

Advisory Committee
of the WHO Centre for
Health Development
26th Meeting Report

2022



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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 26th annual meeting on 10-11 November 2022 advised the DG and the Director of WKC about strategic priorities.

The meeting discussed the Centre’s progress in 2021-22 in research and local engagement and follow-up to the 2021 ACWKC recommendations. The Chair, Dr Viroj Tangcharoensathien, and Rapporteur, Dr Irene Agyepong, presented the Committee’s conclusions and following recommendations.

CONGRATULATIONS:

- With the limited staff and budget, ACWKC recommendations are fully taken into consideration as well as impressive performance achieved on research, publications, and local engagement.
- Outstanding contribution on communication especially COVID-19 pandemic through various channels such as policy briefs and social media platforms, and the first WKC biennial report 2020-21.

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

Recommendations by ACWKC:

1. Through consultation with policy users and stakeholders in Kobe, Japan and outside, the strategic research direction for 2026–2036 can be prioritized and finalized.
2. In the context of UHC and ageing, a few new research portfolios can be considered such as a) grand resignation of health workforce, b) functioning models of primary healthcare (PHC)—interdisciplinary care for dementia and older persons, and c) One Health, notably food insecurity.
3. As WKC is a research agency under WHO with a global nature, research should support GPW13 (triple billions) and the Sustainable Development Goals (SDGs). There is also a need to identify health priorities which are “locally and globally relevant” in order to meet expectation by both WHO and Kobe constituency.
4. The three existing WKC niches including a) ageing, b) UHC, and c) Health EDRM are globally and locally relevant; that should continue to be WKC research portfolios.
5. Based on WKC’s long-cumulative knowledge on dementia and in the context of rapid ageing and increased prevalence of dementia in low- and middle-income countries, WKC has a high potential to diversify its research portfolio by applying the ‘tools’ generated from Kobe Dementia Research to detect, prevent and manage decline in dementia conditions to larger settings in and outside Japan, as well as inform policies and practices.
6. Unmet health need can be a major research portfolio if the Inter-agency and Expert Group on SDG Indicators (IAEG-SDGs) decides to include as SDG indicator 3.8.3 “prevalence of unmet health needs” as tier 1 indicator. Standardized questionnaire surveys would be needed to capture this through insertion of unmet need module into the existing national representative household survey. WKC can analyze and produce prevalence of unmet needs among older persons on long term and social care.
7. Through the establishment of a global research consortium, WKC has comparative advantage to drive the research agenda on unmet health care needs, its determinants and solutions in terms of both availability of services and affordability through improved financial risk protection.
8. The Health Emergency and Disk Risk Management (Health EDRM) research portal, a very important source of information, is WKC’s excellent achievement. In the context of global negotiation towards a WHO Pandemic Accord through Intergovernmental Negotiating Body (INB), Health EDRM may consider extending its research focus to include public health emergencies which are a common challenge worldwide. Studies can look into the impacts of COVID-19 pandemic on the health of older persons surviving from COVID, such as long-COVID symptoms, quality of life and mortality outcomes.
9. Continue to work with research partners in Kobe, the Kansai Region and outside Japan to maximize use of various “evidence” generated through WKC in supporting implementation research that promotes the uptake of research findings into policy and routine practice and evaluate the impacts.
10. On local engagement, strengthen the function of a WKC focal person to coordinate and communicate with the Kobe Group to enhance mutual understanding and continue to strengthen local engagement notably WKC Fora, WHO Global Health school which involve young people, academia and local government.
11. Make best use of Health Systems Global 2024 (HSG 2024) to be hosted by Nagasaki University and the Japan International Cooperation Agency (JICA), that WKC disseminate its research findings and highlights its global visibility; and solicit inputs from global stakeholders on WKC strategic direction (2026–2036).

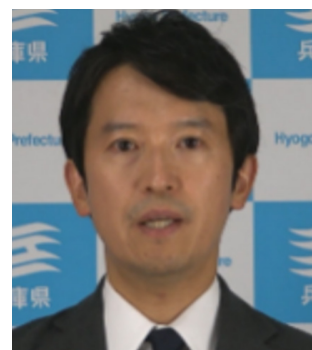
ACWKC 2022



Chair
Dr Viroj Tangcharoensathien
Senior Advisor, International Health Policy Program (IHPP)
Representing WHO South-East Asia Region



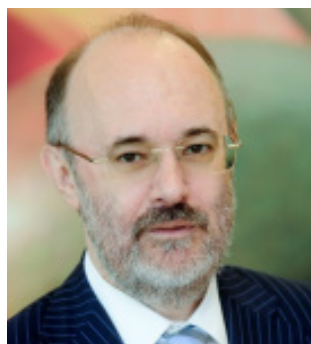
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Dodowa Health Research Center
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Governor of Hyogo Prefecture



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Dr Eiji Hinoshita
Assistant Minister for Global Health and Welfare, Ministry of Health, Labour and Welfare
Representing the Host Government



Mr Yasutaka Katayama
Vice Governor, Hyogo Prefectural Government
Representing the Kobe Group



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



Dr David Lindeman
Director, Health Center for Information Technology Research in the Interest of Society (CITRIS), University of California, Berkeley
Representing WHO Americas Region



Professor Reiko Sakashita
Vice President University of Hyogo
Representing the local community



Dr Sarah Louise Barber
Director WHO Centre for Health Development (WHO Kobe Centre)

1

OPENING

Dr Sarah Louise Barber, Director of the WHO Centre for Health Development (WKC), welcomed all to the 2022 meeting of the Advisory Committee of the WKC (ACWKC). Two new ACWKC members joined: Dr Eiji Hinoshita, Assistant Minister for Global Health and Welfare, representing the host government, and Dr Clemens Auer, President, European Health Forum Gastein (EHFG), Austria, representing the WHO European region (EUR). The Honourable Governor of Hyogo Prefecture, Motohiko Saito, on behalf of the Kobe Group, expressed his appreciation for the advisors participating online, and for the WKC's summer school and students' fora. Dr Hinoshita on behalf of the host government welcomed participants to the meeting and wished successful deliberations. Dr Naoko Yamamoto, WHO's Assistant Director-General (ADG) for UHC and Healthier Populations, gave a welcome video message.

Representing the South-East Asia region of WHO (SEAR), Dr Tangcharoensathien and ACWKC Chair, congratulated WKC on its work, noting that it was synchronized with the WHO 13th General Program of Work (GPW) and Sustainable Development Goal (SDG) 3.8. The ACWKC agreed with the nomination of the Rapporteur, Dr Agyepong, representing the African region of WHO (AFR). Apologies for absence were accepted from Dr David Lindeman representing the Americas region (AMR).

2

STRATEGIC ACHIEVEMENTS AND CHALLENGES

Dr Barber outlined progress in responding to two major reviews of WKC, research achievements in 2021-22, and responses to 2021 ACWKC recommendations. In response to the **WHO WKC Task Force recommendations and the WKC/Kobe Group** mid-term review to strengthen research functions, WKC developed a 5-year operational plan, strengthened partnerships with global and Kansai-based research institutes on globally relevant research, and is leading two WHO global flagship products (i.e., Technical Products) in 2022-23. To improve governance and engagement, WKC updated the terms of reference for the ACWKC and the Scientific Working Group, drafted an engagement strategy, and drafted a resource mobilization strategy and initiated discussions with WHO's Resource Mobilization Unit. To strengthen local engagement, WKC continues to strive to increase local visibility and ensure that research outcomes are disseminated to and benefit the local community; WKC has hired two consultants to strengthen communication and dissemination.

Several issues have inhibited progress. In 2022, the WHO Director-General (DG) and the Government of Japan (GoJ) created a separate task force to establish a Global Centre of Excellence for UHC in Tokyo. Additionally, there has been a shuffle of WHO Senior management in 2022. This has resulted in the **postponement of the WKC task force recommendations led by WHO senior management**, including the tripartite meeting between WHO, Kobe Group, and the central GoJ, and accessing WHO core funding to WKC.

Dr Barber outlined the Centre's main achievements of 2022 under the three main research themes. **For service delivery and sustainable financing**, two major research agendas were completed: the health systems response to population ageing in Asia and the Kobe Dementia Study. WKC is also continuing its collaboration with Kobe City on a new project to use secondary data to study the impact of COVID-19 on healthcare utilization and outcomes. Efforts in 2022-23 will focus on sustainable financing, including a continuation of studies about the impact of population ageing on expenditures and revenue generation for health. Two WHO global flagship projects are underway. The first focuses on long-term care financing and the second on purchasing arrangements for quality services for chronic illnesses.

The second research theme is **metrics and measurement**. WKC has undertaken a global analysis of financial protection and equity in access, and the current focus of this research is studying the implications for the Kansai region. Another focus is the establishment of a global research consortium for measuring unmet health and social

care needs of older people.

