

**WHO Centre
for Health
Development**

**WHO
Kobe Centre
WKC**

Biennium Achievements

**2020

2021**



**World Health
Organization**
Centre for Health Development

The WHO Kobe Centre (WKC) conducts research globally on health systems responses to service delivery, financing, innovations and metrics and measurement to accelerate UHC in the context of population ageing, and health emergencies and disaster risk management. This biennial report covers the period from January 2020 to December 2021.

Vision

A global centre of excellence for universal health coverage (UHC) and innovation.

Mission

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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Our research partners and collaborators over this period included:

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 Baylor University, the United States of America
 Chiang Mai Rajabhat University, Thailand
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 Chulalongkorn University, Thailand
 Curtin University, Australia
 Duke-National University of Singapore Medical School, Singapore
 Erasmus School of Health Policy and Management, Erasmus University Rotterdam, Netherlands
 European Observatory on Health Systems and Policies (EURO Observatory)
 Evidence Aid
 Health Strategy and Policy Institute, Viet Nam
 Hiroshima University, Japan
 Hue University of Medicine and Pharmacy, Viet Nam
 Hyogo Emergency Medical Centre, Japan
 Hyogo Institute for Traumatic Stress, Japan
 Institute for Research and Information in Health Economics, France
 International Health Policy Program, (IHPP), Thailand
 International Health Transitions, Australia
 Juntendo University, Japan
 Johns Hopkins University, the USA
 Keio University, Japan
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 King's College London, the United Kingdom
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 Mahidol University, Thailand
 Nagoya University Graduate School of Medicine, Japan
 Nara Medical University, Japan
 National Center for Global Health and Medicine, Japan
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 UK Health Security Agency
 University of Economics, Yangon, Myanmar
 University of Gothenburg, Sweden
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 University of Public Health, Myanmar
 University of Sheffield, the United Kingdom
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 University of Technology Sydney, Australia
 University of the Philippines, Philippines
 University of Tokyo, Japan
 Wakayama Medical University, Japan
 World Bank

Message from the Director



I am proud to present the WHO Kobe Centre's Biennium Achievements Report, which showcases key activities from January 2020 to December 2021.

During this time, WKC's work came under the spotlight in two major reviews of our activities. We commissioned jointly with the Kobe Group an external Mid-term Evaluation of our performance in the first five years of the Memorandum of Understanding (2016-2020). The review emphasized the high expectations that people currently have of WKC. We committed to strengthen our role as an international research platform in Kobe, strengthen governance functions, and improve local engagement to better communicate and disseminate information about our research and continuously strive to contribute to the local community.

At the same time, the WHO Director-General's office organized a second review, in which an external expert Task Force reviewed WKC research activities between 2016 and 2020 as a part of the WHO Secretariat's transformation agenda. The Task Force endorsed WKC's vision, mission, and strategic focus under WKC's Research Plan (2018-2026) focusing on the two broad themes of universal health coverage - incorporating service delivery, sustainable financing, innovation, and metrics - and health emergencies and disaster risk management (HEDRM). The Director-General committed to support WKC at a high level globally.

This period coincided with the global COVID-19 pandemic which continues to test the resilience of health systems all over the world. All efforts were made to maintain our research agenda by modifying research designs and timelines as required. The dedication and exemplary work ethic of the WKC team ensured that projects and publications continued apace. Our online local engagement intensified significantly, particularly providing accurate and timely translated WHO COVID-19 guidance and information to health professionals and the general public.

I am sincerely grateful to the WKC Advisory Group for its strategic guidance, the WKC Scientific Working Group for assistance to research quality assurance, and especially the Kobe Group and the Hyogo and Kobe communities which make our work possible. I look forward to working together even more as we strive to realise better health for all.

Dr Sarah Louise Barber

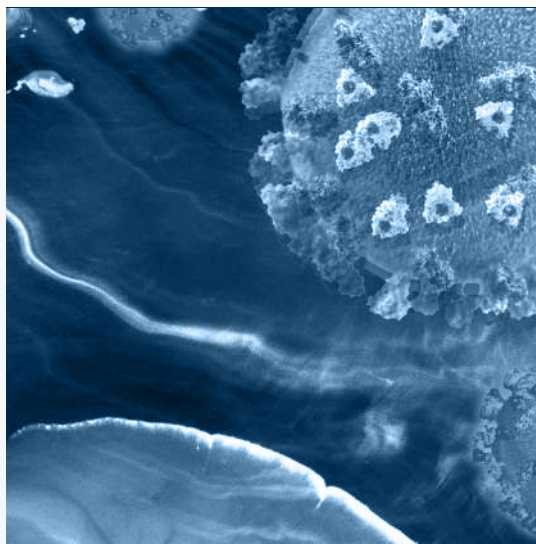
Director

WHO Centre for Health Development
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WKC's response to COVID-19



The COVID-19 pandemic changed the way that we work and interact with each other. Since the onset of the pandemic, responding to the global threat of COVID-19 became one of WKC's priorities as part of our local engagement with the community. We realized the importance of getting the most up to date information to our local colleagues in Kobe City and Hyogo Prefecture by emphasizing public health activities to *Be Safe, Be Smart, Be Kind... Be Kobe!*

WKC translated and disseminated over 200 WHO COVID-19 technical guidance notes for health professionals. In addition, WKC translated additional information for the public such as easily accessible infographics, videos, and MythBusters to address common misunderstandings about COVID-19. To disseminate this information, we created dedicated COVID-19 webpages on our Japanese website, which continues to be updated daily. WKC has also sent information to the community through Twitter and social media posts.

