of older people were initiated with WHO Regional Offices to assess available data on unmet needs in each WHO Region.

WKC's research agenda on Health Emergencies and Disaster Risk Management (Health EDRM) continues. The Centre is the secretariat of the Health EDRM Research Network with over 400 people in more than 60 countries. The *WHO Guidance on Research Methods for Health EDRM* was published in 2021, with a Japanese version produced in 2023 and a revision of the Guidance planned for 2025. The project on COVID-19 lessons on preparedness for future health emergencies was completed, and another is underway on mental health and psychosocial support (MHPSS).

WKC remains committed to local engagement and community contributions, sharing lessons learned and encouraging international collaboration through partnerships with Kansai-based institutions. Communication and information dissemination had been strengthened through seven WKC Fora with the Kobe

Group each attended by 150-200 people, its revamped website, expanded social media activities, and its 2022-23 WKC Biennium Achievements Report. WKC staff gave 31 student lectures, participated in 11 local technical committees, and hosted a very successful Summer School in August this year.

Responding to the 2023 ACWKC recommendations, Dr Barber explained there appeared to be no duplication of work regarding the proposed UHC Centre in Tokyo, and WKC would offer appropriate research materials to benefit its endeavors. The Committee had suggested a SWOT analysis to be conducted internally by WKC, and specific stakeholders to be included in the interviews as part of the external evaluation. WKC staff conducted the SWOT analysis in 2024, and the independent evaluator made every effort to interview a wide range of stakeholders which contributed to the results of the evaluation. Regarding enhanced research dissemination and knowledge sharing across countries and continents to promote policy adoption, WKC strengthened its multimedia communication in addition to research publications (journals, policy briefs) through webinars, video interviews with key research partners, press releases, in-person conference sessions, and social media. The Committee encouraged expansion of WKC's expertise and collaboration to ensure relevance to health systems in the global south and the Centre makes concerted efforts to expand its research networks (e.g. Health EDRM, unmet needs research consortium) including new institutions in the global south.

Prof Reiko Sakashita, representing the local Kansai community, and Dr Clemens Auer, representing the European Region of WHO, led the discussion. Prof Sakashita commended the Centre for the volume of publications and highly valued the contribution of the Summer School to local communities. Local citizens' awareness was a persistent challenge not unique to WKC, and she recommended joint activities with the Kobe Group to improve this. The three current research themes were important to continue beyond 2026. WKC's continued leadership in Health EDRM was important for increasing global disaster risk reduction, and with the 30th anniversary of the Hanshin-Awaji Earthquake in 2025, several Hyogo institutions would use the opportunity to strengthen disaster risk reduction and human resource development. WKC's engagement in this would be appreciated.

Dr Clemens Auer acknowledged that the Centre was meeting the expectations of the founders of the Kobe Centre with its excellent work on Health EDRM. The work on ageing populations and unmet needs was relevant, and he urged participants to explore the PASH simulator. He said that WKC was a pearl with a great global reputation, and he congratulated the Kobe Group for its longstanding support. WKC's research supported Member States in global health security and in facing the political and societal challenges of ageing and should continue beyond 2026. He suggested that WKC could contribute to better understanding of the economics of harms related to noncommunicable diseases.

KEY POINTS OF THE SESSION

- The next UN General Assembly High Level Meeting on UHC in 2027 could be an important landmark for WKC to showcase its research on unmet need. The ACWKC chair would advocate for the inclusion of relevant text in the outcome document. WKC should accelerate the standardization of measurement of unmet need and estimate the cost of unmet need as a tangible demonstration of its value.
- The proposed Pandemic Accord includes an article on the health emergency workforce, and if adopted at the next World Health Assembly, critical skills required were within the scope of the Health EDRM work.
- The practical value of the PASH simulator was commended and WKC could consider convening local or regional workshops for dissemination.
- WKC could also explore liaising with a broader range of stakeholders beyond Ministries of Health for implementation of research outcomes.

4. REPORT ON THE OUTCOME OF THE JOINT EVALUATION

Dr Megumi Rosenberg, WKC Technical Officer, reported on the outcome of the joint evaluation of the 3rd MOU. In 2023, the Kobe Group jointly with WKC commissioned an external evaluation covering period of the third Memoranda of Understanding (MOU) from 2016 to 2023. The external evaluation was conducted by Osaka University Global Health Initiative from March to July 2024 and included a desktop review and interviews with a wide range of stakeholders. It was presented to the Kobe Group at the 18th Programme Review Meeting on 27 July 2024.

The main findings were that research capacity was strengthened, with significant achievements across all areas including increased engagement with Japanese and international research groups; research based on local health needs had been implemented; and research outcomes had been effectively disseminated. On strengthened governance there were significant achievements in strengthening the external review system and clarifying the process for deciding the workplan with inputs from the Kobe Group. Challenges included difficulties in building an independent and sustainable funding foundation. While local engagement had improved significantly with stronger organizational structures to improve local engagement, dissemination of research results, and support of human resource development, it fell short of the Kobe Group's expectations.

Dr Teruo Yamashita, representing the Kobe Group, provided additional comments and led the discussion. He recognized achievements in strengthening research capacity and commented that the Kobe City project on COVID-19 on behavioural changes could significantly contribute to public health and be incorporated in local policy. He acknowledged the significant achievements made to strengthen governance and appreciated that the Kobe Group's inputs were reflected in WKC's workplan development. However, the inability to obtain external funding was disappointing, although the Kobe Group understood WKC's constraints.

The Kobe Group appreciated WKC's efforts to improve its dissemination and local engagement including the WKC Summer School and at least three WKC Fora per year. The donors understood WKC's challenges in balancing its international roles and responsibilities with its local contributions. However, as it was accountable to local taxpayers, the Kobe Group urged WKC to make tangible local contributions. He advised that the Kobe Group's constituents had not yet approved further funding, and a 4th MOU would not be developed.

Dr Barber thanked the Kobe Group for its longstanding support, welcomed their engagement on how the COVID-19 study could be established in local policy, and advice on how WKC could promote its presence in the local community. The Centre planned to continue the Summer School in 2025. She recognized concerns of taxpayers and Parliament and stated that WHO did not yet have an official response to the decision of the Kobe Group to halt funding in March 2026. However, WHO could not continue the operations of an outposted office in Kobe, Japan, without local and national support.

KEY POINTS OF THE SESSION

- All participants acknowledged that WKC had made significant scientific contributions.
- However, it was understood that the Kobe Group could not continue supporting the Centre after March 2026 in the absence of MHLW support.
- The MHLW was committed to the yet to be established Tokyo UHC Knowledge Hub and wished to ensure the legacy of the WKC.
- It was agreed that joint, positive messaging which was future-orientated was required including a global perspective on how the Centre had contributed to important technical agendas.

5. LOCAL ENGAGEMENT, COMMUNICATIONS AND DISSEMINATION

Mr Loïc Garçon, WKC Programme Officer, and WKC consultants, Ms Greer van Zyl, Ms Tomoko Kurabayashi, and Mr Ryo Yokoe, presented the progress report on local engagement, communications and dissemination and shared the proposed programme for 2025. For the first objective, to encourage collaborations across countries for UHC and the SDGs, WKC continued to partner with Kansai-based academic institutions and local government on joint research to encourage collaboration towards common health challenges with a focus on UHC and the SDGs. In 2023/2024, these included new and ongoing partnerships with eight academic institutions.

As the Secretariat of the WHO Thematic Platform for Health Emergency and Disaster Risk Management Research Network (Health EDRM RN), the Centre played a key role in establishing collaborations between Kansai-based institutes and the global research community and organized Core Group meetings to update the policy and knowledge gaps on Health EDRM. Three global collaborative activities were underway: updating and application of the *WHO Guidance on Research Methods for Health EDRM*, establishment of WHO Health EDRM Knowledge Hub, and development of the WHO Global Research Agenda for Health EDRM.

WKC's convening mandate resulted in online, hybrid and in-person international visitors and meetings, notably the first regional workshop on research capacity building for Health EDRM with WHO's Regional Office for Europe (EURO) with over 70 participants joining physically in Oxford (UK) and online; and a technical meeting of technical officers from WHO Regional Offices and external research partners on "Strengthening data on unmet health and social care needs of older persons" to contribute to the emerging field of understanding unmet care needs of older people. This informed a WKC session at the 8th Global Symposium on Health Systems Research on 20 November 2024 in Nagasaki, Japan on the "State of the art of measuring unmet need for healthcare: strengthening monitoring of service coverage and financial protection for universal health coverage" chaired by Dr Tangcharoensathien. In addition, WKC organized a webinar jointly with WHO's Health Financing and Economics (HFE) Unit in Geneva and the OECD on "Blending capitation with performance-based payment: does it improve the quality of chronic care?" attended by nearly 170 participants globally.

WKC Fora were important for communicating and disseminating WKC research and contributed to the local community. In 2024, the Centre exceeded its target of three fora per annum and hosted five fora on diverse topics with partners including the Japanese Association for Disaster Medicine; the Japan Socio-Gerontological Society; the Japan Primary Care Association; and the August 2024 Summer School participants.