The third research theme is **health emergencies and disaster risk management (Health EDRM)**. This area has expanded significantly, and its core work are activities under the WHO Thematic Platform for Health EDRM Research Network (Health EDRM RN) involving over 200 experts, in which WKC acts as WHO Secretariat. A product of the network is the WHO Guidance on Research Methods for Health EDRM, a living reference which has been updated this year with a chapter on COVID-19. A great deal of effort is now underway on the Japanese translation for dissemination in the Kansai region. Five specific research agendas are also underway.

The measures of success identified in the WKC research plan were completed.

Over 60 papers, books, and journal articles were published in 2021-22 including two books published jointly with the Organization for Economic Co-operation and Development (OECD), and policy briefs and reports with the EURO Observatory for Health Systems and Policies. The **Population Ageing Financial Sustainability Gap (PASH) Simulator** was also developed, as was the dissemination material for the **WHO Guidance on Research Methods for Health EDRM** including videos, podcasts, and social media. WKC research was included in major WHO global publications including WHO/World Bank Global Monitoring Reports on Financial Protection in Health and Tracking Universal Health Coverage, the WHO Global Health Observatory, and WHO regional reports. Publications underway include a special journal supplement to be published in 2022 with ten studies, each representing a separate research project started in 2017-18 about health systems responses to population ageing. A second journal special collection will be published in 2023 to showcase the results of 7 studies done in collaboration with OECD on pricing health and long-term care services.

WKC's local engagement plan has three objectives. First, to encourage collaboration across countries towards the SDGs, WKC established partnerships with 11 Kansai-based institutions and maintained its function as Secretariat to the WHO Health EDRM RN involving many Kansai-based partners. The second objective is to communicate and disseminate information about WKC research activities. WKC published a biennial report for 2020-21 and held seven WKC fora to present and disseminate research findings locally. The third objective aims to contribute to the community. Under this objective, WKC has given over 70 student lectures in 2021-22, participates in 15 local technical committees; and has translated over 230 WHO COVID-19 technical guidance and public information documents into Japanese. WKC has also made efforts to strengthen communication with the Kobe Group, both in formal and ad hoc meetings.

WKC responded to the 2021 ACWKC recommendations. In response to a recommendation to expand research to include COVID-19, COVID-19 was included in the long-term care (LTC) financing research, the WHO Guidance on Research for Health EDRM, and the new research plan with Kobe City. The ACWKC recommended qualitative research, which has been incorporated into all research areas. The third recommendation was to strengthen efforts in other forms of research uptake activities in addition to policy briefs. This is being done by working within the WHO Technical Expert Networks that link into regional and country offices. The fourth recommendation was to expand fora for policy makers, which has been done through the Health EDRM RN as well as continual engagement with WHO headquarters through Output Development Teams and presentations to WHO senior management group. The fifth recommendation was to explore the role of communities and local government in the COVID-19 response. This was done by developing programs of research in Health EDRM on community resilience.

The sixth and seventh recommendations focused on budget, including maintaining commitments from the Kobe Group, securing core budget allocations from WHO, and exploring new funds from the Ministry of Health, Labour, and Welfare (MHLW) in

Japan. The vast majority of budget is from the Kobe Group with some support from MHLW, and joint research projects are also undertaken. WHO core funding has been requested. Dr Barber recognized the importance of diversifying funding for activity (research) costs, enumerating the support given by the Kobe Group, MHLW, and joint funding mechanisms. A resource mobilization strategy has been drafted and is currently under discussion with WHO's central resource mobilization unit.

The eighth recommendation was to maximise contributions to WHO flagship products; WKC currently leads two WHO flagship products to be completed in 2023. The ninth recommendation was to improve the organization of the ACWKC meetings and efforts were made this year to improve efficiency. The final recommendation was to present findings and policy implications of WKC research on a dashboard or infographic. Earlier this year, WKC released a biennial achievement report for 2020-2021 and updated the annex in the 2018-2026 Research Plan to include a five-year operational plan with specific measures of success. Dr Barber then posed a series of questions to the Advisory Committee, centered on the strategic issues for future research in the next decade (2026-36) and the comparative advantages of WKC.

Two commentators led the discussion. Dr Agyepong congratulated WKC on their response to the 2021 ACWKC recommendations. She suggested conducting comparative studies for the dementia research to broaden the implications beyond lessons learned from one city. She also recommended that WKC become engaged in the Health Systems Global 2024 (HSG 2024) conference to be hosted by Nagasaki University and the Japan International Cooperation Agency (JICA). Dr Lindeman provided written comments in advance of the meeting. He commented mainly on the response to the 2021 ACWKC recommendations, suggesting a stronger focus on embedding results into the policy process to encourage uptake of specific research findings. He also suggested finding champions to assist in securing resources from WHO, philanthropy, and Japan. Dr Lindeman was impressed by the biennial report, the five-year operational plan, and the number of research studies and deliverables completed. He was impressed by the dissemination efforts on the UHC and Health EDRM work, and thought the use of digital communications (website, social media, and news stories) was effective. Dr Lindeman noted that the efforts to get international agreement on specific measures and metrics on care and unmet need was important research that should continue. Dr Lindeman was impressed by the local engagement activities and saw significant progress through sustained partnerships with Kansai-based institutions, with impressive reach to the Kansai region through the pandemic.

ACWKC members suggested seeking input from relevant stakeholders to begin thinking of strategic research questions for the next decade and starting in 2023 to solicit inputs. Suggestions for specific technical areas included the grand resignation of the healthcare workforce, functioning models of primary healthcare and interdisciplinary care, especially for dementia, and "one health" including food crises and links with the agricultural sector.

Dr Tangcharoensathien as Chair summed up the discussion. He highlighted UHC as a major policy issue in the immediate future and noted the stagnation of progress driven by the COVID-19 pandemic. He strongly emphasized the issue of unmet need, as a key concept to accelerate our measurement and understanding of coverage and financial protection, and WKC's work on measurement of unmet need as critical and forms a strong niche for WKC. He also noted that dementia is another niche for WKC of pressing international demand. Dr Tangcharoensathien believes that one of the key strengths of WKC is its focus on publications and suggests more work on systematic reviews, realist reviews, and meta-analysis focusing on LMICs especially considering the small number of staff of WKC. He also agreed with Dr Agyepong that HSG 2024 is a strategic opportunity for WKC.

KEY POINTS OF THE SESSION:

- Over 60 books, articles and technical papers were published in 2021-22. WKC research informed major WHO global publications and initiatives including the WHO/World Bank Global Monitoring Reports on Financial Protection in Health and Tracking Universal Health Coverage, the WHO Global Health Observatory, and multiple WHO regional reports.
- Some 14 research projects were completed in 2021-22, and ten are ongoing. Research on UHC has shifted from service delivery models to sustainable financing and measurement of unmet need. Research on health emergencies and disaster risk management has expanded with its focus on the work of WKC as Secretariat of the Health EDRM RN.
- Good progress has been made in implementing the recommendations from the WKC Task Force, the mid-term evaluation, and the 2021 ACWKC recommendations.
- ACWKC members emphasized the importance of the research agenda for unmet need, the shift from primary to secondary data analysis, and embedding results into the policy process to encourage uptake of specific research findings.
- ACWKC members suggested taking the opportunity to become engaged in HSG 2024 and finding champions to assist in securing resources from WHO, philanthropy, and Japan donors.

3

RESEARCH ACHIEVEMENTS



3.1 UHC – Metrics and Measurement

Dr Megumi Rosenberg, Technical Officer of WKC, presented achievements and ongoing research in metrics and measurement. Three projects were completed under the first research priority of analyzing the current research landscape on the unmet needs of older people. This included a **global review of relevant theories and concepts** mostly from qualitative research which highlighted the importance of understanding older person's complex care needs, their capacity to make decisions and accessibility of services; a **global systematic review and meta-analysis** involving mostly high-income countries which found that the prevalence of foregone healthcare among older people 65 and above is nearly double that of younger adults, ages 31 to 64; and a **secondary analysis using data from 17 health surveys** conducted between 2001-2019, representing 83 countries of all income levels, which showed that self-reported unmet health care need in older people, 60 years old and above, is as high as 50% in some countries. The association between the prevalence of unmet health need and the UHC Service Coverage Index was highlighted. The results of these studies were cited in the **2021 Global Monitoring Report on Financial Protection in Health and Tracking Universal Health Coverage: 2021 Global Monitoring Report**.

Two projects were completed under the second research priority of developing new metrics for monitoring UHC in the context of population ageing. The first study produced the **first age-disaggregated estimates of the SDG 3.8.2 indicator**, catastrophic health spending, defined as out-of-pocket health expenditure exceeding 10% or 25% of total consumption or income. Analysis of data from 92 countries showed that people living in households with at least one older person, 60 years old and above, have the highest incidence of catastrophic health spending. These results were featured in the 2021 Global Monitoring Report on Financial Protection in Health and is contributing to a new policy and practice for countries to report financial protection indicators disaggregated by age. The second study examined **older people's out-of-pocket spending on healthcare in Viet Nam** based on survey data from 1,536 people aged 60 and above from 3 provinces and found that out-of-pocket spending due to self-medication causes a substantial burden on older people. Qualitative analysis of key informant interviews revealed possible coverage gaps in health insurance. This study is informing national and regional policies on older people and was also accepted for publication in a special journal supplement of BMC Health Research Policy and Systems.