WKC actively participates in expert technical committees held by Hyogo Prefecture and Kobe City, in which WKC can share the latest information from WHO's epidemiological updates, guidance, and global risk communication strategies. We provide regular updates to the Kobe Group, Hyogo Prefectural Council for the Control of COVID-19, United Nation's Security Management Team in Japan, and United Nations Information Center (UNIC) Japan. Through

broad participation in different settings, WKC has been able to extend its reach into the community. In terms of research, WKC has integrated COVID-19 issues into studies on health emergencies and disaster risk management and long-term care.

WKC holds three fora annually in cooperation with the Kobe Group to strengthen its linkages with the local community. WKC's Forum for High School Students in October 2021 focused on *"Healthy behaviour at school in the context of the COVID-19 epidemic"*. Seven high school teams presented on school and youth mental health, local COVID-19 measures at school, health communication among young people, and poverty and deterioration of the family environment. The *Himeji High School Declaration* was presented to representatives of Himeji City, Hyogo Prefecture, and the WHO Western Pacific Region Regional Director, emphasizing the voices of Kansai's youth in these unprecedented times.



Service Delivery and Financing



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WKC conducts research on innovations in service delivery models and sustainable financing to accelerate progress towards Universal Health Coverage (UHC) in the context of population ageing. Our research in 2020-21 focused on two main priorities: to provide evidence of country-level policy and systems innovations that promote quality care as health systems respond to changes in population ageing; and 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.

Under the first objective focusing on policy and systems innovations in response to population ageing, WKC launched a series of research projects in ASEAN¹ countries in 2018-19, and six of these projects were finalized in 2020-21. Researchers in the Philippines and Viet Nam developed and evaluated **inter-professional education programmes** that improved care-coordination and integrated care for older people. In Cambodia, a study demonstrated how **primary care systems could shift from acute to chronic care under limited resources**. A community cross-sectional survey in three provinces in Lao People's Democratic Republic studied the **prevalence of cognitive impairment**, and the implications for health systems in managing and preventing cognitive decline. A randomized trial of **community integrated intermediary care services** was conducted among communities in Thailand, and found significantly lower caregivers' burden, less functional decline among older people and fewer people with depression in the intervention cluster. Researchers in Myanmar **identified the data needed to assess health and social care of older people** and identified gaps in information that could inform national UHC policies. In addition, WKC supported a **global review of service**

¹ Association of Southeast Asian Nations

delivery models that optimise health services for older people. Each of these projects informed national and regional policies in strengthening service delivery mechanisms to respond to the needs of ageing populations.



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Two ongoing service delivery research projects include an **evaluation of a model for high-risk older persons in Singapore** and the **Kobe Dementia Project**. The multi-year research project started in 2017, *Managing dementia patients in Kobe City*, studies the health systems response to the management of patients with cognitive decline. The design of the Kobe project has been presented at conferences in Japan, Austria, and Switzerland, and was shared with Japanese local municipalities as a unique model of public health study through collaboration between a local municipality and a local university. The results have contributed to local policies including the Kobe Ordinance for a Dementia-Friendly City, and Kobe is recognized for its progressive work on managing people with cognitive decline.

Five additional projects focus on the second research area of sustainable financing, specifically **understanding how countries have adapted and made policy adjustments for revenue generation and expenditures for health in response to population ageing**.

WKC worked with the Western Pacific Regional Office (WPRO) and the European Observatory on Health Systems and Policies (EURO Observatory) 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. The studies aimed to dispel the myth that ageing detracts from economic growth, and demonstrated that investments in healthy ageing contribute to the economy.



Innovations

Population Ageing financial Sustainability gap for Health systems (PASH) global simulator

To better understand how population ageing impacts on sustainable health financing, WKC partnered with the European Observatory on Health Systems and Policies to develop the PASH simulator. This tool allows users worldwide to see how health expenditures and revenues are expected to change to the end of the 21st century due to changes in population ageing, and the impact of policy choices on revenues and expenditures.

“How population ageing affects health financing is a policy choice, rather than an inevitable consequence of population ageing.”

Dr Sarah Barber,
Director

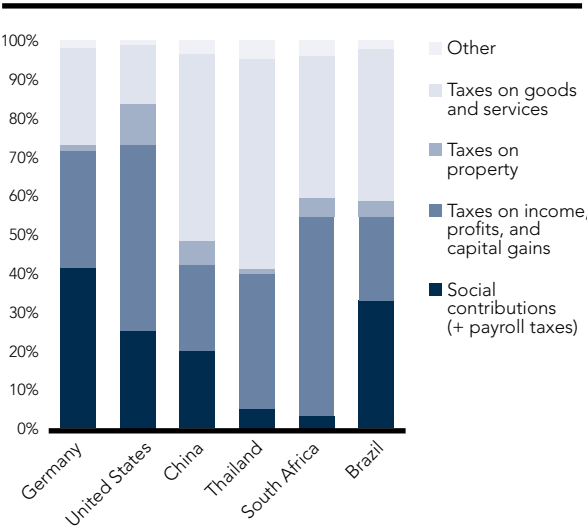
The **Population Ageing financial Sustainability gap for Health Systems (PASH) Simulator**² highlights our ongoing work with the EURO Observatory. This novel simulator allows

policymakers to see how health expenditures and health revenues are expected to change over the next decades due to changes in population ageing. The simulator then allows users to explore policy options in meeting revenue and expenditure goals. The simulator demonstrates that many policy choices influence both the sustainability and level of expenditures as populations age and that, contrary to popular belief, the way in which population ageing affects health financing is not inevitable but amenable to these policy choices.