For communications and dissemination, WKC modernized its website early in 2024 to align with all WHO offices worldwide and used social media for external communication. The Centre maintained its strong following of over 9,500 followers on X (formerly Twitter) and produced a variety of content on its YouTube channel to promote interviews and meetings. To further promote visibility, in November 2023 WKC launched its LinkedIn account which had about 1,200 followers with high rates of engagement. Communication plans for each research project contributed to strategic dissemination of its work, including journal articles, policy briefs, WKC summaries, interviews with researchers and partners, press releases, tweets and webinars. Over 170 news stories in both Japanese and English were published on the website in 2023/24.

In 2023, the ACWKC recommended that the Centre enhance effective research dissemination and sharing of knowledge and experience across countries and continents to promote policy adoption. WKC responded by increasing the use of communication channels aimed at specialized audiences (researchers/policymakers), initiated a LinkedIn account, and hosted its first webinar.

The lead discussants, Prof Reiko Sakashita and Ms Nomura, appreciated the work done on local engagement and recognized the expansion of research networks and strengthened dissemination activities, including youth development. The WKC Summer School and WKC Student Forum were highlighted as key achievements in local engagement. Awareness among local citizens and parliamentarians remained a persistent challenge. They suggested that engaging with policy-makers to address the unmet needs of older persons and UHC service delivery would be difficult but effective. Outreach to primary school children could be effective in reaching their parents as well. Ms Nomura suggested the new knowledge hub in Tokyo could be an opportunity for engagement and utilize WKC's research outcomes.

KEY POINTS OF THE SESSION

- WKC was commended for significant efforts to reach various communities with research findings.
- The 30th anniversary of the Centre in 2025 could include an impact assessment showing evidence of the Centre's contributions to global, national and local/prefectural health.
- A social network analysis could be applied to map the social capital that WKC drew upon to make these contributions, which would also identify spillover effects, and contribute to UHC, dementia, mental health, and Health EDM.

6. RESEARCH THEME 1: HEALTH EMERGENCIES AND DISASTER RISK MANAGEMENT (HEALTH EDRM)

Dr Ryoma Kayano, WKC Technical Officer, and Ms Makiko Kato McDermot, WKC consultant, presented the Health Emergency and Disaster Risk Management (Health EDRM) research portfolio and the proposed programme of work for 2025-26. A project on Systematically Identifying and Evaluating Strategies for Strengthening Community Resilience (2021-2023) was completed with partners from 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. Eight workshops for local municipality officials and healthcare were held with 175 participants in Australia, Bangladesh, Slovenia, Turkey, and the United States of America (USA). Questionnaire-based surveys using the “Public Health System Resilience Scorecard by the United Nations Office for Disaster Risk Reduction” were completed, with opinions prioritized to identify key lessons and strategies for future policy and programmes for community resilience. Journal papers were underway.

A research project on Mitigating Mental Health Impacts of Disasters: Evidence to support more effective Disaster Risk Reduction Tools for better mental health and psychosocial support (MHPSS) (2023-2025) was ongoing with the University of Melbourne, Phoenix Australia, Monash University, Curtin University, Okayama University, Osaka University, Italian society of Emergency Psychology Social Support – Emilia Romagna, and the U.S. National Center for Post-Traumatic Stress Disorder (PTSD). This followed the 2020-21 MHPSS project on the long-term disaster impact on survivors’ mental health. Through mapping of existing MHPSS practices and policies, the project aimed to identify policy and practice implications informing WHO and Inter-Agency Standing Committee (IASC) guidance documents. Academic papers were being prepared.

WKC is the secretariat of the WHO Health EDRM Research Network with over 400 experts from 60 countries promotes international collaborative activities to establish and contribute to Health EDRM knowledge and offers technical advice for new research projects. WKC maintains the WHO Health EDRM Knowledge Hub on the WKC website with plans to improve content in 2025. On 14 November 2023, the 5th Core Group Meeting agreed to continue current efforts, and emphasized the need to promote research in regions and countries especially in LMICs. The *WHO Guidance* was first published in 2021, revised in 2022, with the

Japanese version produced in 2023. Dissemination included the development of online learning materials in 2023, and a joint webinar with WHO's Regional Offices for the Eastern Mediterranean (EMRO) and Europe (EURO) in July 2023. In May 2024, WKC organized a joint workshop with EURO with support of the UK Health Security Agency which included representatives from 10 Member States. A similar workshop in 2025 for EMRO was being discussed, and a journal paper was being prepared.

In 2023, the ACWKC recommended that Health EDRM could be relevant and contribute to the global Pandemic Accord, for example through the development of a global health emergency workforce which could be deployed to countries for developing an appropriate curriculum. In response, WKC would contribute to the implementation of the resolution when passed and shared the study results of the 2020-2022 research project on health workforce development with the health workforce departments and the OpenWHO Training unit. WKC would contribute to the research module for the Health EDRM training programme agreed at the 2025 Disaster Risk Reduction focal point meeting.

The ACWKC further recommended that WKC enhance effective research dissemination and knowledge sharing across countries and continents to promote policy adoption. It also encouraged the Centre to expand mobilization of expertise and collaboration beyond institutions in the global north to the global south to be relevant to health systems contexts in the global south. In response, WKC would continue to promote research in regions and countries by disseminating the research capacity building methods demonstrated in the 2023 joint webinar with EMRO and EURO, and the 2024 joint workshop with EURO. In 2023 and 2024, WKC contributed to webinars on health emergency research by the WHO Regional Offices for Africa and the Western Pacific, and the Association of Southeast Asian Nations by sharing its research achievements and research methods expertise. The Centre would continue to collaborate with local and international academic societies and research institutes to share knowledge and expertise with different regions and countries.

The lead discussant, Dr Felipe Cruz Vega, representing the WHO Region of the Americas, provided written comments. He congratulated the Centre on its knowledge dissemination efforts and recommended that this be expanded through translation of materials. He suggested webinars which integrated regional input to support the development of research projects through multicentre studies. He further proposed that the Health EDRM research agenda include a focus on UHC and health systems adaptations to climate change. Future contributions to Health EDRM could include social constructs such as gender, persons with disabilities, and social determinants of health.

KEY POINTS OF THE SESSION

- Tools to increase implementation and shared learnings to regions including the South Pacific would be beneficial to showcase WKC's contributions.
- The Advisory Committee reflected on the scale of WKC's global, national and local contributions. They recommended a 'soft landing' approach by ensuring a new home for the Health EDRM network for the legacy to continue.

7. RESEARCH HIGHLIGHTS: HEALTH EDRM

Dr Kayano and Mr Yokoe highlighted the research project on Mitigating Mental Health Impacts of Disasters: Evidence to support more effective Disaster Risk Reduction Tools for better mental health and psychosocial support (MHPSS). This project built on the 2020-2022 systematic review to identify long-term mental health impact of disaster survivors and factors affecting the mental health consequences. Among the key findings were that PTSD symptoms improved over time, but depression and anxiety remained high, especially among children and adolescents, and there was a need for sustainable mental health services, particularly for young populations.

The current project, led by the University of Melbourne with inputs from academic experts at Osaka and Okayama Universities, aimed to identify existing MHPSS policies, programmes, and interventions for reducing risks, promoting protective factors, and mitigating the impacts of disasters. It would evaluate the evidence supporting the effectiveness of this among populations at risk and affected by disasters. The researchers planned to conduct a gap analysis of the current evidence on MHPSS in disasters and provide existing evidence for informing improvements in line with guidance from WHO and partners. The mapping process was done and the team identified key facilitators and gaps in evidence. The literature review and evidence synthesis to inform policy was on track.

The mapping survey of 70 participants revealed key insights into effective MHPSS programme implementation in disaster contexts, including the importance of specialized training, supervision, and long-term staff support. Those that focused on community-level engagement and local knowledge were

found to be highly effective. Common challenges included securing sustainable funding, adapting programmes to local contexts, and evaluating long-term impacts.

Dr Kayano expected the output to include peer reviewed journal articles, contributions to the IASC and WHO guidance documents, policy briefs and public dissemination through video and infographics. This work would add value to strengthening disaster risk reduction measures by building on recent publications and expanding the range of stakeholders. It complemented previous research by Curtin University and would advance interdisciplinary perspectives in MHPSS, bridging the gap between MHPSS and Health EDRM, and enhancing integration of both fields.

The discussion, led by Prof Lubna A. Al-Ansary representing the WHO Eastern-Mediterranean Region, stressed that this research should feature in the proposed impact report of the ACWKC. She suggested that the systematic review be updated given current global events. She stressed that the review and research outputs should not be limited to English but translated (especially into French, Spanish, Arabic) and be disseminated globally.

8. RESEARCH THEME 2: UHC – SERVICE DELIVERY, SUSTAINABLE FINANCING AND INNOVATIONS

Dr Barber presented progress on research priorities, completed projects and the proposed programme for 2025-26. The first priority area was to evaluate service delivery models that were resilient, adapted continuously and innovatively to population ageing. The second was to study the impact of population ageing on revenue generation and expenditures for health and to understand how countries adapted and made policy adjustments.