Two programmes of work are ongoing. The first is on the measurement of unmet need. Building on the series of studies on this topic that WKC completed in recent

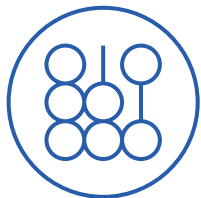
years, the next phase involves **organizing a global research consortium to improve data and methods for measuring unmet needs of older people**. A series of expert consultations will be held in early 2023 with the aim to establish the consortium and its research agenda by the end of 2023. The second area involves **two Kansai-based studies that are linked to the global research agenda on financial protection**. One of them is a quantitative study using secondary data to assess trends in the levels of out-of-pocket health spending in households with an older person, 65 or above, compared to households with no older person. The other is a qualitative study on the circumstances in which older people experience financial hardship in obtaining healthcare and the barriers that social workers face when trying to provide them with financial support.

Responding to the 2021 ACWKC recommendation to include LTC in the research agenda, both the research on unmet need and on financial protection address LTC. The recommendation to conduct research on the impact of the COVID-19 pandemic on older people's access to and unmet needs for healthcare and LTC is addressed by a new project under development in collaboration with Kobe City. Finally, WKC continues to diversify methods for effectively communicating research results, such as through webinars, WHO flagship reports, and special journal supplements.

Professor Soonman Kwon, representing the WHO Western Pacific Region (WPR), led the discussion. He congratulated WKC for the impressive achievements particularly considering the resource constraints. He strongly supported WKC's attention to unmet needs, noting that it would be especially important to address unmet needs for LTC considering the lack of formal systems in most countries. Dr Tangcharoensathien appreciated WKC's research evidence on unmet needs saying that they bolster his argument to add unmet needs as one of the indicators for SDG 3.8.2. He said that WKC can strengthen its comparative advantage in leading the global research agenda on unmet needs by establishing the research consortium. He also said it would be important for the research consortium to support countries to produce data on unmet needs. Dr Agyepong added that the research consortium should help fill the data gap in the Africa region.

KEY POINTS OF THE SESSION:

- For UHC metrics and measurement, five research studies were completed, and two programmes of research are ongoing. This resulted in contributions to 2021 WHO Global Monitoring Reports on Financial Protection and Tracking Universal Health Coverage, a WKC Evidence Summary and seven peer-reviewed journal articles.
- Efforts moving ahead focus on the establishment of a global research consortium to improve data and methods for measuring unmet needs of older people.
- The ACWKC emphasized the importance of research on unmet needs as an understudied area that has significant implications for the global monitoring of UHC and for LTC.
- Future research should include supporting low- and middle-income countries, particularly in the African region, to produce data on unmet needs.



3.2 UHC – Service Delivery and Health Financing

Dr Barber presented the progress in research about service delivery and sustainable financing, in which all staff contributed. In **service delivery**, a research program launched in 2017-18 was completed and will be published in a special supplement of BMC/Springer's Health Research Policy and Systems organized by WKC, presenting research in **10 countries in the Asia Pacific region about how health systems respond to population ageing**. It will be disseminated as a part of the official programme of the 37th Annual Congress of the Japan Association for International Health in November 2022.

A special flagship project about **Managing dementia patients in Kobe City** done in cooperation with Kobe University and Kobe City was completed after its fifth year of implementation. The results have been disseminated widely both in the Kansai region and internationally in journals and other policy fora. Given the successful collaboration on the Kobe dementia study, a call for proposals has been issued to develop a **new collaborative initiative to commission research that involves secondary analysis of Kobe City's data** on individual-level healthcare use, long-term care eligibility and use, receipt of public assistance/welfare and health outcomes. It is anticipated that the research would address local public health priorities and align well with WKC's global research agenda.

Research emphasis has shifted to sustainable financing in the context of population ageing. The partnership with WHO EURO Observatory on Health Systems and Policy and WHO Regional Office for the Western Pacific (WPRO) has successfully produced 12 country case studies and two WPRO regional publications to better understand **how healthy ageing impacts trends in health expenditures and economic growth**. The research led to the development of 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. The simulator will continue to be applied to countries in the WPRO regional office.

Moving ahead, two WHO Technical Products or global flagship products will be the focus. The **LTC financing technical product** is being carried out in cooperation with WHO Health Governance and Financing Department and the technical focus points on ageing. Five background papers have been commissioned to study **gender aspects of long-term care, public financing, a rapid scoping review of innovations, and experiences from the Kansai region**. Complementing this research is a collaboration with the WHO EURO Observatory on Health Systems and Policy and WHO Regional Office for the European Region (EURO) for research about **making the case for investing in LTC**. It is anticipated that this research will inform an updated WHO Financing Brief for LTC in 2023.

The second WHO Technical Product focuses on purchasing instruments to strengthen quality health services for chronic illnesses and is being carried out in collaboration with the Organization for Economic Development and Co-operation (OECD) and the WHO Health Governance and Financing Department. The product focuses on the role of purchasing instruments and arrangements to improve the quality of health services for chronic illnesses. The research will produce evidence-informed policy guidance on the use of purchasing instruments and arrangements to improve quality of chronic care for low- and middle-income countries.

This research is the third phase in a **series of successful collaborations with the OECD** since 2018. Earlier collaborations focused on price setting and price regulation in health and long-term care and selected results will be published in a special collection

sponsored by WKC in SAGE Health Services Impact in 2023.

Over 40 books, articles and technical papers were published in 2021–22, as well as the PASH global simulator. Two journal supplements and one book are in progress. In response to the 2021 ACWKC recommendations, COVID-19 is fully integrated into the research about LTC and the new initiative with Kobe City. The research priority focusing on innovations for empowering older adults has been removed from the research plan as advised.

Dr Auer, representing the WHO European Region (EUR) led the discussion. He appreciated the policy-oriented focus of the research and noted strong partnerships with research institutes in EUR. Other comments noted the high research outputs and particularly the dementia study and the PASH simulator. The Chair emphasized the importance of the research to policy linkages about dementia to resource constrained settings and practical applications to increase people’s functional capacity. The WKC could shift from primary data collection to use of secondary data such as systematic reviews and meta-analysis.

KEY POINTS OF THE SESSION:

- Research about service delivery and sustainable financing area includes four completed and six ongoing research agendas. Over 40 books, articles and technical papers were published in 2021–22; in addition, the PASH simulator and 2 journal supplements are in progress.
- Following the successful completion of the Kobe Dementia study, collaborations with Kobe City continue with a call for proposals on secondary data analysis of local administrative datasets focusing on the impact of COVID-19 on health behavior and utilization.
- Two WHO Technical Products (global flagship products) are underway. The first focuses on LTC financing and includes six ongoing global collaborations to produce evidence for low- and middle-income countries for financing LTC. The second WHO technical product focuses on purchasing instruments for quality chronic care for low- and middle-income countries.
- ACWKC members emphasized the importance of research to policy linkages, particularly for the dementia project, and taking advantage of secondary data for research.



3.3 Health EDRM

Dr Ryoma Kayano, Technical Officer of WKC, outlined progress of research projects on Health EDRM. The development (in 2021) and revision (in 2022) of **the WHO Guidance on Research Methods for Health EDRM**, as well as the production of learning materials (slideshows, video lectures, etc.), and global / local dissemination initiatives including Japanese translation were highlighted as the major achievements on research priority 1. In addition, two projects are under way with support of the experts of WHO Health EDRM RN, which includes development of **WHO Research Agenda on Health EDRM** and establishment of **WHO Health EDRM Knowledge Hub**.

Dr Kayano also introduced the key findings of the three completed research projects and expected outputs by the three ongoing research projects that address research priorities 2-4. **Scoping review and case studies of health data management before, during and after emergencies and disasters** demonstrated the value of standardized on-site health data collection tools: WHO Emergency Medical Team Minimum Data Set (EMT MDS) and Japan Surveillance in Post-Extreme Emergencies and Disasters (J-SPEED), which provide response managers information about real-time health issues of survivors and therefore enable them to provide data-oriented effective resource allocations. **A systematic review on the determinants of long-term mental health outcomes after disasters and health emergencies** revealed high prevalence and persistence of mental health issues years after the event regardless of disaster type, which justify countries and communities to provide long-term monitoring and follow up of survivors. **Literature review, case studies and expert consultations on health workforce development strategy in Health EDRM** identified a series of key action points for successful education, training, deployment and on-site activities of health workforce for emergencies and disasters, which inform the policies and programmes of countries and communities. Regarding the ongoing projects on **Health EDRM in the context of COVID-19**, research focus and expected outputs of each project were introduced, which includes a) community resilience: to develop priority actions to achieve sustainable strategies to 'build-back-better', b) whole-of-society approach: to outline the lessons learned from the case studies on early response by multiple countries, and c) mental health: to identify the long-term effect of smartphone-based cognitive and behavioral therapy (CBT) for preventing mental health issues.