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

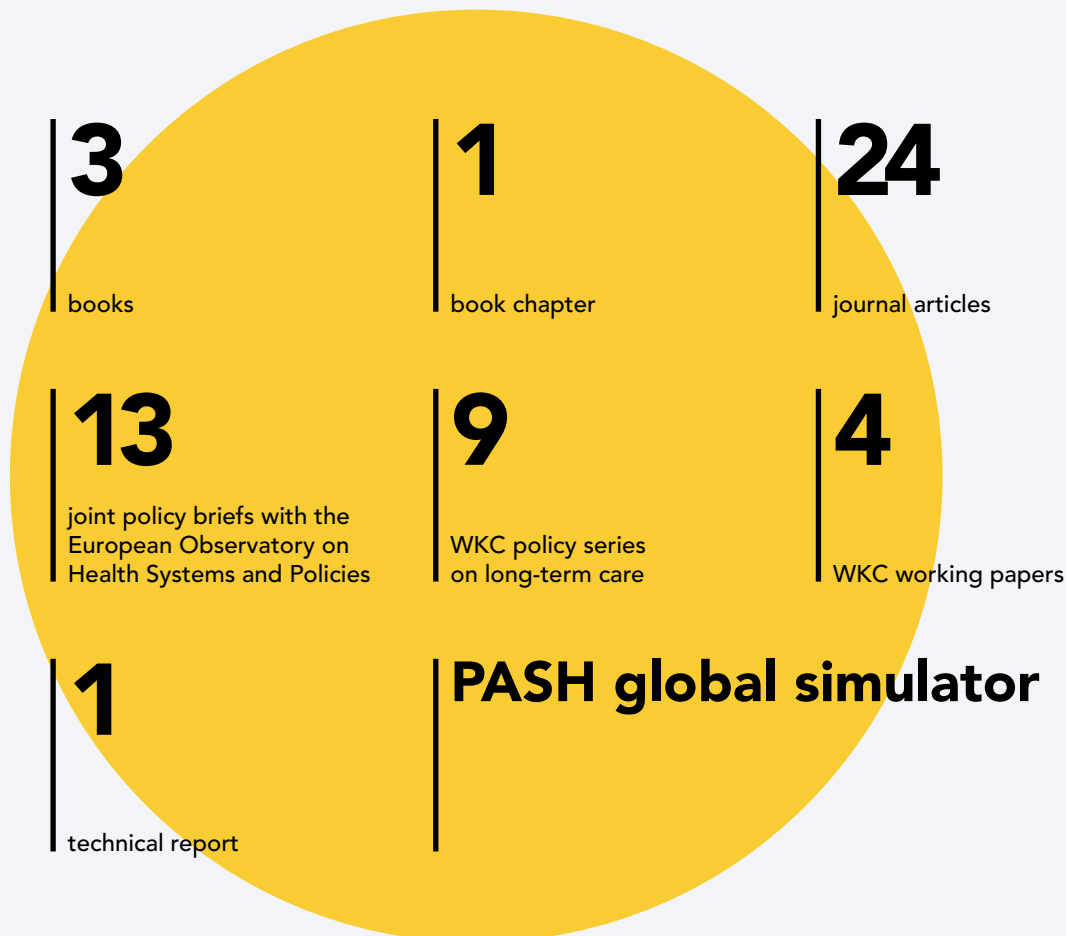
3 European Observatory on Health Systems and Policies, Cylus, Jonathan, Roubal, Tomáš, Ong, Paul & Barber, Sarah. (2019). Sustainable health financing with an ageing population: implications of different revenue raising mechanisms and policy options. World Health Organization. Regional Office for Europe. <https://apps.who.int/iris/handle/10665/331977>

How do countries finance health?
Source of public revenues³



Another ongoing research project focuses on **long-term care (LTC)** and aims to demonstrate the benefits of investing in quality LTC for countries at all income levels. The research will demonstrate the value of LTC investments on health systems, the economy, and households, particularly in low- and middle-income settings. Parallel to this research is the production of WHO flagship technical products, including a WHO **Health Financing Brief on LTC**, to systematically present experiences in the organization and financing of LTC and communicate the importance of LTC investments to policy makers, particularly in low- and middle-income countries.

Ongoing collaborations with the Organisation for Economic Co-operation and Development (OECD) about pricing and financing have resulted in two books and a series of case studies and policy briefs on **pricing health care services and pricing long-term care services**. The next phase of our collaboration with OECD will focus on purchasing instruments to strengthen quality health services for chronic illnesses in low- and middle-income countries. This research will also result in WHO flagship technical products, including evidence-informed policy guidance on the use of purchasing instruments for quality care.



Metrics and Measurement



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WKC focuses on understanding and improving the way progress toward UHC is measured and monitored from the perspective of how health systems respond to an older person's needs. Our research in 2020-21 focused on two main priorities: 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 enable countries to monitor UHC in the context of population ageing.