The third phase of a joint project with the OECD on Price setting and purchasing for quality health care – lessons for advancing UHC (2018-2024) was finalized. Publications since 2018 included a book on price setting and price regulation in health care; another on price setting and price regulation in long-term care; and a joint publication on purchasing for quality chronic care, a WHO Flagship Product

in 2022–23. This project described different payment methods and how these were used to provide incentives for better quality and health outcomes for chronic conditions. Key findings were that payment arrangements could potentially contribute to improving quality in chronic care, but design features and implementation limited their full potential. Important facilitating factors included health information and quality assurance systems, service delivery elements, and governance, regulatory and financing arrangements. The study had many lessons for countries which were being disseminated.

Ongoing research included the local project on Analyzing the behavioural responses to COVID-19 among the residents of Kobe, Japan (2023–25) done jointly with JAGES and Kobe City. It aimed to inform policies in Kobe City to address observed health impacts and prepare for future pandemics, with implications for other settings, and describe behavioural changes among the adult population (aged 20 and above) in Kobe before and after the COVID-19 pandemic and their health effects. Data extraction and analysis were underway following a health survey of the adult population in November–December 2023.

A second project underway was on Sustainable financing in the context of population ageing (2020–2025), a WHO global flagship product on long-term care financing with the WHO Departments of Health Governance and Financing, and Ageing. So far, WKC had published a series of 10 WHO briefs on LTC financing focusing on recommendations for LMICs (see the highlighted project below). This work was developed by six supporting research background papers (2021–24) including publications by JAGES, the London School of Economics, and Dalhousie, Harvard and Kyoto Universities. An umbrella review of systematic reviews on policies to support formal workforce and informal caregivers was underway.

This research area produced 43 papers and publications in 2023–24 to date. Work was continuing on updating the PASH simulator with additional policy options application for end-of-life care, creating a LTC workforce simulator, and policy briefs for the CUP book on the case for investing in LTC.

In 2023, the ACWKC recommended that WKC explore lessons learned from the COVID-19 pandemic, such as its impact in populations such as older persons, mental health in adolescents, and investigate access to services by specific population groups and hospital business plans to maintain essential services. In response, WKC was investigating the impacts of COVID-19 on health-related behaviour among citizens of Kobe City including healthcare access/utilization with a focus on older persons. Some specific recommendations were not being pursued after careful consideration; for example, excess mortality due to COVID-19 had been analysed by other research groups in Japan and elsewhere. The Committee also recommended exploring implementation research on purchasing quality chronic care in response to the global noncommunicable diseases (NCD) epidemic. WKC considered this recommendation but was not

able to pursue it given limitations in resources and technical capacity, other WHO priorities and demands, and ongoing work by other WHO Departments on NCDs. The suggestion to study the demand side/cash subsidies and business continuity plans for LTC facilities is being discussed.

The lead discussant, Prof Sebastiana Zimba Kalula, representing the WHO African Region, congratulated Dr Barber and her team's productivity which indicated rich networks. Good health at old age could moderate the effect of health spending trends, while continued investment in the health of older people would improve quality of life and enhance sustainability of health budgets.

For 2025, she suggested research on prevention and health promotion which was cheaper for governments to manage. Beyond 2025, budget considerations for health provision were critical. Ongoing research on community-based LTC would be helpful, as well as considerations of dementia care. Further dissemination would be useful, with examples of cost comparisons for options. The Centre could reinvent itself and consider becoming self-funding by charging for products such as the PASH simulator.

KEY POINTS OF THE SESSION

- Future areas of work to be explored included adding quality of life into the PASH simulator, and end-of-life care and financing.
- The Advisory Committee supported suggestions around dissemination of the work beyond publication in scientific papers, including webinars which were low-cost and effective for targeting implementers at country level, in collaboration with regional offices. Research institutions in LMICs were the users and implementers of WKC's work, and the Centre could consider how to bridge the gap.
- Identifying the drivers of external harms was potentially a 'new chapter' for health economics to enlarge the financial base, leading to better understanding of how to reduce health costs induced by private industries.
- WKC was the best buy-product of the investment by the Kobe Group; an excellent investment with significant spill-over compared to the dollar investment.
- The planned Tokyo UHC Knowledge Hub by the MHLW could not function without research; knowledge is dynamic and relies on ongoing research.

9. RESEARCH HIGHLIGHTS: LONG-TERM CARE (LTC)

Dr Barber highlighted the Long-term care financing research brief series with implications for low- and middle-income settings as part of WHO's global flagship product 2022-24: Sustainable financing for population ageing. The briefs represented the ACKWC's advice over the years, focusing on high quality research summaries incorporating lessons from the Kansai region and targeting LMICs.

The rationale behind this body of work was that LTC had received little attention in LMICs, although population ageing was placing pressures on LMICs where most older people would live in 2050. Many people in these countries would experience age-related health problems before the age of 65 years, and without formal LTC, the costs of providing care shift to the family and the health system. Although traditionally LTC was considered a family responsibility, the number of informal caregivers were dwindling as fertility declined and women's work opportunities increased.

Brief 1 describes the drivers of the demand for LTC, finding that in the absence of formal LTC services and systems, people used acute care medical services, which could increase health care costs while offering suboptimal care for older adults. Brief 2 describes population coverage decisions. The universal approach was based on the principle of equal access for health and social care needs with no consideration of income or wealth when determining coverage and access, while the selective approach saw individuals and their families primarily responsible for LTC, with government support a last resort for those unable to provide for themselves. Many countries used a mix of these approaches, although for equity and efficiency reasons, governments tended to shift towards a universal approach to ensure that older people have the right to needed benefits. Brief 3 considers how countries had financed LTC. In LMICs, where no formal public LTC exists, the costs of care were covered by private individuals, families and the health sector. Brief 4 focuses on systems for determining the benefits package, finding that services which addressed limitations in activities of daily living were typically prioritized in LTC benefits packages. Brief 5 discusses how countries had aligned delivery and financing, finding that providing services in the community or at home was not necessarily a less expensive alternative to institutional care. Brief 6 considers how countries had ensured financial protection, with most established LTC systems determining the level of reimbursements and cost-sharing based on need and income, with wide variation in the generosity of benefits. Brief 7 discusses promoting quality and value, suggesting that LMICs build strong systems on quality principles and

standards that would apply across the broad range of LTC settings. The research found a lack of evidence of financial incentives to promote quality. Brief 8 addresses financial sustainability, including delaying the demand for LTC by investing in health throughout the life course and reducing NCD risk factors that result in disabilities later in life. Brief 9 covers the LTC workforce, finding that the work was taxing, the pay was often less than similar work in other settings, and training might not be optimal. Brief 10 discusses informal caregivers who substitute for formal LTC where there are few or no publicly funded LTC services, and showed that countries support informal caregivers through the provision of formal services, labor policies such as paid leave, and cash benefits.

The 10 research briefs and six background papers were disseminated for discussion in countries and featured in a webinar on 29 October (United Nations Day of Care), in cooperation with the Global Observatory for LTC. WHO's Regional Office for the Americas has translated the 10 briefs into Spanish and Portuguese. WKC was identifying new areas for research that helped to institutionalize LTC into the WHO health systems normative departments (e.g. governance, technology, dementia), and was considering a LTC workforce simulator and applications in regions and countries in partnership with EURO Observatory for Health Systems and Policies.

Dr Lepani Waqatakirewa representing the WHO Western Pacific Region was the lead discussant. He commented overall on the population dynamics in small island countries in the Pacific. When care was not available in countries, overseas referrals could be up to 40% of these countries' health budgets and could better be utilized in prevention strategies. Regarding financial sustainability, he agreed with delaying the demand for LTC and investing in primary health care services and reducing NCDs which lead to disabilities in later life. He reminded the ACWKC that the 2025 meeting of the WHO Regional Committee of the Western Pacific would be held in Fiji and offered to disseminate this work. For new research, he suggested exploring LTC of incarcerated individuals in LMICs. The chair highlighted Brief 8's critical policy message of delaying the demand for LTC and keeping people healthy through health promotion. This work could be disseminated through professional organizations. Relying on migration to meet LTC workforce needs, Japan offered LTC training to other countries, and mutual recognition of foreign workers was important.

10. RESEARCH THEME 3: UHC-METRICS AND MEASUREMENT IN THE CONTEXT OF POPULATION AGEING

Dr Megumi Rosenberg, WKC Technical Officer, presented the progress report and proposed programme (2025-26) for UHC metrics and measurement in the context of population ageing.

The research priorities for 2022-25 were to analyse 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.

Three studies were completed in 2023-24. The first, 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 with partners from Keio, Konan and Osaka universities. From trend analysis using the Japan Household Panel Survey (2004-2020) and the National Survey of the Japanese Elderly (2002-2021) (national and subnational analysis), it found that health spending was higher among households with members aged over 65 than those with only under 65 years. Unmet need was more prevalent among those aged under 65 than among older persons aged 65 and over. The implication was that older people were using healthcare more, but with financial implications. Early findings contributed to WHO-World Bank *Global Monitoring Report on Financial Protection in Health 2021*, and three journal articles were published, with one under review. The study was promoted in a joint press release with the Tokyo Metropolitan Geriatric Hospital and Institute of Gerontology (TMIG) in March 2024.