In response to the positive evaluation by the 2021 Advisory Committee Meeting, WKC continued its effort to keep the current momentum to promote the global collaborative activities and initiatives through WHO Health EDRM RN. The first recommendation suggested integration of COVID-19 into the research; this was addressed by initiating three research projects on responding to health emergencies in the context of COVID-19. The second and third recommendations emphasized digital health and implementation research. These recommendations were addressed in research studying the application of the EMT MDS/J-SPEED and smart-phone based mental health intervention tools in multiple research projects. The fourth recommendation emphasized explaining the policy significance of the research. This was addressed by producing short research briefs for each project, producing learning materials of the WHO Guidance on Research Methods for Health EDRM and ongoing effort to establish the WHO Health EDRM Knowledge Hub.

Two commentators led the discussion. **Dr Hinoshita, representing MHLW**, noting the rationale and advantage of WKC's background history of establishment after the Great Hanshin Awaji Earthquake 1995 and Japan's knowledge and experience and disaster science, suggested studying the factors contributing to health systems resilience for disaster response. **Professor Reiko Sakashita, representing the local community**, congratulated the progress and achievement of WKC's research activities including the response to 2021 ACWKC recommendations on digital health

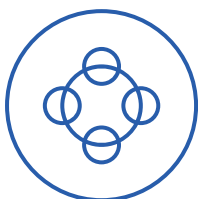
and appreciated WKC’s contributions to local advocacy and promoting global-local research collaborations. She suggested further exploration of implementation research on health workforce development, highlighting the importance of better collaboration between local municipalities and on-site health professionals in emergencies and disasters. Regarding the dissemination of the research methods guidance, given the current effort to closely collaborate with disaster medicine and public health societies, both Dr Hinoshita and Professor Sakashita suggested to expand the scope of dissemination to other disaster science by approaching research networks of different sectors as well as utilizing the networks of UN/international organizations. Professor Sakashita also suggested to increase the citation of the guidance in future journal publications by researchers as a possible indicator of successful dissemination. Dr Tangcharoensathien emphasized the opportunity for further implementation and application based on WKC’s past success and progress and suggested closer collaboration with Regions and Countries (e.g., joint workshop on research capacity building using the guidance, joint quick assessment of recent disasters using EMT MDS/J-SPEED).

KEY POINTS OF THE SESSION:

- Under Health EDRM, three research projects were completed in 2021-22 and seven projects are ongoing. Some 13 journal articles were completed as well as the WHO Guidance on Research Methods for Health EDRM.
- The global initiative to disseminate the WHO Guidance on Research Methods for Health EDRM is successfully underway, with the production of learning materials and Japanese translation with the support of global and local research communities and all WHO Regional Offices.
- Emphasis moving forward includes addressing the needs of regions and countries through implementation research, joint research capacity building and knowledge dissemination, and engaging with regional networks and stakeholders for further dissemination and application of WKC research products and study findings.
- ACWKC members suggested to study health system resilience and implementation research on health workforce development, as well as to enhance visibility of Health EDRM research by approaching and involving experts and networks of other disaster science fields. Stronger collaborations with regions and countries for further research and implementation is recommended.

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LOCAL ENGAGEMENT ACHIEVEMENTS: OUR CONTRIBUTION TO THE COMMUNITY



Mr. Loic Garçon, Programme Officer (Management), presented the achievements and plans for the three objectives of WKC's local engagement plan. Under the first objective, WKC aims to share lessons learned and encourage collaboration across countries as they strive to attain similar goals under the commitments for UHC and the SDGs. WKC continues to partner with 11 Kansai-based research institutions to study locally relevant global health problems. WKC is also the Secretariat for WHO Health EDRM RN, consisting of international specialists as well as Kansai-based experts, and holds an annual meeting of the WHO Health EDRM RN to share information, exchange about research needs and progress to date.

Under objective 2, WKC strives to communicate and disseminate information about WKC's research activities to the local community. WKC held seven WKC fora in 2021-22 and expanded its web and social media presence. WKC's twitter account has reached nearly 9400 followers, and more than 210,000 pages have been viewed on its website since the last ACWKC meeting took place. WKC's YouTube channel has also seen a growth of followers (around 300 to date), with the display of WHO's COVID-19 'Science in 5' videos translated into Japanese, as well as webinars hosted by the Health EDRM RN.

Under objective 3, WKC aims to contribute to the community in Hyogo Prefecture and Kobe City for awareness-raising and health advocacy. More than 70 student lectures were given to engage with youth in the Kansai region, and WKC staff participated in 15 local technical committees to provide the most up-to-date WHO recommendations to improve local policy responses to public health challenges, and 14 local events about health issues. WKC has also continued to translate more than 230 WHO COVID-19 technical guidance and public information documents into Japanese. WKC has also sought stronger collaboration with the Kobe Group through regular and ad hoc meetings.

Vice Governor Yasutaka Katayama of Hyogo Prefecture, representing the Kobe Group, emphasized the importance of the Memorandum of Understanding (MoU) between WHO and the Kobe Group, with an emphasis on the agreed upon priorities

for local engagement and research using the US\$ eight million carry over in 2015. This is expected to include the continued collaboration with Kobe City, capacity building and advocacy for young generations, and further efforts to improve WKC's local presence. The Vice Governor expressed his appreciation for WKC's contribution to local committees and meetings, and the research on Health EDRM related to the 'whole-of-society approach' and COVID-19. He stressed the importance of close communication with the Kobe Group for mutual understanding. Noting that in 2023 discussions on the 4th MOU will start, he expressed expectations that WKC will make further effort to demonstrate their presence and value for local citizens. Professor Reiko Sakashita stressed the importance of providing opportunities for local students to learn about global health issues. Dr Hinoshita similarly discussed WKC's activities for students and the young generation in improving WKC's visibility.

Professor Kwon noted that expectations should be reasonable and take into consideration the small size of WKC, and its mandate and measures of success as a research institute. The chair, Dr Tangcharoensathien agreed with Professor Kwon and suggested that there needs to be a better understanding with the Kobe Group about what can be expected given the limited budget and staff. Dr Agyepong noted the importance of student capacity building and suggested that WKC form partnerships with local institutes and a discussion with the WKC Japan Cooperating Committee (JCC), representing the Kobe Group, to discuss how they can support WKC's local engagement and collaboration with partners given limited capacity.

KEY POINTS OF THE SESSION:

- Main achievements for local engagement in 2021-22 include seven WKC fora, ongoing collaborations with 11 Kansai-based research institutes, more than 210,000 page views on WKC website, and 1,000 daily visitors on average, over 9300 followers on @WHOKobe twitter account and 300 followers on YouTube, 73 News Stories in Japanese and 27 in English published on WKC's website, more than 70 public lectures and webinars, more than 230 new and revised Japanese translations and dissemination of WHO COVID-19 technical guidance and infographics.
- Moving ahead, WKC will continue to work with research partners in the Kansai Region and outside Japan to disseminate research findings, strengthen and expand local engagement activities for WKC's visibility and recognition as a centre of excellence in research.
- The ACWKC recommended strengthening the function of a WKC focal person to coordinate and communicate with the Kobe Group, and local engagement activities such as the WKC Fora, WHO Global Health Summer School which involves young people, academia and local government.

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RECOMMENDATIONS

Dr Tangcharoensathien as chair and Dr Agyepong as rapporteur presented the conclusions and recommendations. With the limited staffs and budget, they noted that the 2021 ACWKC recommendations are fully taken as well as impressive performance on research, publications, and local engagement. They stressed the outstanding contribution on communication especially for the COVID-19 pandemic through various channels such as policy briefs and social media platforms, and the first WKC biennial report 2020-21.

Specific recommendations by ACWKC include:

1. Through consultation with policy users and stakeholders in Kobe, Japan and outside, the strategic research direction for 2026-2036 can be prioritized and finalized.
2. In the context of UHC and ageing, a few new research portfolios can be considered such as a) grand resignation of health workforce, b) functioning models of primary healthcare (PHC)—interdisciplinary care for dementia and older persons, and c) One Health, notably food insecurity.
3. As WKC is a research agency under WHO with a global nature; research should support GPW13 (triple billions) and SDG. There is also a need to identify health priorities which are “locally and globally relevant” in order to meet expectation by both WHO and Kobe constituency.
4. The three existing WKC niches including a) ageing, b) UHC, and c) Health EDRM are globally and locally relevant; that should continue to be WKC research portfolios.
5. Based on WKC’s long-cumulative knowledge on dementia and in the context of rapid ageing society and increased prevalence of dementia in low- and middle-income countries,^{3,4} WKC has a high potential to diversify its research portfolio by applying the ‘tools’ generated from Kobe Dementia Research to detect, prevent and manage decline in dementia conditions to larger settings in- and outside Japan, as well as inform policies and practices.
6. Unmet health need can be a major research portfolio, if the Inter-agency and Expert Group on SDG Indicators (IAEG-SDGs)⁵ decides to include as SDG indicator 3.8.3 “prevalence of unmet health needs” as tier 1 indicator. Standardize questionnaire surveys would be needed to capture this through insertion of an unmet need module into the existing national representative household survey.