Under the first research priority, WKC worked with researchers in Japan to complete a global systematic review and meta-analysis covering some 58 million people from 56 countries to study the **extent to which financial barriers deter people from accessing the health services they need**. The results showed that forgone healthcare affects about 10 percent of the population, notably older people aged 65 and above. Regardless of

age, affordability was the most reported reason for forgone healthcare. The results were included in the *2021 WHO-World Bank Global Monitoring Report on Financial Protection in Health* and support policymakers to develop policies that prevent high health spending among households with older people.

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Also, under the first research priority, a **global scoping review was undertaken to understand the measurement of equity in service coverage for older people**. The study stressed the importance of considering various aspects of multi-morbidities, complex care needs, patient capacity to make

decisions and physical accessibility of services. As part of this study, authors from Osaka University reported that existing research on equity in access to care among older people in Japan focuses on financial barriers to access, availability of services and geographical and regional disparities. The results were communicated to local policymakers to improve access to care.

Building on the scoping review of equity in health care needs and service coverage of older people, the second phase of this work aims to **quantify unmet needs for health and social care among older people across multiple countries and periods** using existing survey data. This contributes to the second research priority: to support the development of metrics and measurement tools that enable countries to monitor UHC in the context of population ageing. Analysing data from over 80 countries across all WHO regions, this study will generate statistical estimates of older people's unmet needs for healthcare. The initial results have contributed to the *2021 WHO Global Monitoring Report on Universal Health Coverage*.

A further study under the second research priority focuses on an **age-disaggregated analysis of national household data on financial hardship due to health care utilization**. This novel research is WHO's first attempt to systematically disaggregate financial protection indicators by the age structure of households. The results also contributed to the *2021 WHO-World Bank Global Monitoring Report on Financial Protection in Health*, and the statistical results will be added to the WHO Global Health Observatory.

Two new studies focusing on the Kansai region of Japan were launched in 2021 as part of the programmatic work on financial protection under the second research priority. Carried out jointly with the Tokyo Metropolitan Geriatric Hospital and Institute of Gerontology, Keio University, Konan University, the National Center for Global Health and Medicine, and Osaka University, the first study involves secondary analysis of national household surveys to **assess the extent of financial hardship experienced by households due to high out-of-pocket health spending**

Monitoring UHC

"We need better measures to understand how well older persons' care needs are met. This is critical to ensuring that UHC is truly inclusive of people of all ages."

Dr Megumi Rosenberg,
Technical Officer

and unmet care needs of older people in Kansai and other parts of Japan. The second study led by Kyoto University will explore **difficulties that older people in the Kansai region face when paying for health care services, and the barriers that both older patients and service providers face in utilizing existing systems of financial support.** It is anticipated that both studies will contribute to local as well as global policy development.

Under our second research priority, the highlight was a study in Viet Nam which **explored older people’s out-of-pocket spending on healthcare.** Researchers

from the Viet Nam Health Strategy and Policy Institute analysed data on older persons 60 years and above and found that, while the overwhelming majority had health insurance coverage, they did not seek care in over a third of episodes of ill health. Very high spending on health care was more common among older persons with chronic diseases, and a significant proportion of households paying out-of-pocket for older family members had to borrow money, get a loan, or sell properties to pay for care. The results will inform WHO’s regional strategy on ageing, as well as national policies for financial protection.



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8

journal articles

1

Evidence Summary

2

working papers

10

journal articles and a special supplement in preparation

Contributions

to 2021
Global Monitoring Reports on Universal Health Coverage and Financial Protection

Health Emergencies and Disaster Risk Management (HEDRM)



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WKC research on HEDRM contributes to WHO's strategic priority of ensuring that one billion more people will be better protected from health emergencies. There are four priorities under this research theme: to address gaps and information needs in the research architecture to enable standardization and ethical issues; to inform about the most appropriate format and key content for health data collection and management; to carry out research focusing on a holistic approach to the health needs of survivors through adaptable health systems; and to study the specific health needs of vulnerable populations, including older adults.

In addition, WKC has sought to incorporate the emerging research needs of COVID-19 responses under HEDRM.

New Guidance on Health EDRM

"Managing the health risks of emergencies and disasters requires the best possible evidence. The WHO Guidance on Research Methods for Health EDRM aims to fill the evidence gap in Health EDRM to inform policy and practice."

Dr Ryoma Kayano,
Technical Officer

A significant part of the research portfolio focused on the first research priority to address information needs in the research architecture to enable standardization and ethical issues. The main product was the **publication and global dissemination in 2021 of the WHO Guidance on Research Methods for Health EDRM** done in collaboration with a global multi-disciplinary team of researchers, government officials and WHO staff representing all regions of WHO. With 43 chapters written by over 164 international experts from 30 countries, it provides comprehensive practical advice about

how to plan, conduct and report research across a range of disasters and emergency settings. This living reference will be continuously updated, starting with a chapter on using the *Guidance* in the context

of COVID-19 in 2022. **A global dissemination project is underway to produce educational and training materials for each chapter** including short chapter summaries, audio podcasts, video lectures and webinars. Dedicated webpages for Health EDRM research methods will be established with the produced dissemination materials. Japanese and Chinese translations are underway.