The second study was a multi-country cross-sectional and longitudinal study to quantify unmet needs for health and social care among older people. This first global study of unmet care needs of older people analysed data from 17 health/social/economic surveys from 2001-2019, representing 83 low-, middle- and high-income countries. In 2022-23, additional analysis of the European Health Interview Survey Wave 3 data was done for 28 countries. The study found that on average, 24% of the population reported unmet healthcare needs; long waiting time was the main reason for unmet healthcare needs in most countries. Of those 65 years and older who had difficulty with Activities of Daily Living, 35% expressed an unmet need for social care. This study was cited in the 2021 and

2023 WHO-World Bank *Tracking Universal Health Coverage: Global Monitoring Reports*; additionally, one journal article, three technical notes and one evidence summary were published.

This momentum led to a third project to organize a global research consortium to advance methods for measuring unmet health and social care needs of older people. The Centre consulted over 60 people of diverse backgrounds from all WHO Regions to inform the development of the consortium. [CARETRACK](#) was officially established in August 2023 and was hosted by the London School of Hygiene and Tropical Medicine, United Kingdom. So far, 42 individuals had joined the consortium which contributed to WKC's first technical meeting on strengthening data on unmet care needs of older persons in June 2024, and an organized session at the 8th Global Symposium on Health Systems Research in Nagasaki in November 2024. One working paper had been published.

The first ongoing programme of work is on the measurement of unmet needs. In 2024, WKC commissioned five parallel studies in each WHO region to review available data on unmet care needs of older persons based on a literature review, survey mapping and secondary data analysis. Progress and findings were shared at the 8th Global Symposium on Health Systems Research in Nagasaki on 20 November 2024, and the final research products - a series of technical reports and briefs - would be published as a WHO technical product by 2025. A further study is underway in the Western Pacific Region to Quantify unmet need for health and social care among older persons and understanding its policy drivers and potential impacts of financial protection policies. A follow-up study to Quantify unmet need for social care among older persons in the Americas Region is being considered to address the urgent need for more data on unmet needs for LTC.

The second programme of work to be continued in 2025 is on measurement of financial protection of older people with WHO's Health Financing and Economics (HFE) Department, involving a multi-country analysis of financial protection in relation to households with older members. It aims to produce global statistics on financial protection in healthcare to offer insight into the differential impact on households with older people. In 2024, WKC and HFE jointly published *Tracking inequalities in financial hardship due to out-of-pocket health spending by age structure of a household: technical brief on measurement*, setting the standard for countries reporting financial protection indicators for global monitoring of UHC and SDG 3.8.2. Discussions are ongoing for a new and updated analysis for the 2025 *WHO-World Bank Tracking UHC Global Monitoring Report*. A second, local study of financial protection of older persons using Japanese data with a researcher at Konan University (2024-2025) aims to obtain data and insights to inform WHO normative guidance on measuring financial protection in the context of population ageing.

In total, this WKC area of work had produced 12 publications including contributing to the WHO-World Bank *Tracking Universal Health Coverage: 2023 global monitoring report* and six peer-reviewed journal articles (one in Japanese).

In 2023, the ACWKC recommended that WKC might influence the work and contribution of the consortium 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. Dr Rosenberg responded that WKC had engaged core members of the consortium in the June 2024 technical meeting on strengthening data on unmet needs and in the related session at the 8th Global Symposium in November 2024 where the need for policy-focused research was emphasized, and that both health and social care needs are addressed in WKC's research activities.

The lead discussant, Dr Lepani Waqatakirewa, suggested that the next Regional Committee Meeting for the Western Pacific which will be held in Fiji could be a strategic opportunity to disseminate the research findings to policy makers. He also offered to engage the Public Health Association of Fiji (for which he serves as President) to generate more data on unmet needs in the Pacific Islands. He noted the importance of improving the comparability of data across countries and regions and to standardize the indicator at the global level. Dr Rosenberg appreciated the suggestions and shared the ongoing work in collaboration with other technical units in headquarters to standardize the indicator and explore data sources that include the Pacific Islands. She added that the health systems research community is in need of an indicator to demonstrate horizontal impact across disease profiles and unmet need could be this cross-cutting measure.

KEY POINTS OF THE SESSION

- The ACWKC emphasized the policy implications of this work and noted an interconnection between primary health care (PHC) and structures for LTC. WKC could explore this in countries with good PHC systems in terms of availability, waiting times and continuity of care, as well as contractual insurance and health care providers which was key to LTC.
- Household surveys were required for measuring unmet need. WKC's work could contribute to the standardization of the measure and metrics of unmet need, including definition and self-reports of unmet need by population strata (e.g. younger, older, those with disabilities, education level). The Centre was urged to contribute more observations (i.e. data and evidence) for unmet need to be an additional indicator for the SDGs on UHC which would be one of its global contributions.

11. RESEARCH HIGHLIGHTS: MEASURING UNMET NEEDS

Dr Rosenberg presented the ongoing research to develop the Technical report on the feasibility of measuring unmet needs for health and social care among older persons, a WHO global flagship product 2024-25, which followed WKC research in 2020-21 and international developments in this field. She described the review process of available data on unmet needs for health and social care among older people which included engaging WHO Regional Office focal points in five regions (Africa, Eastern Mediterranean, Europe, South-East Asia, and Western Pacific) to assist with a 6-month study to review the literature, undertake survey mapping to identify data sources for further analysis, and conduct exploratory analysis with available data.

The focal points convened in June 2024 in Kobe at a technical meeting on strengthening data on the unmet care needs of older persons. Key points that emerged were that information on the level of unmet need for healthcare in a population could be complementary to, and help validate, current indicators used for tracking UHC (i.e. service coverage index and financial hardship indicators). Information about unmet need for health and social care in the older population was important to inform health and LTC systems development and reforms. Data were available for a substantial number of countries across regions. Comparability between and within countries was limited but the data did offer important insights for countries. Policy analyses would be useful to understand the policy drivers of unmet need as well as policy interventions that may reduce unmet need. Given the limitations of the indicator based on self-reported forgone care, more data and research were required on unmet need for the full range of health and care services that older people needed and the barriers contributing to unmet need.

Dissemination and awareness activities included a WKC web news story, posts on social media, a series of video interviews on YouTube, and a WHO Intranet story for internal audiences. WKC also organized its own technical session at the Global Symposium on Health Systems Research in Nagasaki. This session delved into the critical challenge of accurately measuring unmet healthcare needs to enhance Universal Health Coverage monitoring and to guide policies. It highlighted WKC-supported research and updates to health information systems operated by WHO Regional Offices for Africa and the Americas.

Going forward, as a WHO global flagship product, WKC planned a series of five regional reports with accompanying briefs and a global overview brief. A research report on 'Quantifying unmet need for health and social care among older persons and understanding its policy drivers in the Western Pacific Region'

would also be prepared. The Centre was planning a dissemination webinar, follow-up studies in other regions to quantify unmet need for social care in the Americas, secondary analysis of six national surveys in South-East Asia, and secondary analysis of accessible national surveys in Africa. Discussions were underway for an internal working group at WHO HQ on barriers to healthcare access and unmet need.

Dr Waqatakirewa acknowledged that this work was advanced and requested if the Pacific region could be involved in further work. He offered to assist in addressing gaps for the Pacific region, and Prof Al-Ansary offered to assist in the Eastern Mediterranean region. The chair suggested that Dr Waqatakirewa consider a regional committee resolution to support efforts to measure unmet needs, including for Activities of Daily Living and those that lead to overseas medical referrals.

12. CONCLUSIONS

The Advisory Committee acknowledged several global contexts worth mentioning:

1. The WHA resolution 76.4 Preparation for the high-level meeting of the United Nations General Assembly on universal health coverage.
2. The United Nations General Assembly resolution, A/RES/78/4: Political declaration of the high-level meeting on Universal Health Coverage in 2023. Among others, Paragraph 109 says “Decide to convene a high-level meeting on Universal Health Coverage in 2027 in New York, aimed to undertake a comprehensive review on the implementation of the present declaration to identify gaps and solutions to accelerate progress towards the achievement of Universal Health Coverage by 2030.” Both WHA resolution 76.4 and UNGA A/RES/78/4 had clear references to unmet healthcare needs.
3. The United Nations General Assembly resolution, A/78/L.2: Political declaration of the General Assembly high-level meeting on pandemic prevention, preparedness and response in 2023.
4. The ongoing Inter-Governmental Negotiating Body to negotiate a Pandemic Agreement which also highlights the need for a global health emergency workforce deployable to Parties affected by the pandemic upon request.

5. The UN Decade of Healthy Ageing: On 14 December 2020, a UN Decade of Healthy Ageing (2021-2030) was proclaimed by the United Nations General Assembly.

WKC's research portfolios were relevant to and supported global political commitment.