WKC can analyze and produce prevalence of unmet needs among older persons on long term and social care.

7. Through the establishment of a global research consortium, WKC has comparative advantage to drive the research agenda on unmet health care needs, its determinants and solution both availability of services and affordability through improved financial risk protection.
8. The Health EDRM portal, a very important source of information, is an excellent achievement. In the context of global negotiation towards a WHO Pandemic Accord through the Intergovernmental Negotiating Body (INB),⁶ Health EDRM may consider extending research focus to include public health emergency which is a common challenge worldwide. Studies can look into the impacts of COVID-19 pandemic on the health of older persons who survived from COVID, such as long-COVID symptom, quality of life and mortality outcomes.
9. Continue to work with research partners in Kobe, Kansai Region and outside Japan to maximize use of various “evidence” generated through WKC in supporting implementation research that promotes the uptake of research findings into policy and routine practice; and evaluate the impacts.
10. On local engagement, strengthen the function of a WKC focal person to coordinate and communicate with the Kobe Group to enhance mutual understanding and continue to strengthen local engagement notably WKC Fora, WHO Global Health school which involve young people, academia, and local government.
11. Make best use of Health Systems Global 2024 (HSG 2024) to be hosted by Nagasaki University and JICA, that WKC disseminate its research findings and highlights its global visibility; and solicit inputs from global stakeholders on WKC

³ Sudharsanan N, Bloom DE. The Demography of Aging in Low- and Middle-Income Countries: Chronological versus Functional Perspectives. In: National Academies of Sciences, Engineering, and Medicine; Division of Behavioral and Social Sciences and Education; Committee on Population; Majmundar MK, Hayward MD, editors. Future Directions for the Demography of Aging: Proceedings of a Workshop. Washington (DC): National Academies Press (US); 2018 Jun 26. 11. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK513069/https://www.ncbi.nlm.nih.gov/books/NBK513069/>

⁴ Ferri CP, Jacob KS. Dementia in low-income and middle-income countries: Different realities mandate tailored solutions. *PLoS Med.* 2017 Mar 28;14(3):e1002271. doi: 10.1371/journal.pmed.1002271. PMID: 28350797; PMCID: PMC5370095.

⁵ Inter-agency and Expert Group on SDG Indicators. United Nations (<https://unstats.un.org/sdgs/iaeg-sdgs>)

⁶ Intergovernmental Negotiating Body, the World Health Organization (<https://inb.who.int/>)

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CONCLUSIONS

Dr Tangcharoensathien noted that WKC has produced exemplary outcomes in its research agenda. He invited each ACWKC member to make a closing statement. Kobe Group noted that the discussion was valuable and stressed that they would continue to work with WKC. Dr Hinoshita noted that the recommendations were well summarized. In evaluating impact, he suggested utilizing evidence for policy making, and in doing so this can increase visibility. Professor Sakashita stressed that important achievements were made within limited resources and staff. She stressed the importance of bringing global knowledge to the local community.

Dr Tangcharoensathien noted that WKC's niche is linking local and global health priorities. He urged the Kobe Group to continue support to WKC both for the benefit of the local community and as a contribution to global health and acknowledged three decades of generous contribution from the Kobe Group. He stressed that the ACWKC is here to support these efforts. Dr Barber expressed her great appreciation to ACWKC members for their time, effort and valuable recommendations. She noted that the 2023 ACWKC meeting will take place in Kobe, Japan.

ANNEX

Annex 1: Meeting Programme



WHO CENTRE FOR HEALTH DEVELOPMENT

Twenty-Sixth Meeting of the Advisory Committee of the WHO Centre for Health Development (ACWKC) Kobe, Japan, 10–11 November 2022 (online)

8 November 2022

Programme

10 November 2022 (Day 1)

16:55–17:00	Housekeeping announcement	Mr Loic Garcon Programme Officer, WKC
17:00–17:15* <i>(based on Kobe time, pls refer to the time below for each city)</i>	<p>Opening of the meeting Welcome remarks</p> <p>Representative of the Kobe Group (video message)</p> <p>Representative of the Host Government</p> <p>Representative from WHO HEP Division (video message)</p> <p>Statutory business Opening remarks by Chairperson, ACWKC Announcing Appointment of Rapporteur</p>	<p>(Agenda item 1) Dr Sarah Louise Barber Director, WKC</p> <p>Hon. Motohiko Saito Governor, Hyogo Prefecture</p> <p>Dr Eiji Hinoshita Assistant Minister for Global Health and Welfare, Ministry of Health, Labour and Welfare</p> <p>Dr Naoko Yamamoto Assistant Director-General</p> <p>(Agenda item 2) Chairperson: Dr Viroj Tangcharoensathien Chairperson</p>
17:15–17:45	<p>Strategic achievements and challenges - Presentation Summary (10 min) - Lead commentator and discussion (20 mins)</p>	<p>(Agenda item 3) Presentation: Dr S. L. Barber</p> <p>Lead Commentator: Dr Irene Agyepong Dr David Lindeman (to receive comments in advance)</p>
17:45–18:15	<p>Research achievements: UHC-Metrics and measurement in the context of population ageing - Presentation summary (5 min) - Lead commentator and discussion (25 mins)</p>	<p>(Agenda item 4-Part 1) Dr Megumi Rosenberg Technical Officer, WKC</p> <p>Lead Commentator: Prof Soonman Kwon</p>
18:15–18:25	Break	

18:25–18:55	Research achievements: UHC-Service delivery, sustainable financing and innovations - Presentation summary (5 min) - Lead commentator and discussion (25 mins)	<i>(Agenda item 4- Part 2)</i> Dr Sarah L. Barber WKC Lead Commentator: Dr Clemens Auer Prof Maged Al-Sherbiny
18:55–19:25	Research achievements: Health emergency and disaster risk management (Health EDRM) - Presentation summary (5 min) - Lead commentator and discussion (25 mins)	<i>(Agenda item 4- Part 3)</i> Dr Ryoma Kayano Technical Officer, WKC Lead Commentator: Dr Eiji Hinoshita Prof Reiko Sakashita
19:25–19:30	Wrap-up Comments on Day 1	Chairperson
19:30	Meeting adjourned	

11 November 2022 (Day 2)

17:00–17:30	Local engagement achievements: Our contribution to the community - Presentation summary (5 min) - Lead commentator and discussion (25 mins)	<i>(Agenda item 5)</i> Mr Loic Garcon Programme Officer, WKC Lead Commentator: Mr Yasutaka Katayama
17:30–18:30	Closed Discussion of ACWKC to prepare Recommendations	ACWKC + WKC Rapporteurs
18:30–18:40	<i>Break</i>	
18:40–19:10	Recommendations	<i>(Agenda item 6)</i> ACWKC
19:10–19:20	Conclusions and other matters	<i>(Agenda item 7)</i> Chairperson
19:20	Close of the meeting	Chairperson

***Meeting time at each city**

City	Accra	Bellagio, Italy	Kobe/Tokyo	Kuwait	Bad Hofgastein (Austria)	Seoul
Time	08:00–10:30	09:00–11:30	17:00–19:30	11:00–13:30	09:00–11:30	17:00–19:30

Annex 2: List of participants

ACWKC Members

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

Professor Maged Al-Sherbiny, Higher Education Senior Advisor, Direct Aid International, Kuwait

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

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

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

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

Dr David A. Lindeman, Director Health, Center for Information Technology Research in the Interest of Society (CITRIS), University of California, Berkeley, United States of America*

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

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

Guest

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

Kobe Group

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

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

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

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

Ms Nami Nishida, Secretariat of the WKC Cooperating Committee (JCC)

Mr Masayuki Fujiwara, Chief Operating Officer, Biomedical Innovation Cluster and Business Promotion Headquarters, City of Kobe 1

Mr Kozo Mori, Director, Kobe Biomedical Innovation Cluster Department, Biomedical Innovation Cluster and Business Promotion Headquarters, City of Kobe

Mr Kazuyuki Ikezawa, Manager, Research Division, Kobe Biomedical Innovation Cluster Department, Biomedical Innovation Cluster and Business Promotion Headquarters, City of Kobe

Mr Akinari Umeki, Assistant Manager, Research Division, Kobe Biomedical Innovation Cluster Department, Biomedical Innovation Cluster and Business Promotion Headquarters, City of Kobe

Mr Kazuho Miyamoto, Research Division, Kobe Biomedical Innovation Cluster Department, Biomedical Innovation Cluster and Business Promotion Headquarters, City of Kobe

Mr Shinichi Goto, Director, General Manager of Industry Division, The Kobe Chamber of Commerce and Industry