The *WHO Guidance* is an important product under the **WHO Thematic Platform for Health EDRM Research Network**, of which WKC is the secretariat and coordinates annual core group meetings to update research needs in Health EDRM and promote initiatives for global collaborative research. A **Knowledge Hub on research methods for Health EDRM** is being set up which WKC will manage to improve the quality and quantity of research projects to advance all research priorities under its research plan.

Under the second research priority, to advance health data management, two research projects are ongoing. Researchers from Hiroshima University and Johns Hopkins University are conducting a **systematic review and**

case studies from disaster responses in Mozambique and Japan to

examine factors that both facilitate and act as barriers to using WHO's Emergency Management Team's standardized health data collection systems, and how such systems can be improved to enable comparisons across countries.

Under research priority three, holistic needs of survivors and resilient health systems, WKC has highlighted the International Year of Health and Care Workers. The research project on

Health EDRM workforce development aimed to identify common key competencies for the health workforce in emergencies, and extract lessons for training and education. Literature reviews in English, Japanese and Chinese identified research gaps and guided the search for common key competencies. The study drew on 13 case studies from WHO's six regions to illustrate best practices and pitfalls. Researchers have drafted suggestions for countries to strengthen health workforce responses during emergencies.

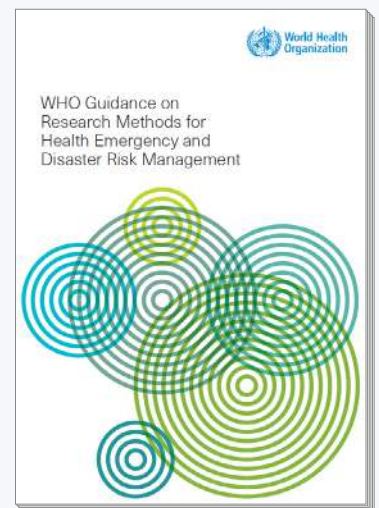
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Also under this research priority, a systematic review is exploring the **determinants of long-term mental health outcomes after disasters and health emergencies**, and assessing the quality of monitoring and evaluation evidence. This research has emphasized the need for stronger community mental health services to support disaster survivors and has led to the establishment of the Asia Pacific Disaster Mental Health Network to identify research gaps.

Furthermore, WKC has initiated research with Baylor University to identify and evaluate **strategies for strengthening community resilience in the context of COVID-19**. The research aims to develop priority actions to reduce the health risks of future emergencies, and generate evidence to support a 'whole of society' approach for boosting public health system resilience. A second project in cooperation with Hiroshima University will use a systematic review and seven case studies to explore **countries' experiences in health emergency and disaster risk management in the context of COVID-19**. The case study countries are Japan, Korea, USA, Italy, Thailand, Iran, and Mongolia.

Under the fourth research priority focusing on vulnerable populations, one project was completed. Researchers mapped existing studies of adaptation strategies on the health impacts of climate-related disasters of vulnerable populations in China, Viet Nam, and Indonesia. This study highlighted the urgent need for evidence to inform about adaptation strategies to reduce the vulnerability of populations most at risk including older persons.



1 book

WHO Guidance on Research Methods for Health EDRM

8

journal articles

3

joint policy briefs with partner universities

6

working papers

15

journal articles in preparation/under review

Update

of the *WHO Guidance on Research Methods for Health EDRM*; informal translation into Japanese and Chinese

3

technical reports

Local Engagement



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. WKC's local engagement plan has three objectives: to share lessons learned and encourage collaboration across countries as they strive to attain the Sustainable Development Goals; to communicate and disseminate information about WKC's research activities; and to contribute to the community in Kobe and Hyogo prefecture for awareness-raising and health advocacy.

Under the first objective, to share lessons learned across countries striving to attain their commitments under the Sustainable Development Goals (SDGs), WKC **partners with research institutions in the Kansai region** under each of the research themes to identify the locally relevant challenges. WKC also strives to provide opportunities to join up

researchers in Kansai and international academics. In this biennium, **WKC established 19 research collaborations with Kansai based academics** so that experiences from the Kansai region form a part of our global research programme.

As Secretariat for the WHO Health Emergency and Disaster Risk Management (HEDRM) Research Network, WKC has played a key role

in convening international specialists as well as Kansai-based experts. **WKC has organized meetings in Hyogo and Kobe** including the Kobe Expert Meeting on Health EDRM research needs at the Asia Pacific



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Conference on Disaster Medicine 2018, the HEDRM Research Network Core Group Meetings annually since 2018, as well as the WKC Forum for Japanese experts in 2019 on Awaji Island, and a workshop on Health EDRM research in Japan's context at the 2020 Congress of the Japanese Association of Disaster Medicine in Kobe. While these meetings have moved online, WKC continues to play a convening role.

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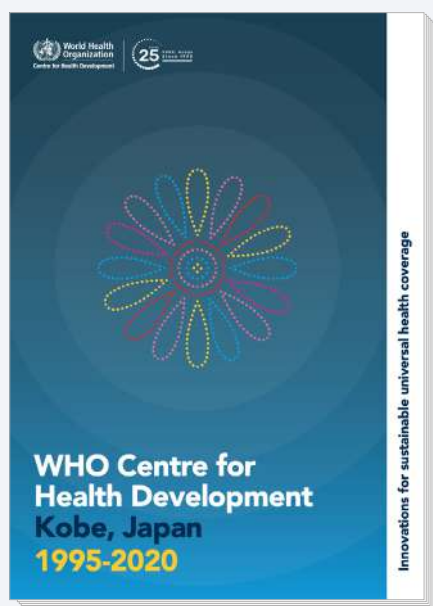
The second objective of the local engagement plan is to communicate and disseminate information about WKC's research activities. WKC hosted six WKC fora in 2020-21, starting with an *Alcohol Awareness Forum* in January 2020 in collaboration with the Hyogo Prefectural Civic Centre, Hyogo Prefecture and the Ministry of Health, Labour and Welfare in Japan.