The Advisory Committee commented that WKC's work had significant global impacts. The Centre's research work had fully and timely responded to the global context and various high-level political commitments, specifically:

1. UHC service delivery and innovations: Critical achievements were the continued dissemination of the multi-year Kobe Dementia Study, and the launch of a new study to analyse the behavioural responses to the COVID-19 pandemic in Kobe, Japan with the Japan Agency for Gerontological Evaluation Study (JAGES) and Kobe City (Aug 2023-Dec 2025). These studies are not only global contributions, but also respond to Kobe City priorities.
2. Sustainable financing: Major achievements were the completion of research on purchasing arrangements for strengthening quality services for chronic diseases, expansion of simulating the impact of population ageing on revenue generation for health and health expenditures, and new publications on investing in long-term care (LTC).
3. UHC metrics and measurement: Major achievements were a new normative publication on financial protection analysis, and significant progress with the research on unmet health and social care needs of the older population with five parallel studies launched at the WHO regional level.
4. Health emergencies and disaster risk management (Health EDRM): Critical achievements were that WKC serves as the secretariat of the Health EDRM Research Network worldwide, convening annual WHO core group meetings. Further, together with global partners of more than 400 experts from 60 countries, WKC produces and updates the *WHO Guidance on Research Methods for Health EDRM* as a living reference. In addition, WKC also conducts mental health and psychosocial support in the context of health emergencies and disasters and research on Health EDRM in the context of the COVID-19 pandemic, and addresses health needs among sub-populations.

Between 2023 and 2024, there were a total of 70 papers and publications disseminated including 29 WHO publications (books and reports), 28 journal articles, 12 policy briefs, working papers, technical reports and meeting reports. Most importantly, WKC contributed to the biennial WHO-World Bank *Tracking Universal Health Coverage: Global Monitoring Report*; the UN Decade of Healthy Aging (2021-2030), and Health EDRM planning and programmes.

Research highlights by each thematic area were compelling in terms of advancing the horizons of knowledge and practice, which were relevant to global commitment towards UHC, Health EDRM needs, and the UN Decade of Healthy Ageing. Clearly WKC research work demonstrates global impacts.

The Advisory Committee also noted with concern that systematic reviews were mostly dominated by English literature, and efforts should be made to cover more languages in future updates.

The joint external evaluation of the 3rd MOU period reported three main findings:

1. The Centre made significant achievements across all areas of research, including increased engagement with Japanese and international research groups, implementation of research based on local and national health needs, and effective dissemination of research outcomes.
2. Significant achievements were evident across all three areas of local engagement, notably strengthening organizational structures to improve local engagement, dissemination of research results, and support of human resources development. Despite these significant achievements, there were mismatches between expectations and WKC's capacity to deliver.
3. WKC realized two out of three achievements on governance, notably strengthening external review systems, and clarity of the process for deciding the workplan with the Programme Review Meeting. The deficient area was WKC's inability to obtain funding from WHO and limited external funding. Throughout the three MOUs, funding was solely by partners in Hyogo Prefecture, Kobe City, Kobe Steel, Ltd. and the Kobe Chamber of Commerce and Industry.

Significant achievements were made on all research portfolios including through publications and global, national and local impacts, and on local engagement including capacity building.

RECOMMENDATIONS

The current third MOU will conclude by 31 March 2026. The Advisory Committee notes that the financing of WKC beyond 2026 is currently not secured. In this context, the Advisory Committee proposed the following five actions:

- I. Assess WKC's impact of three decades to local, national and global policy and practice for historical records.
- II. Through dialogue between WKC and the Kobe Group, in collaboration with the Ministry of Health Labour and Welfare, Japan, develop clear messaging on the future of WKC.
- III. Invest in targeted dissemination and transfer of knowledge to policy makers/implementers.
- IV. Complete the ongoing research programmes to support global commitments, notably UHC, unmet needs, Health EDRM, and the UN Decade of Healthy Ageing.
- V. In case the Centre is to conclude by March 2026, find competent partners to home some of the WKC legacies in order to continue ongoing work of global significance.

13. OTHER MATTERS

Ms Nomura, representing the MHLW, thanked all the members for the discussions. She was impressed with WKC's research agenda which was relevant to both the local and international communities. She hoped to continue discussions with WKC and the Kobe Group, and that the Centre's legacy would continue and be taken over by other relevant institutions if its activities were concluded in March 2026. For the Kobe Group, Dr Yamashita was proud of WKC's work and would seek dialogue with the MHLW.

Dr Barber sincerely appreciated the honest and frank discussions, and particularly thanked the chair, Dr Tangcharoensathien, for his guidance. She looked forward to open discussions on the messaging about WKC going forward. WKC would need time to assess the impact, complete the research programmes and find partners to continue the work. The Secretariat agreed to discuss the potential dates of the 2025 ACWKC meeting, depending on outcomes of the dialogue.

The chair thanked all the predecessors of WKC from the past 30 years, and the Kobe Group for their sustained support over three MOUs. He commended the small Secretariat for undertaking great work of global significance which was possible due to its dignity and competence. He commented that all members understood the constraints and were working together to contribute to global goods. All the ACWKC members agreed that WKC's legacy was very positive and should continue.

ANNEXES

[Annex 1: Programme](#)

[Annex 2: List of Participants](#)

[Annex 3: Activity Reports](#)

*Twenty-eighth Meeting of the Advisory Committee of
the WHO Centre for Health Development (ACWKC)
Kobe, Japan, 25–26 November 2024*

PROGRAMME

Day 1: 25 November 2024 (Mon)

10:00–11:50	Meet and greet - Introduction of newly appointed members - Introduction of WKC media engagement and display materials	All participants
12:00–13:00	Lunch	All participants
13:00–13:20	Opening of the meeting Welcome address Welcome remarks - Representative from the Kobe Group - Representative from MHLW - Representative from WHO (video message)	(Agenda item 1) Dr Sarah L. Barber Director, WKC Dr Teruo Yamashita Chief Executive Officer Public Health Department Hyogo Prefecture Ms Hisayo Nomura Deputy Assistant Minister for International Policy Planning, Ministry of Health, Labour and Welfare Dr Ailan Li Assistant Director-General WHO
13:20–13:30	Introduction of ACWKC members & statutory business <ul style="list-style-type: none"> • Remarks by Chairperson • Appointment of Rapporteur • Adoption of agenda 	(Agenda item 2) Dr Viroj Tangcharoensathien
13:30–14:15	Research Plan 2024-25 & response to 2023 ACWKC Recommendations	(Agenda item 3) Dr Sarah L. Barber

	<ul style="list-style-type: none"> • Questions, discussion and recommendations • Endorsement by AC 	Lead discussants Prof Reiko Sakashita Dr Clemens Auer
14:15–14:30	Report on the outcome of the joint evaluation <ul style="list-style-type: none"> • Additional comments from the Kobe Group (Dr Teruo Yamashita) • Questions, discussion 	(Agenda item 4) Dr Megumi Rosenberg Lead discussant Dr Teruo Yamashita
14:30–15:15	Local engagement, communications and dissemination <ul style="list-style-type: none"> • Progress report • Proposed programme 2025–26 • Questions, discussion and recommendation • Endorsement by AC 	(Agenda item 5) Mr Loic Garcon Programme Officer, WKC Lead discussant Prof Reiko Sakashita Ms Hisayo Nomura
15:15–15:45	<i>Group photo followed by coffee and tea</i>	
15:45–16:35	Research Theme 1: Health Emergencies and Disaster Risk Management (Health EDRM) <ul style="list-style-type: none"> • Progress report • Proposed programme 2025–26 • Questions, discussion and recommendation • Endorsement by AC 	(Agenda item 6) Dr Ryoma Kayano Technical Officer, WKC Lead discussant Dr Felipe Cruz Vega <i>(written comments provided)</i>
16:35–17:15	Research highlights: Health EDRM <ul style="list-style-type: none"> • Note the research highlight • Questions, discussion 	(Agenda item 7) Dr Ryoma Kayano Lead discussant Prof Lubna A. Al-Ansary
17:15–17:35	Wrap up of day one	Chairperson Dr Viroj Tangcharoensathien
17:35	Meeting adjourned	
17:35–18:20	<i>Internal meeting of the ACWKC members</i>	ACWKC
18:30–20:00	<i>Reception</i>	

Day 2: 26 November 2024 (Tue)