Mr Yasutoshi Hiraoka, International Affairs Adviser, The Kobe Chamber of Commerce and Industry*

Ms Yumi Nishida, Manager of Industry Division, International Affairs, The Kobe Chamber of Commerce and Industry*

Ms Ayane Taniguchi, Industry Division, International Affairs, The Kobe Chamber of Commerce and Industry*

Mr Yasuji Kusuyama, General Manager, General Administration and CSR Department, Kobe Steel, Ltd.*

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

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

WHO Kobe Centre

Dr Sarah Louise Barber, Director

Mr Loïc Garçon, Programme Officer (Management)

Dr Ryoma Kayano, Technical Officer (Health EDRM, Mental health, Dementia, Noncommunicable diseases)

Dr Megumi Rosenberg, Technical Officer (Metrics and measurement, Equity, Ageing)

Ms Samantha Chivers, Consultant (Communication)

Ms Yunhwa Jo, Consultant (Communication)

Annex 3: Technical Briefs

UHC – Metrics and Measurement

Background

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

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

Key research areas 2021–2025

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 2021–2022

Results from research completed in 2021–2022

Age-disaggregated analysis of national household survey data on financial hardship due to health care utilization (WHO Geneva Headquarters, WHO Regional Offices, International consultants, 2020–2021) was carried out as part of our ongoing collaboration on the analysis of financial protection of households with older members with the Economic Evaluation and Analysis Unit in the Department of Health System Governance and Financing in WHO Geneva Headquarters. This study produced the first age-disaggregated estimates of the SDG 3.8.2 indicators for financial protection. Based on the analysis of data from 92 countries, the study found that people living in households with at least one older person 60 and above have the highest incidence of catastrophic spending, defined as health spending exceeding 10% of the household's total consumption or income. These results were featured in the WHO–World Bank *Global Monitoring Report on Financial Protection in Health 2021* and a WKC policy brief is under development. This work is fundamental to WKC's ongoing programme of work on measuring financial protection considering global population ageing. It contributes to the global monitoring of UHC and it has led to new studies to analyze financial protection of older people in healthcare in Japan and in the Kansai region (see later section on ongoing research).

Measuring financial protection for older persons in Viet Nam (Viet Nam Health Strategy and Policy Institute, 2019–21) collected data on health expenditures from

1,536 people aged 60 years and older through a multi-stage cluster sampling survey in three provinces in the north, central and south regions of the country. The study found that despite near universal coverage with health insurance, care was not sought in over a third of episodes of ill health, often resulting in out-of-pocket (OOP) spending on self-medication. When care was sought, most patients paid OOP for co-payments, medicines not covered by insurance and non-medical costs (travel, meals, etc.). More than half of the households which had to pay OOP for the care of older persons had to borrow money, get a loan or sell property. In addition, 20 in-depth interviews and 28 focus group discussions were carried out with policymakers, health managers, health care providers and older people. These discussions identified limitations in current financial protection policies such as the inadequate level of social assistance benefits, lack of coverage for social care services, and gaps in social health insurance coverage especially among self-employed and low-income older people. These findings were highlighted in the *Global Monitoring Report on Financial Protection in Health 2021* and has been accepted for publication in the BMC supplement in *Health Research Policy and Systems* organized by WKC. It is also informing the WHO Western Pacific Regional Strategy on Ageing.

Equity in the health care needs and service coverage of older people: a scoping review (Univ of Sheffield, Liverpool Univ, Osaka Univ, 2020-21) is the first phase of the programme of work on equity in service coverage of older people. A global scoping review supplemented by a review of the Japanese literature found that monitoring equity in health services coverage for older persons requires attention to multi-morbidities, complex care needs, capacity to make decisions, and accessibility of services. The key findings were presented in a WKC Evidence Summary and the full research paper was published in *Integrated Healthcare Journal*. This study laid the groundwork for WKC's ongoing programme of work on the measurement of unmet need for health and social care. The findings provided a theoretical framework that can be used in future research, globally, to assess equity in health service coverage of older people. The results of the Japanese literature review carried out by Osaka University identified health equity issues that are particularly relevant to Japan. Findings from this review are being prepared as a separate journal publication.

Systematic review and meta-analysis: financial barriers to accessing health services and unmet healthcare needs (Univ of Tokyo, Univ of Hitotsubashi, 2020-21) was carried out as part of a series of collaborative research activities addressing unmet need due to foregone care with the Economic Evaluation and Analysis Unit in the Health System Governance and Financing Department in Geneva Headquarters. The meta-analysis included 114 studies which covered around 58 million people from 56 countries. Results showed that foregone health care among the older population was more prevalent than among younger adults 31-64 years old and that unaffordability was the main cause. The study also found that the methods used for measuring unmet need varied widely across studies. These results were included in the *Global Monitoring Report on Financial Protection in Health 2021* and a separate journal publication has been accepted for publication in *Health Economics Review*. This study contributed to WKC's ongoing programme of work on the measurement of financial protection and unmet need for health and social 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, 2019-2022) Building on the scoping review of the conceptual literature and the systematic review and meta-analysis of the prevalence of unmet need due to foregone care which were completed in 2020-2021, this study aimed to produce cross-country estimates of the prevalence of unmet need for health and social care among older people through secondary analysis of existing survey

datasets including in low- and middle-income countries. Data from 17 health, social and economic surveys conducted between 2001 and 2019, representing 83 low-, middle- and high-income countries were analyzed. Based on self-report, current estimates range from low levels of less than 2% of unmet health care need in adults 60 years and older in some countries to much higher rates of over 50% in others. Similarly, estimates for unmet social care need range from less than 4% to over 40% across countries. The finding that unmet health care need among older people is generally lower in countries which have higher health service coverage, as measured by the UHC Service Coverage Index, was cited in the WHO-World Bank *Tracking Universal Health Coverage: 2021 Global Monitoring Report*. Journal articles are currently under preparation.

Research ongoing in 2021–23 and expected results

Recognizing the growing global demand for data on unmet need for the monitoring of UHC and the related methodological challenges, WKC started a new project in September 2022 on the **Organization of a global research consortium to advance methods for measuring unmet health and social care needs of older people (The Australian National Univ, Univ of New South Wales, Univ of Gothenburg, Univ of Padova, International Longevity Centre Singapore, Univ College London, 2022–2023)**. This work responds to the findings from WKC's prior research that globally comparable data on the unmet need for health care especially for older people and for social care are still scarce. Based on a synthesis of existing knowledge and through a series of expert consultations, this project aims to establish a global research consortium with a clear research agenda to advance this field. The consortium is expected to then implement its research agenda and generate new data to inform assessments of progress toward UHC and other related targets.

As part of the global programme of research on measuring financial protection, and in line with WKC's local research mandate, WKC has ongoing research on financial protection among older people with a focus on the Kansai region of Japan. The Kansai area is known to have some of the highest rates of households receiving public assistance, many of which are households with older people.

The first study, **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)** was started in July 2021. The primary goal of this study is to produce statistical estimates of financial hardship and unmet care needs, comparing older people in Kansai to their counterparts in other regions of Japan and to people in other age groups. The study will also involve a review of existing evidence in the literature about financial protection policies, financial hardship and unmet care needs related to older people in Kansai, and Japan more broadly. The researchers plan to conduct interviews with local government officials toward the end of their study period to contextualize the research findings and identify relevant implications for the region. Preliminary results showed that high out-of-pocket health spending in excess of 10% of total household consumption was more common among households with at least one older person, 65 and above, compared to households with no older person (10.8% vs 5.8% in 2019). These findings were featured in the *Global Monitoring Report on Financial Protection in Health 2021*.

The second study on **Financial protection of older persons in health care in the Kansai region of Japan: Barriers to effective implementation of financial protection policies and programmes (Kyoto Univ, 2021–22)** is an exploratory study of the difficulties that older people in the Kansai region face when paying for health care services, and the barriers that both the older patients and service providers face

when trying to utilize existing financial support systems and policies. A mail survey of social workers in hospitals, local governments and community-based social welfare and other relevant agencies in all six prefectures of Kansai received 553 responses. In-depth interviews were conducted with a sub-set of 20 of them. Preliminary results identified fragmented services and complicated administrative processes as challenges for service providers, while complex physical, mental/cognitive and social problems of the older patients were also identified as hindering factors to the effective application of existing financial protection programmes. The findings were presented in an online WKC Forum in July 2022, which was well attended by nearly 150 participants including local government officials, health and social care workers and members of academia mainly in the Kansai area.

Publications

Contributions to WHO Global Reports

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 - Section 1.2 “Who experiences financial hardship? A focus on age” (pp 17–21).
 - Box 5 “Health spending and unmet need among households with older persons in Japan” (p 21)
 - Box 8 “Forgone care and financial barriers to healthcare access: A systematic review and meta-analysis” (Box 8, p 27)
 - Box 11 “Composition of out-of-pocket health spending and financial coping strategies among households with older persons in Viet Nam” (p 49)
- World Health Organization & International Bank for Reconstruction and Development. (2021). *Tracking Universal Health Coverage: 2021 global monitoring report*. <https://www.who.int/publications/i/item/9789240040618>. Licence: CC BY-NC-SA 3.0 IGO
 - Section 1.3.2 “Inequalities in unmet health care needs” (p 13).