Two fora were organised in February 2020: a "High School Summit" in cooperation with the Hyogo Prefectural Education Board and Osaka University with around 500 participants, mainly from high schools in Hyogo Prefecture, and a forum on "Disaster Medicine Research" in collaboration with the Japanese Society for Disaster Medicine and Hyogo Emergency Medical Centre. In November 2020, WKC hosted a forum on "Nurses on the Frontline" to commemorate WHO's Year of the Nurse and Midwife in partnership with the Hyogo Nursing Association with nursing schools in the Kansai region. For the first time, the annual "High School Students Thinking Globally Day" was held online due to COVID-19 in February 2021 with the Hyogo Prefectural Education Board, Osaka University and over 200 students from 12 high schools in Hyogo Prefecture. In October 2021, WKC held a "High School Forum" on topics linked to school health and COVID-19 on the side lines of the WHO Regional Committee for the Western Pacific in Himeji.

The **highlight of our local engagement was our silver jubilee, the Centre's legacy of 25 years of contributions to local and global health work**. Special activities took place from 22 August 2020, marking 25 years when the WHO Director-General signed the Memorandum of Understanding with representatives of the Kobe Group, and the official

inauguration of the Centre on 17 March the following year. WKC's achievements and research activities were shared with various audiences through website articles, social media and a leaflet summarizing our key local research and activities for the Hyogo/Kobe audience. WKC

published articles on global health in two Japanese journals for public health professionals and produced a special commemorative brochure and souvenirs for our local and international stakeholders and partners. The WHO Director-General, Dr Tedros Adhanom Ghebreyesus, sent special messages to the four representatives of the Kobe Group to express gratitude for their many years of continued support and to commit to further contributions to the local community.



The WKC website and social media are an integral part of communicating what WKC does. We created a **local engagement web page** with news stories on local activities. Coupled with social media channels, these sites have attracted over one million visitors to the WKC website. Our **YouTube channel** with playlists

on pricing long-term care and the *WHO Guidance on Research Methods for Health EDRM*, together with translated videos on COVID-19, has increased the number of followers substantially.

The Centre is committed to serving the community which hosts us. As such, the third objective of local engagement is to contribute to the community in Kobe and Hyogo Prefecture for health awareness-raising and health advocacy. As a core part of local engagement, WKC continues to **provide lectures remotely about WHO and WKC activities for students** in primary schools, high schools, and universities. During 2020-21, WKC took part in approximately 50 online events and lectures for local schools and universities.

In addition, **WKC staff participated in 15 committees** set up by the governments in Kobe City, Hyogo and Osaka prefectural governments, and Kyoto University leaders. These committee range from specialized technical issues (influenza and COVID-19 for example) to strategy and planning. During each, WKC staff aim to bring the most up-to-date global guidance and information to local government.

Translation of the most up to date COVID-19 technical guidance for health professionals remains a critical part of WKC's contribution towards community public health and social measures. WKC translated into Japanese and disseminated over 200 WHO technical guidance materials prepared by global experts for local governments and stakeholders. This information was disseminated on a dedicated WKC website, including a daily update of the WHO global situation analysis reporting the global transmission of COVID-19, and a page listing all translated WHO technical guidance notes.

To ensure accurate information for the public, WKC translated over 80 public information messages, including infographics, public educational videos, and Mythbusters to address common misperceptions about COVID-19. These messages were disseminated on a dedicated section on our website for the public. More than half of our users access the site in Japan. Our Twitter account was pivotal in disseminating evidence-based information, and led Twitter Japan to add WKC's account as a trusted resource for information on their dedicated COVID-19 channel.