09:00–09:15	Recap of day one	Chairperson Dr Viroj Tangcharoensathien
09:15–10:05	Research Theme 2: UHC-Service delivery, sustainable financing and innovations <ul style="list-style-type: none"> • Progress report • Proposed programme 2025–26 • Questions and discussion • Endorsement by AC 	(Agenda item 8) Dr Sarah L. Barber Lead discussant Dr Sebastiana Zimba Kalula
10:05–10:45	Research highlights: Long-term care <ul style="list-style-type: none"> • Note the research highlight • Questions, discussion 	(Agenda item 9) Dr Sarah L. Barber Lead discussant Dr Lepani Waqatakirewa
10:45–11:00	<i>Coffee break</i>	
11:00–11:50	Research Theme 3: UHC-Metrics and measurement in the context of population ageing <ul style="list-style-type: none"> • Progress report • Proposed programme 2025–26 • Questions and discussion • Endorsement by AC 	(Agenda item 10) Dr Megumi Rosenberg Technical Officer, WKC Lead discussant Dr Clemens Auer
11:50–12:30	Research highlights: Measuring unmet needs <ul style="list-style-type: none"> • Note the research highlight • Questions, discussion 	(Agenda item 11) Dr Megumi Rosenberg Lead discussant Dr Lepani Waqatakierewa
12:30–13:30	<i>Lunch</i>	
13:30–15:00	ACWKC prepares recommendations (closed session)	ACWKC
15:00–15:50	Conclusion/Recommendations	(Agenda item 12) ACWKC
15:50–16:00	Other matters <ul style="list-style-type: none"> – Dates of the 29th meeting of ACWKC (2025) – AOB 	(Agenda item 13) Chairperson Dr Viroj Tangcharoensathien
16:00	Close of the meeting	(Agenda item 14) Chairperson Dr Viroj Tangcharoensathien



*Twenty-eighth meeting of the Advisory Committee of
the WHO Centre for Health Development (ACWKC)
Kobe, Japan, 25–26 November 2024*

LIST OF PARTICIPANTS

ACWKC Members

Professor Lubna A. Al-Ansary, Professor, Department of Family and Community Medicine, College of Medicine, King Saud University, Saudi Arabia

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Dr Felipe Cruz Vega, Head of Coordination of Special Projects in Health of the National Medical Direction, the Mexican Social Security Institute, Mexico ¹

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

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1. Unable to attend

Kobe Group

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Mr Kazunori Takami, Deputy Director, Medical Affairs Division, Public Health Department, Hyogo Prefectural Government

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Dr Ryoma Kayano, Technical Officer (Health Emergency and Disaster Risk Management/Health EDRM)

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Mrs Greer Van Zyl, Consultant for communication

Mr Ryo Yokoe, Consultant for local research and activities

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 2023-24

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 2023/2024, these included new and ongoing partnerships with 8 academic institutions: Hyogo Emergency Medical Center, Hyogo Institute for Traumatic Stress, Kobe City College of Nursing, Kobe Gakuin University, Kobe University, Konan University, Kyoto University and University of Hyogo.

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. WKC has continued to organize online & hybrid meetings, while at the same time resuming face to face meetings. With these expanded means, WKC regularly meets with and consults international experts. In addition to the WKC fora, other notable meetings included:

- **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.
- **20-22 May 2024:** WKC and WHO EURO held the first regional workshop on research capacity building for Health EDRM in Oxford (UK). Over 70 participants joined the hybrid training based on WKC’s WHO Guidance on Research Methods for Health Emergency and Disaster Risk Management, which included step-by-step guides for research promotion and research methodologies such as data collection and analysis. The final day covered research governance and ethics, science translation to policy and programmes, and research funding challenges and opportunities.
- **10 and 11 June 2024:** “Technical meeting on strengthening data on unmet health and social care needs of older persons”. WKC convened technical officers from WHO Regional Offices and external research partners in the emerging field of understanding unmet care needs of older people. The group proposed indicator definitions for unmet need for healthcare and unmet need for social care that can be used to guide data collection and analysis. It also identified opportunities for further research and dissemination platforms such as special journal issues and the Health Systems Global symposium in Nagasaki, Japan, in November 2024 as strategic opportunities to influence policy.
- **10 September 2024:** WKC and WHO’s Health Financing and Economics (HFE) Unit in Geneva and the Organisation for Economic Co-operation and Development (OECD) organized a webinar, “Blending capitation with performance-based payment: does it improve the quality of chronic care?” The webinar was based on research by WKC, HFE and OECD which explored experiences with purchasing arrangements and payment methods for better care quality and health outcomes for people with chronic conditions. Nearly 170 people joined to hear inputs from international experts including WKC and HFE Directors and staff, and experts from Duke-Kunshan University in China, Gadjah Mada University in Indonesia and from the Ministry of Public Health, Indonesia.
- **20 November 2024:** WKC will organize a technical session on “State of the art of measuring unmet need for healthcare: strengthening monitoring of service coverage and financial protection for universal health coverage” as part of the official programme of the 8th Global Symposium on Health Systems Research, 18-22 November 2024, Nagasaki, Japan. The session chaired by ACWKC member, Dr Viroj Tangcharoensathien, will feature WKC’s research on the unmet needs of older persons and include experts from the WHO Regional Offices for Africa and the Americas. WKC serves on the Local Organizing Committee for this global event along with other international, national and local institutions. We will be supporting the participation of student volunteers, including from Kansai, display our research publications in a dedicated exhibition booth, and will promote the WKC Summer School in a special session.

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 2024, WKC organized 5 fora:

- **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 2023 WKC Summer School (11th – 22nd Sept.), co-organized with inochi Wakazo project – 130 participants

- 14 November 2023: “2024 research strategy for Health Emergency and Disaster Risk Management (Health EDRM): breaking silos and promote cross-sectional approach” This Forum brought together experts from the Kansai region and expert officials from WHO headquarters and all regional offices to share knowledge and promote research – 80 participants
- 23 February 2024: Forum on Health EDRM with the Japanese Association for Disaster Medicine (JADM) to promote global, regional and local research collaboration – 130 participants
- 2 June 2024: “Vulnerability and resilience of older people during disasters and health emergencies” This WKC Forum was organized as part of the 66th Annual Conference of the Japanese Society for Gerontology and Social Sciences held at Tezukayama University, Nara Prefecture. It highlighted WKC’s ongoing study in Kobe City about the citizens’ behavioral responses to the COVID-19 pandemic - 80 participants
- 9 June 2024: “Older people and primary care: What are the health systems gaps that need to be addressed in anticipation of population ageing?” This forum was organized as part of the official programme of the 15th Annual Conference of the Japan Primary Care Association held in Hamamatsu City, Shizuoka Prefecture. The forum included an overview of WKC’s research activities on the topic and a presentation of its study on financial protection in health of older persons in Japan – 200 participants
- 25 August 2024: “My health, my right. Our health, the health of the earth -” – This WKC Forum was organized by the university students as a part of the WKC Summer School (5th – 23rd August.) – Co-organized with inochi Wakazo project – 200 participants
- 29 November 2024: Forum on Health EDRM with the World Society of Disaster Nursing (WSDN) to develop practical solutions for managing health emergencies in an increasingly complex global environment with a diverse range of stakeholders.

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 throughout the years 2023-24. 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. At the end of 2023, WKC launched a new project to modernize its website platform by migrating to the same content management system used by all WHO offices worldwide (Progress Sitefinity). The project allowed the launch of the newly redesigned website at the beginning of 2024.

On the social media platform 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 X 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 Health EDRM Guidance research activities). WKC also diversified its online presence, with the launch, in November 2023, of its LinkedIn account for the international English audience, refocusing its X activities towards Japanese speaking audiences. Within a few months of operation, WKC LinkedIn account was able to attract about 1,200 followers with high rates of engagement, thus generating added visibility to its research results.

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 2023/2024, over 170 news stories in both Japanese and English were published on WKC's website.

In 2024, WKC started to use Webinars as a novel way of disseminating research findings towards. One webinar was organized which gathered more than 150 active viewers:

- 10 September 2024: "Blending capitation with performance-based payment: does it improve the quality of chronic care? Co-organized with the WHO department of Health Financing and Economics and the OECD. The webinar explored experiences with purchasing arrangements and payment methods for improving quality and better health outcomes for people with chronic conditions.

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 2023/24, WKC staff delivered 31 lectures (16 lectures in 2023, 15 in 2024) 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 2023-24, 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 (shared comments in writing)
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 2023/24, WKC participated in the following events:

2023

- Jan 1: United Nations University (UNU)'s Dialogue Series on the Sustainable Development Goals (SDGs)
- Jan 17: Commemoration ceremony of the Great Hanshin-Awaji Earthquake
- Mar 9: International Disaster Reduction Alliance Forum (DRA Forum)
- 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)
- Aug 3-4: Seminar on Pricing health services, WHO and the Government of Vietnam, Ha Noi, Vietnam
- Sep 7: International Conference on Science and Technology for Sustainability 2023 organized by Science Council of Japan
- Sep 25: Population Health Academic Advisory Panel, Centre for Population Health Research & Implementation (CPHRI), SingHealth, Singapore
- Sep 26: Roundtable discussions on age-friendly cities, Hosted by the Government of Singapore
- Sep 26: Academic presentation on sustainable financing in the context of population ageing, Centre for Population Health Research & Implementation (CPHRI), Singapore
- Sep 26: Japan Agency for Gerontological Evaluation Study (JAGES) 5th Anniversary Symposium
- Oct 4: JAGES press conference, Kobe, Japan
- Oct 17-19: Second ASEAN Academic Conference on Disaster Health Management, Jakarta
- Nov 28 – Dec 1: SEARO/WHO/World Bank Training meeting on measuring financial protection for UHC in the South-East Asia Region, Jakarta