WKC Evidence Summary

- [Key concepts for assessing equity in health care access among older people](#). WKC Evidence Summary. September 2021.

Journal articles

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- Safian N, Shah SA, Mansor J, et al. Factors associated with the need for assistance among the elderly in Malaysia. *Int J Environ Res Public Health*. 2021;18:730. doi: 10.3390/ijerph18020730

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- Rosenberg M, Tomioka S, Barber SL. Introductory article to the supplement on research to inform health systems' responses to rapid population ageing. – *Health Research Policy and Systems*. Supplement issue.
- Shah SA, Rosenberg M, Ahmad D, Ahmad S, Safian N, Shobugawa Y. Prevalence and determinants of unmet needs for hypertension care among the older population in Selangor: cross-sectional study – *Health Research Policy and Systems*. Supplement issue.
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UHC – Service Delivery, Sustainable Financing, and Innovations

Background

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

Key research areas

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

Progress report 2021-2022

Results from research completed in 2021-2022

In 2018-19, the WKC launched a series of research projects in ASEAN countries to study service delivery models and how health systems are adapting to population ageing. Most of these research projects were completed in 2020-22, resulting in final project briefs, journal publications, and working papers with implications for other countries. Many of these studies will be published in 2022 in a special supplement of BMC/Springer's Health Research Policy and Systems organized by WKC on the theme of health systems responding to population ageing.

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

an enhanced community of care model for high-risk older people in Singapore (Duke-NUS Medical School, Singapore General Hospital, 2019–22) could not be fully completed as planned in early 2022 because of major problems with completing data collection due to the COVID pandemic. The research team instead documented insights from this study about the ethical and practical issues in conducting research about vulnerable older populations during health emergencies for a commentary article for the supplement. This journal supplement is planned to be published in September 2022. Two promotional events are planned targeting both Japanese and global audiences. The first will take place in the form of a WKC Forum in November 2022 as a part of the official programme of the 37th Annual Congress of the Japan Association for International Health. The second is tentatively planned for December 2022 and will be offered as a global webinar.

Research was also completed that **mapped service delivery models that optimise quality of life and health services use for older people with advanced progressive chronic diseases (King’s College, London, University of Southern California, Kobe and Kyoto Universities, 2019–21)**. Separately a manuscript was published.

Research ongoing in 2021–23 and expected results

The multi-year research project about **Managing dementia patients in Kobe City (Kobe University and Kobe Municipality, 2017–2022)** studied the health systems response to the management of dementia patients. This research was completed after its fourth year of implementation and efforts in 2022 focused on publications. Five papers were published or are under submission in peer-reviewed journals. The design of this project has been presented at conferences in Japan, Austria, and Switzerland, as well as shared with Japanese local municipalities as a unique model of public health study through collaboration between a local municipality and a local university (Yokohama workshop 2019). In June 2021, the preliminary results of this study were presented at the Annual Conference of Japanese Society for Dementia Prevention 2021 and the possible application of the study results in LMICs was highlighted. It has contributed to the Kobe Ordinance for Dementia-Friendly City. Kobe is recognized nationally for its work on managing dementia patients. Formal dialogue with Kobe City has been undertaken multiple times to discuss using the study results for future policies and programmes.

Given the successful collaboration on the Kobe dementia study, discussions are currently underway with Kobe City to develop a new collaborative research initiative that would address local public health priorities, which also align well with WKC’s global research agenda. One option under consideration is to commission research that involves secondary analysis of the city’s data on individual-level health care use, long term care eligibility and use, receipt of public assistance/welfare and health outcomes. The anonymized database was opened to the public for research purposes in 2022 and several research studies on various topics are already underway. One topic not yet examined that has both local and global relevance is the impact of the COVID pandemic on older residents’ use of health and long-term care and health outcomes. Other topics will also be considered with the aim to issue a Request for Proposals before the end of 2022 and to initiate the new research in early 2023.

In terms of sustainable financing, several collaborative projects are continuing. A partnership with WHO EURO Observatory on Health Systems and Policy and WHO Regional Office for the Western Pacific (WPRO) was initiated **to study the impact of population ageing on revenue generation for health and health expenditures (WHO EURO Observatory on Health Systems and Policy and WPRO, 2018–2022)**. In 2020–21, WKC worked with WPRO and the EURO Observatory on Health Systems and Policies to conduct two sets of six country case studies (Japan, Mongolia, Republic of Korea, Viet Nam, Australia, New Zealand) to better understand how healthy ageing impacts

trends in health expenditures and economic growth, respectively. Simulations predicted that improvements in health among people of working age could lead to increases in the growth of GDP. These results were observed for simulations carried out in the six different country contexts. Taken together, the reports indicate that there are many opportunities for people to age in good health and that healthy ageing can contribute to the economy. Twelve policy briefs were completed, and a regional report is under publication. This research resulted in the **Population Ageing financial Sustainability gap for Health systems (PASH) Simulator**, which allows policymakers to see how both health expenditures and health revenues are expected to change through the end of the century due to changes in population age-structure across a wide range of countries. Where there is a financing gap between revenues and expenditures, users can explore potential policy options. The overall message is that how population ageing affects health financing is a policy choice, rather than an inevitable consequence of ageing societies. The simulator is currently being tested in countries in cooperation with WHO regional offices.

A new collaboration was established with the WHO EURO Observatory on Health Systems and Policy and WHO Regional Office for the European Region (EURO) for research about **Making the case for investing in long-term care systems (WHO EURO Observatory on Health Systems and Policy and WPRO, 2021–2023)**. The goal of this research is to systematically present the components and policy options for long-term care (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 will commission studies to describe how, as populations age, countries of all income levels are adapting their service delivery configurations to the needs and demands of older persons, especially through building sustainable systems of long-term care.

A closely related new research project is about **Sustainable Financing in the Context of Population Ageing (WHO Health Governance and Financing Department, WHO Ageing Department, London School of Economics, Kyoto University, Dalhousie University, Canada, National Institute of Geriatrics and Gerontology, and Harvard University 2021–23)**. This is a joint global technical collaboration among three HQ technical departments. The London School of Economics published a preliminary analysis; four additional background papers have been commissioned to study gender aspects of long-term care, public financing, and a rapid review of innovations, and experiences from the Kansai region. It is anticipated that this research will inform an updated WHO Financing Brief for Long-Term care in 2023.

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

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)** will focus on the role of purchasing instruments and arrangements to improve the quality of health services for chronic illnesses. The research will produce evidence-informed policy guidance on the use of purchasing instruments and arrangements to improve quality of non-communicable diseases (NCDs) management and chronic care for low- and middle-income countries.

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Policy briefs

- [Managing people with cognitive decline: validation of a checklist](#). WKC Evidence Summary. October 2021.

WKC Policy Series, case studies, working papers and technical reports

- **Australia:** Case study on pricing long-term care- [DOWNLOAD](#)
- Wise S, Woods M, van Gool K. Aged care in Australia: consumer choice and control within a highly regulated market-based system. [WKC Policy Series on Long-Term Care No. 1: Australia](#). August 2021.
- **France:** Case study on pricing long-term care - [DOWNLOAD](#)
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Global Simulator

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

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 2021–2022

Results from research completed in 2021–2022

One of the key achievements in 2021 is the official publication of the **WHO Guidance on Research Methods for Health EDRM in October 2021**. This guidance was written by over 100 global experts and addresses comprehensive needs in planning, implementation and reporting of Health EDRM research. This living reference will be updated regularly. **The 2022 revision was completed in October 2022 with the addition of a chapter on how to use the Guidance in the context of COVID-19**. A foreword by the Director General was added to this revision. A **launching webinar** to disseminate this revised guidance other WHO departments and units and Regional Offices will be organized in November. To make this guidance more user-friendly and promote its use, **Evidence Aid** has been producing training materials since early 2021. Short chapter summaries with introductions for further readings, podcasts and video presentations by authors continue to be produced in collaboration with the chapter authors. Those materials are available on the [dedicated webpages for Health EDRM research methods](#). Along with this effort, a global dissemination project was launched in March 2022 with support of several key participants of Health EDRM RN. Specifically in Japan, a domestic dissemination project was launched in partnership

with three academic associations (Japan Association of Disaster Medicine, Japan Association for Epidemiology, Japanese Society for Public Health), over 10 universities and over 50 individual researchers involved in Health EDRM research and programme. Those experts **support the informal translation to Japanese**, which will be completed in early 2023. To communicate this effort, an **online press release** for Japanese media was disseminated in March 2022. In addition, in collaboration with universities and research institutes in multiple regions and countries, a **joint summer school** for the education and training of students and young professionals is under preparation to be held in 2023.

Regarding specific research projects, three research projects below based on the call for proposal in 2019 were completed.