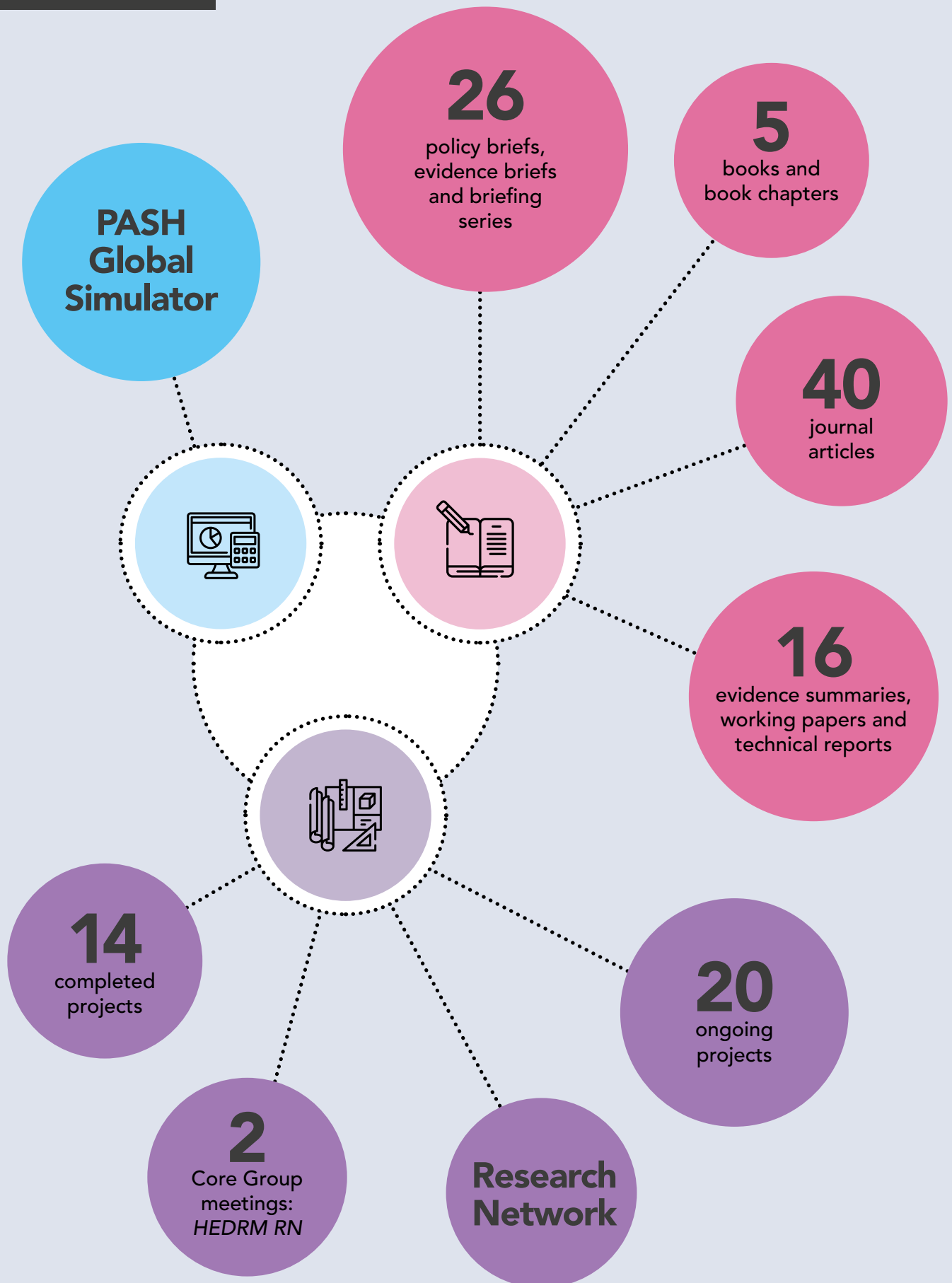


**Achievements at a
glance:
2020-2021**

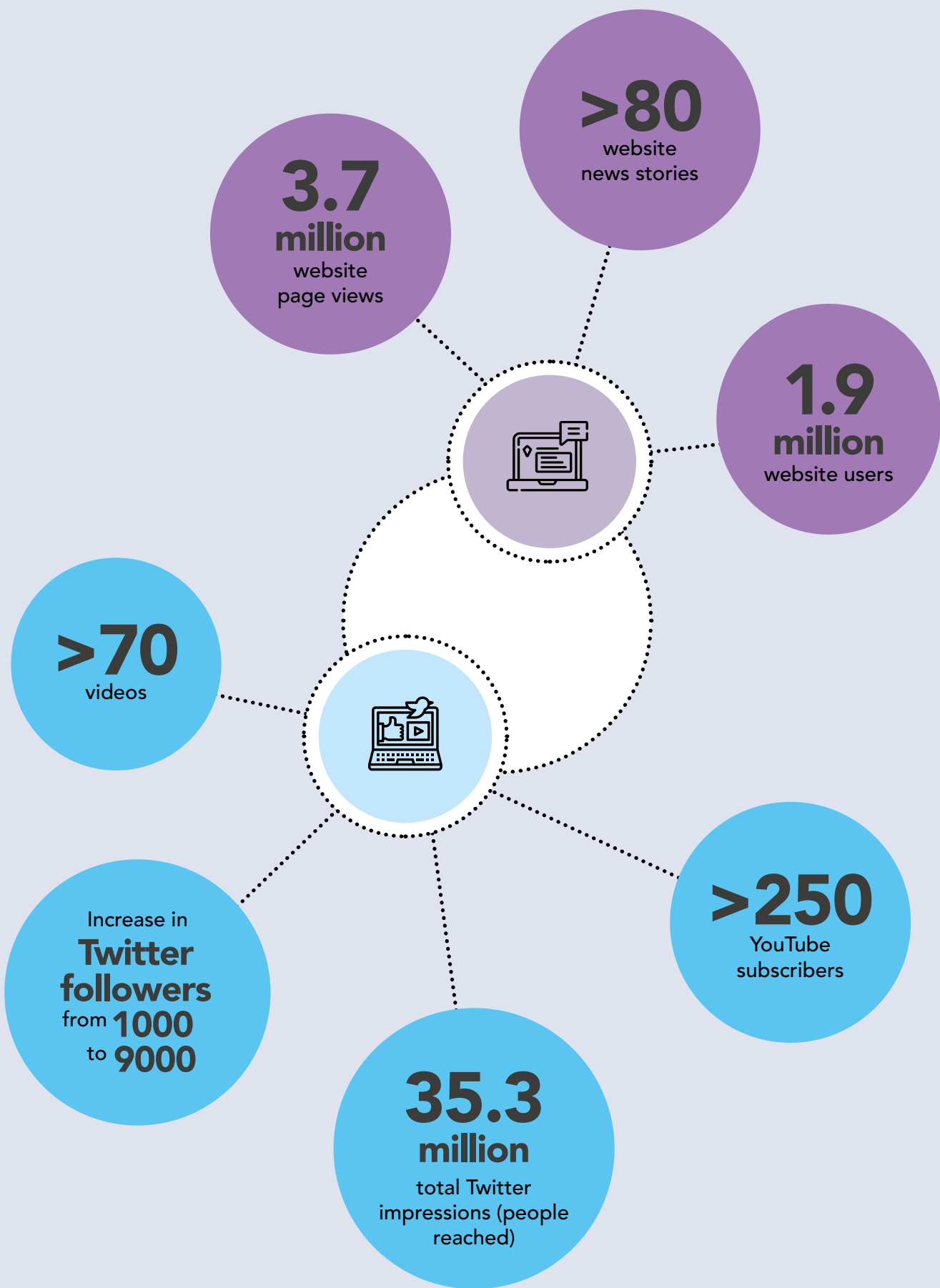
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