2024

- Jan 17: Commemoration ceremony of the Great Hanshin-Awaji Earthquake, Kobe
- Jan 20: Japan Agency for Gerontological Evaluation Study (JAGES) Symposium, Tokyo
- Jan 23: International Disaster Reduction Alliance Forum 2024 (DRA Forum 2024), Kobe
- Jan 24: International Recovery (IRP) Forum 2024 - Side Event Symposium, Kobe
- Feb 2: The 34th Annual Meeting of the Japanese Society for Epidemiology, Otsu
- Feb 13: Japan International Cooperation Agency (JICA) ARCH Project, ASEAN Webinar
- Feb 23: The 29th Annual Meeting of Japanese Society for Disaster Medicine, Kyoto
- Feb 28: Webinar on methodology as part of AFRO's series on "WHO Webinar, Scientific Writing Series for Health EDRM - Session 4: Development of the methods section of a manuscript"
- Mar 14: Workshop on community diagnosis for an official delegation from Brunei Darussalam (Kyoto University/WPRO)
- June 18: World Bank Understanding Risk Global Forum 2024 (UR2024), Himeji
- July 25: 45th Asian Medical Students' Conference (AMSC2024)
- Aug 24: the Japan Association for Nursing Research 50th Annual Conference, Nara
- Sep 5: National Institute of Mental Health, National Centre of Neurology and Psychiatry and ILC UK joint research symposium, Tokyo
- Nov 6-8: 30th International Health Promoting Hospitals and Health Services Conference, Hiroshima
- Nov 18-22: 8th Global Symposium on Health Systems Research, Nagasaki

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 2024 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.

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 8 local academic institutes, including Hyogo Emergency Medical Center, Hyogo Institute for Traumatic Stress, Kobe City College of Nursing, Kobe Gakuin University, Kobe University, Konan University, Kyoto University and University of Hyogo.

Secretariat for WHO Thematic Platform for Health EDRM Research Network (Health EDRM RN). 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 Health EDRM RN 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 two meetings are already planned for 2024-25:

- WKC Forum 2024 in collaboration with the 8th International Research Conference of World Society of Disaster Nursing (WSDN 2024)
- WKC Forum 2025 & WKC Summer School

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.

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 2023-24

Results from research completed in 2023-24

WHO Guidance on Research Methods for Health EDRM published in 2021 and revised in 2022 is one of the major products of Health EDRM research activities of WKC. Following the development of **online learning materials** (e.g. video presentations and slide sets for each chapter) in 2023, local and global dissemination initiatives have been implemented. These include the first **joint webinar with WHO Regional Office for the Eastern Mediterranean (EMRO) and WHO Regional Office for Europe (EURO)** in July 2023, and development of **the Japanese version of the guidance** in September 2023 (reported in 2023 ACWKC). In May 2024, **a joint workshop for research capacity building for EURO countries** was organized by WKC and WEHO EURO, with support of UK Health Security Agency (UKHSA), and participation from representatives from 10 EURO countries, international academic societies (e.g. World Association of Disaster and Emergency Medicine (WADEM)) and universities. A similar joint workshop in 2025 is under discussion with WHO EMRO. WKC also contributed to the health emergency webinars of WHO AFRO and WHO WPRO by sharing Health EDRM research activities.

In 2020-2021, the WKC launched three research projects on Health EDRM in the context of COVID-19. Two of them were completed in 2022-23 and reported in 2023 ACWKC. The third was titled

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 2021-2024), and was completed in 2024.

Under this project, eight workshops were conducted for local municipal 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) was 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 a journal paper publication is underway.

Research ongoing (2018-2025) and expected results

WKC continues to function as the **secretariat of WHO Health EDRM Research Network (RN)** and promote multiple global, regional, national, and local collaborative activities in collaboration with the RN participants. As of 30 June 2024, 406 experts from 59 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 5th Annual Core Group Meeting** of the Health EDRM RN was held on 14 November 2023 in Kobe, convening DRR focal points from HQ and five Regional Offices in person. The meeting report is available on the WKC website.¹ The meeting agreed upon four key actions for the Health EDRM RN for 2024-25 including 1) conducting periodic strategic discussion to update and reframe research themes and priorities; 2) ensuring real-time evidence remains applicable to ongoing challenges by leveraging the Health EDRM Knowledge Hub to provide timely evidence to inform effective policies, guidelines, and practices; 3) fostering collaboration at the global, regional, national, and inter-regional levels, paying particular attention to countries seeking increasing Health EDRM research capacities and outputs in low- and middle-income countries; 4) promoting research in regions and countries involving more researchers and stakeholders.

Following the agreement of the 5th Annual Core Group Meeting, the process is underway for **Updating WHO Health EDRM Research Priorities (WHO HQ, six WHO Regional Offices, participants of Health EDRM RN, and other Kansai/Japan and international institutes)**. In addition, the 6th Annual Core Group Meeting will be organized in collaboration with the World Congress of the WADEM in May 2025. The initial webpages of **WHO Health EDRM Knowledge Hub** were launched at the end of 2023 and the efforts to build on its contents are underway.

Regarding the activities on WHO Guidance on Research Methods for Health EDRM, **the executive summary and policy briefs** are under development in collaboration with the DRR focal points of HQ and all Regional Offices. The documents are under development and in final editing stage, aiming to publish by the end of 2024. Utilizing these products, further dissemination activities in WHO EMRO and WHO WPRO in 2025 are under discussion. The launching webinar for these new publications with WHO HQ is under planning.

The other ongoing research project is **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 gather evidence on effective MHPSS interventions to mitigate the mental health impacts of disasters. The research is structures into three phases: mapping existing and emerging MHPSS practices, conducting a rapid evidence review, and

¹ <https://wkc.who.int/resources/publications/m/item/the-5th-core-group-meeting>

synthesizing findings to inform future policies and practices. The research project is in the third stage and expected to be completed in 2025. 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)** was completed in 2022. This study informed this project because it revealed a high prevalence of mental health issues among disaster survivors and the persistence of mental health symptoms after the event regardless of the type of disaster. It also 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: service delivery and long-term care financing. 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.

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 2023-24

Results from research completed in 2023-24

A collaboration with the Organisation for Economic Co-operation and Development (OECD) was initiated in 2018 and 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 four 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 of nine briefs was also published to facilitate dissemination of the research findings. The results of the completed set of products were well-received when showcased at a joint webinar done in September 2024, with the WHO Health Governance and Financing Department and the OECD, with two case study authors from China and Indonesia.

Research ongoing (2018-2025) 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 was announced in a press release by WKC, Kobe City and the Japan Agency for Gerontological Evaluation Study in November 2023. JAGES and Kobe City jointly conducted a health survey of the adult population in November-December 2023 which will also be analyzed together with the other data. Regular meetings are held with Kobe City and the research team to share progress on the data extraction and analysis. Efforts to publicly disseminate progress on this project have also been made including a WKC forum at the annual conference of the Japan Socio-Gerontological Society, 2 June 2024 in Nara, and a session at the annual conference of the Japanese Society of Public Health, 29 October 2024 in Sapporo. 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, 2018–2025)**. 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 was tested with policymakers in countries in the WPRO region. It is currently being updated with more recent data.

The WKC leads a WHO flagship project on **Sustainable Financing in the Context of Population Ageing** working in collaboration with the **WHO Health Governance and Financing Department, the WHO Ageing Department and the EURO Observatory for Health Policy and Systems (2021-2025)**. The flagship project has resulted in multiple publications and ongoing collaborations.

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 to be published in 2024 by Cambridge University Press entitled **The care dividend: the case for investing in long-term care (WHO EURO Observatory on Health Systems and Policy and WPRO, 2021–2025)**. The draft was launched locally in Kobe, Japan and globally on 3 November 2023. The goal of this book 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. The WKC work with the editors in 2024-25 to prepare a series of high-level WHO briefing papers to disseminate the findings to policymakers.

The development of a new **simulator is underway 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 research team has reviewed existing methodological approaches, LTC workforce models and methods, and literature on determinants of care labour supply, which will result in a publication in 2024 and modelling is underway on a simulator for LTC workforce.

The key products of the WHO Flagship project is a **series of 10 research briefs on LTC financing, with implications for low- and middle-income countries (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. A sixth paper is underway focusing on options to support LTC formal workforce and informal caregivers. The background papers informed a series of 10 briefs summarizing the research findings and implications for LMICs. **Brief 1 addresses the drivers of the demand for LTC in LMICs**. Most older people aged 65 years and older will be living in low- and middle-income countries by 2050, and at the same time, many people in LMICs will experience the onset of age-related health problems before the age of 65 years. **Brief 2 explores options for population coverage of public LTC**. Governments that decide to invest in LTC for older adults face policy choices of whether service coverage is universal or selective in covering specific groups or the poor.

While universal LTC is assumed to be costly, this depends on the generosity of the benefits package and decisions about its implementation. **Brief 3 covers the thorny issue of how countries finance LTC.** Where no LTC system exists, individuals, families and communities cover costs, leading to inequitable access to services and negatively impacts economic growth. This brief contains specific lessons for LMIC settings in using general taxation and insurance programmes for LTC. **Brief 4 discusses the LTC services that can be covered in the benefits package.** Establishing a LTC benefits package is an ongoing process with continuous assessment of how needs and eligibility are determined, setting thresholds for eligibility, regularly revising benefits and services based on evidence, and linking services to financing and delivery systems. **Brief 5 presents evidence about how countries align financing and delivery in LTC.** Many countries are shifting service delivery to communities, but this approach requires investments in quality assurance systems at community level. **Brief 6 covers how countries can ensure financial protection in LTC** in recognition that most people are unable to save enough to access needed care as they age. Policies may include targeting those in greatest need, including people with dementia or who have suffered strokes. Countries have also eliminated caps on needed services and capped individual payments to protect people from very high LTC spending. **Brief 7 presents evidence on promoting quality and value in LTC.** The COVID-19 pandemic revealed shockingly high rates of preventable mortality among vulnerable older people in LTC settings which could often be attributed to inadequate quality and safety measures in LTC facilities. **Brief 8 presents global evidence financial sustainability in LTC,** which requires considering the broader economy-wide impacts of LTC investments across economic, health and social sectors. **Brief 9 focuses on policies to support the formal LTC workforce,** including dedicating sufficient resources to worker recruitment, retention and training. **Brief 10 discusses options to support informal caregivers** – first by valuing their time and contribution to caregiving and explores policies to support informal caregivers such as paid and unpaid leave. The first 8 briefs are currently being translated into Spanish and Portuguese.

Publications (2023-24)

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Simulator

Population Ageing financial Sustainability gap for Health systems (PASH) Simulator. (being updated) <https://eurohealthobservatory.who.int/themes/observatory-programmes/health-and-economy/population-ageing-financial-sustainability-gap-for-health-systems-simulator>

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.

Specifically, WKC conducts research to inform countries about how to adapt UHC measurement and monitoring systems to be relevant to the health systems challenges arising from population ageing including the growing need for formal long-term care. So far, WKC has gathered global evidence on the levels of unmet need for healthcare and social care among older persons. Going forward, WKC plans to focus on specific WHO regions to strengthen the data on unmet needs of older persons especially in low- and middle-income countries. It also aims to advance methods for assessing financial protection to capture the financial barriers and burdens on households with older persons due to out-of-pocket spending on long-term care, inclusive of both healthcare and social care, more accurately.

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 2023-2024

Results from research completed in 2023-2024

One research study on financial protection in healthcare of older people with local implications was completed. **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) tended to be higher among households with older person(s), 65 years old and above (between 10.9% and 22.9% over the study period) than among households with only younger people, 64 years old and under (between 5.2% and 9.9%). In contrast, the incidence of self-reported unmet need due to foregone care was consistently higher among younger people (between 6.2% and 15.5%) than among those who were older (between 1.8% and 8.6%) over the same period. This study also analyzed 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 unmet needs among older people tended to be higher in Kansai than in other regions.

Findings from this research were featured in the WHO-World Bank *Global Monitoring Report on Financial Protection in Health 2021* and published in peer-reviewed journals. Results for the Kansai region were summarized in Japanese and shared with local health officials. In March 2024, a joint press release was issued by WKC and the Tokyo Metropolitan Geriatric Hospital and Institute of Gerontology about the article from this research published in *Health Economics Review*. The research was also presented in a WKC Forum organized at the 15th Annual Conference of the Japan Primary Care Association in June 2024 in Hamamatsu City, Shizuoka Prefecture. A new follow-up study is ongoing in collaboration with one of the local co-investigators of this study, as described later in the next section.

Several activities were completed in 2023-2024 related to the global research agenda on measuring unmet needs due to forgone care. **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, 2019-2023)** 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 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. The full technical report and research brief were published on WKC's website and journal articles are being prepared. New follow-up studies are ongoing with a focus on specific WHO Regions, as described later in the next section.

Organization of a global research consortium to advance methods for measuring unmet health and social care needs of older people (University of Newcastle, The Australian National Univ, Univ of New South Wales, Univ of Gothenburg, Univ of Padova, International Longevity Centre Singapore, Univ College London, 2022-2023) is a project that engaged over 60 individuals from all WHO Regions with diverse expertise related to the care of older people. The panel participated 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 while 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 designated Professor Shereen Hussein of the London School of Hygiene and Tropical Medicine, United Kingdom, as its Chair.

In 2024, WKC hosted the **Technical meeting on strengthening data on unmet health and social care needs of older persons, 10-11 June, Kobe, Japan**. The meeting aimed to take stock of WKC's research findings on this issue so far, to exchange information and views with WHO Regional Office counterparts and external research partners, and to prioritize actions to further improve the availability and quality of data on unmet needs of older persons globally. Core members of CARETRACK participated in the meeting. The meeting report was published in September 2024, highlighting next steps including standardizing measurement methods and analyzing existing data to estimate levels

of unmet need for more countries. A major effort was made in communications using multimedia to raise the profile of WKC's work in this area using the Centre's website and social media, including a series of video interviews with the meeting participants. Some of the meeting participants were reconvened along with other key experts for a session on the **'State of the art of measuring unmet need for healthcare: strengthening monitoring of service coverage and financial protection for universal health coverage at the 8th Global Symposium on Health Systems Research, 18-22 November 2024, Nagasaki, Japan**. This session enhanced the visibility of WKC's work in this area in the global health community.

Research ongoing in 2024-25 and expected results

In 2024-2025, WKC is leading the development of a WHO Technical Product, **Technical report on measures of unmet health and social care needs of older persons**. 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.

To inform the technical report, WKC is undertaking **Reviews of available data on unmet needs for healthcare and social care among older people in the WHO Regions (Analytical Research Ltd., United Kingdom; Hitotsubashi Institute for Advanced Study, Japan; International Health Transitions, Australia; Makerere University School of Public Health, Uganda; University of Gothenburg, Sweden; Ongoing: 2024-2025)**. A competitively selected research team with expertise on the topic and familiarity with the geographic region has been assigned to each WHO Region to undertake a systematic literature review, survey mapping and, where possible, secondary analysis of available survey data for one or more countries in the assigned WHO Region. The research is being informed by prior WKC research which were conducted with a global scope. The research teams are carrying out their research in consultation with the WKC responsible officer as well as a focal person from each WHO Regional Office. An exception is the Region of the Americas where it was determined by the technical focal person that this review is unnecessary as much of the information is already known. As mentioned earlier, on 10-11 June 2024, a technical meeting was held with all the research teams and focal persons from WHO Regional Offices and WHO headquarters where progress on the research was discussed, and the results were also presented at the 8th Global Symposium on Health Systems Research. This work is expected to produce a technical report for each of the five regions and an overall synthesis brief by 2025.

Based on the findings from these reviews, WKC is planning further joint research with the Regional Offices to address regional priorities. A new study is ongoing on **Quantifying unmet need for health and social care among older persons and understanding its policy drivers in the Western Pacific Region (Ongoing: 2024-2025)**. This study is expected to produce new estimates of the levels of unmet health and social care needs among older persons in additional countries in the Western Pacific Region and provide an analysis of the possible policy drivers of unmet need. Discussions are still ongoing about follow-up studies with the regional offices for the Americas, South-East Asia and Africa, respectively.

Research on financial protection in health of older persons is also ongoing. WKC continues to work closely with the Health Financing and Economics unit in Geneva headquarters on **Multi-country analysis of financial protection in relation to households with older members (Ongoing: 2020-2024)**. The aim is to produce global statistics on financial protection in healthcare related to older people and to analyze the links between financial hardship and

unmet need for care among older people. Results of this work were featured in the 2021 and 2023 WHO-World Bank *Tracking UHC Global Monitoring Reports*. The 2023 report highlighted the finding that all-adult households with at least one older person, 60 or older, were the most likely to report out-of-pocket health expenditures that exceeded

10% of their total household budget, compared to households with no older person. In 2024, we published **Tracking inequalities in financial hardship due to out-of-pocket health spending by age structure of a household: technical brief on measurement**. This document provides countries with guidance on data analysis that can reveal the higher levels of financial risk that households with older members experience due to out-of-pocket healthcare spending. It sets the standard for countries reporting on financial protection indicators as part of global monitoring processes for UHC and SDG 3.8.2. New analysis results are planned to be published in the 2025 WHO-World Bank *Tracking UHC Global Monitoring Report*.

Linked to this global research agenda, we have also started a new study in collaboration with a local researcher on **Analysing catastrophic health spending in households with older persons using Japanese data (Konan University, Japan; Ongoing: 2024-2025)**. This study uses data from the Japan Household Panel Survey to compare different methods for calculating catastrophic out-of-pocket health spending and to examine how well the results reflect age- and wealth-related inequalities in financial protection. This evidence will be used to identify key considerations for analysing the burden of out-of-pocket spending for health on households with older persons, with implications for estimating the financial burden of out-of-pocket spending on long-term care.

Publications

Contribution to WHO Global Report

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WKC Publications

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