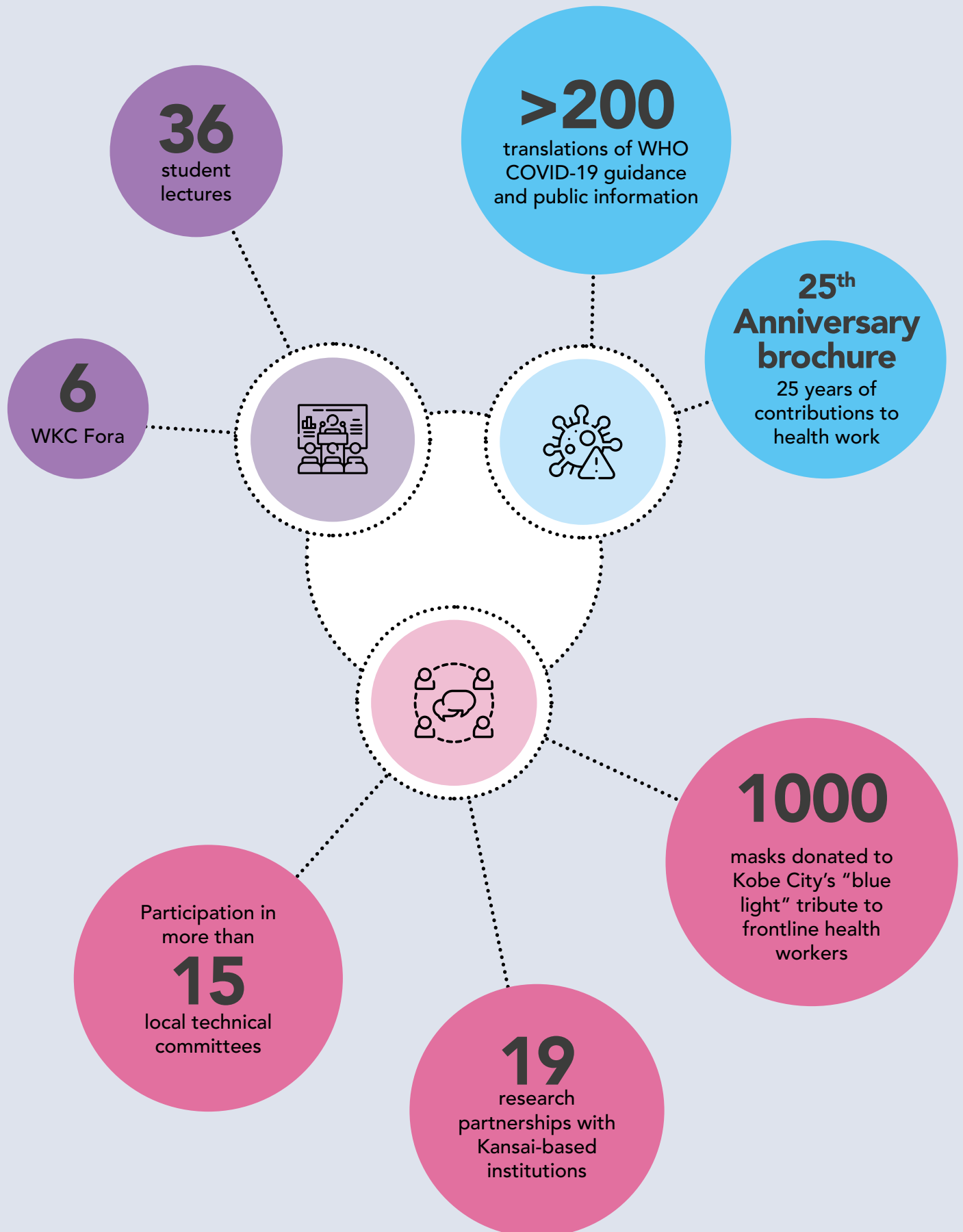
RESEARCH



COMMUNICATION



LOCAL ENGAGEMENT





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