Scoping review and case studies of health data management before, during and after emergencies and disasters. This research was carried out by **Hiroshima University (Japan), University of Occupational and Environmental Health (Japan), the Johns Hopkins University (USA), Hyogo Emergency Medical Centre (Japan), Kibi International University (Japan), Ministry of Health Mozambique, Japan DMAT Secretariat, and the WHO Emergency Medical Team (2020–2021)**. This project consists of a scoping review and case studies. A scoping review on health data collection revealed the absence of standardized health data collection system, which support the development of the WHO Emergency Medical Team (EMT) Minimum Data Set (MDS) and Japan Surveillance in Post Extreme Emergencies and Disasters (J-SPEED). Five case studies of the application of EMT MDS and J-SPEED in four disasters in Japan and Mozambique **demonstrated the ability of the two standardized health data collection system to understand the timely health needs** that inform the decision making for resource allocation during and after emergencies and disasters.

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 (2020–2021). This research was conducted by **Curtin University (Australia), Japan National Institute of Mental Health, Hyogo Institute for Traumatic Stress (Japan), University of Melbourne (Australia), and Harvard University (USA)**. A systematic review was conducted in English, Chinese and Japanese to identify studies on longitudinal posttraumatic stress symptoms, depression, and anxiety after disasters. The review **revealed a high prevalence of mental health issues among disaster survivors and persistence of mental health symptoms years after the event**, regardless of the type of disaster. This evidence supports not only short-term response policies and programmes, but also a mechanism to monitor and support survivors over the long term. The review also **identified protective and risk factors for mental health outcomes** and proposed further research questions on how to increase the protective factors (e.g., community connectedness) and decrease the risk factors (e.g., post-disaster hardships) in communities. In addition, to identify and regularly update the region-specific research needs, the **Asia Pacific Disaster Mental Health Network was established** through this research project. The network brings together leading experts on disaster psychiatry, psychology, and public health from all over the region. It identified five priority areas (e.g., community engagement, high-risk group identification) and regularly updates progress in their monthly meeting. The network also hosts an online webinar series, advises early career researchers, and promotes research collaboration and joint symposia at academic conferences including the International Society for Traumatic Stress Studies Annual Meeting 2021.

Health workforce development strategy in Health EDRM: literature review, case studies and expert consultations. This research is being carried out by **The Chinese University of Hong Kong (Hong Kong SAR, China), Harvard University (USA),**

Sichuan University (China), Tohoku University (Japan), University of Hyogo (Japan), University of Piemonte Orientale (Italy), and the University of the Philippines in Manila (the Philippines) (2020–2021). The project aims to identify key common components for the workforce development for Health EDRM that inform policy and practice across WHO regions. The multilingual literature review (English, Chinese and Japanese) and twelve case studies (7 from LMICs, 4 from HIC, 1 about WHO training) identified key common training components, facilitating factor and barriers to implement the workforce recruiting and deployment, and best practices and lessons for successful implementation of Health EDRM workforce development in specific environment and settings (ex. ethnic minority in China, health volunteers for Nepal earthquake 2015, national training programme in Japan, Lebanon and the Philippines). **46 key points in nine categories were identified for successful workforce development** from the literature review and case studies and proceeded to three rounds of Delphi consensus surveys by 31 global experts on Health EDRM (18 from LMICs, 13 from HICs). Through the expert consultation, 44 statements for LMICs and 34 statements for HICs were selected as the knowledge to inform current and future Health EDRM workforce development at the local, national, regional, and global level.

Research ongoing (2018–2023) and expected results

WKC continues to function as the **secretariat of WHO Health EDRM RN** and promote multiple global, regional, national, and local collaborative activities in collaboration with the RN participants. The 3rd Core Group Meeting of the Health EDRM RN was held online on 22 November 2021. The meeting report is available on WKC website.¹ The Core Group Meeting supported the ongoing effort to develop **WHO Research Agenda on Health EDRM**, establishment of **WHO Health EDRM Knowledge Hub**, and update and promote dissemination of the **WHO Guidance on Research Methods for Health EDRM**. Multiple projects linked with Health EDRM research methods are ongoing. The process to develop the research agenda has been discussed with HQ experts and a questionnaire for global expert survey is under preparation. Regarding the knowledge hub, initial contents were prepared in collaboration with the principal investigators of the past WKC funded research projects and key Health EDRM RN participants, and the dedicated webpages for the knowledge hub will be published in October 2022. Ongoing activities include expert consultations for building content, establishing linkages with existing knowledge hubs, and dissemination of research results. These activities involve global experts and leading organizations and networks (e.g., Cochrane, International Federation of Library Associations, World Association of Disaster and Emergency Medicine).

Three specific research projects on Health EDRM in the context of COVID-19 are also ongoing based on the call for proposals in 2020. The progress of each project is as below.

Systematically identifying and evaluating strategies for strengthening community resilience, being carried out by **Baylor University (USA), Hiroshima University (Japan), McLennan County Medical Education and Research Foundation (USA), University of Hyogo (Japan), Robin Moore and Associates (Australia), Queensland University of Technology (Australia), Bangladesh Ministry of Health and Family Welfare, and University of Texas Southwestern Medical Center (USA)**. This project aims to develop priority actions for achieving long-lasting and sustainable strategies to reduce health risks of future emergencies and improve community resilience. To achieve this goal, the research team conducted educational workshops for local municipal officials in multiple countries and systematically collected information about capacities for preparedness, response, and recovery of the participating municipalities by using the scorecard of United Nations Office for Disaster Risk Reduction (UNDRR) to identify the priority actions to ‘build back better’. Policy briefs and multiple open access journal papers will be produced as the results of the project.

Experiences in health emergency disaster risk management using a whole of society approach in the context of the COVID-19 pandemic, being carried out by **Hiroshima University (Japan), University of Occupational and Environmental Health (Japan), The Catholic University of Korea, Ritsumeikan Asia Pacific University (Japan), Mongolian National University of Medical Sciences, Johns Hopkins University (USA), Università del Piemonte Orientale (Italy), Thailand Ministry of Public Health, Japan National Hospital Organization Disaster Medical Center, and Yodogawa Christian Hospital (Japan)**. This project aims to study countries' experiences of health emergency and disaster risk management using a whole-of-society approach in the context of COVID-19 pandemic, through conducting a scoping review and case study analysis of cases in Japan, Korea, USA, Italy, Thailand, Iran, and Mongolia. The study results will be summarized into multiple open access journal papers that inform policy and programme for better preparedness for future pandemic and other emergencies.

Developing an algorithm for digital interventions to alleviate mental distress under the COVID-19 pandemic, being carried out by Kyoto University (Japan).

This project is based on the emerging research needs to improve the quality and reliability for the online mental health therapy in the context of COVID-19. Increasing evidence scientific evidence indicates overall positive effect of online cognitive-behavioural therapy (CBT) but given the successful implementation of the possible broad service provision, evidence and knowledge on effective selection of CBT components depending on the background of service recipients is required. This project will address these needs by analysing the data of “Healthy Campus Trial”, a randomised controlled trial that provided different types of smartphone-based CBT for 1093 students in the Kansai Region. The project aims to generate evidence-based individualized strategies that can effectively deliver optimal digital mental health intervention components.

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Journal articles under review

- Kubo T. et al. First activation of the WHO Emergency Medical Team Minimum Data Set Daily Report in Mozambique Tropical Cyclone Idai response 2019. Under submission.
- Kubo T. et al. Emergency Medical Teams Responses during the Hokkaido Earthquake 2019: J-SPEED Data Analysis. Under submission.
- Hung KKC, MacDermot MK, Chan EYY, Mashino S, Balsari S, Ciottone GR, Della Corte F, Dell'Aringa MF, Egawa S, Evio BD, Hart A, Ishii T, Ragazzoni L, Sasaki H, Walline JH, Wong CS, Dalal S, Kayano R, Abrahams J, Huda Q, Graham CA. Health Emergency and Disaster Risk Management Workforce Development Strategies: Delphi Consensus Study. Under submission.

Meeting reports

- Report of the 3rd Health EDRM RN Core Group Meeting: https://extranet.who.int/kobe_centre/en/project-details/TPRN

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

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. 2021–2022

Objective 1: To encourage collaborations across countries.

Joint research. The WKC continues to **partner with local research institutions** to jointly address common health challenges. Within each of the three research themes under the WKC Research Plan 2018–2026, we seek to identify the locally relevant challenge in the Kansai region and research partners. In such a way, lessons learned from the Kansai region form a part of our global research programme. WKC also strives to provide opportunities to integrate teams of researchers based in Kansai and international academia. This allows for strengthening ties and expanding WKC's network of research within the Kansai region, while maintaining a global mandate approach to research.

In 2021–22, for example, new and ongoing projects that jointly support researchers from the Kansai region to conduct research with academics in other parts of the world were implemented. These include partnerships with University of Hyogo, Hyogo Institute for Traumatic Stress, Kobe University, Konan University, Kyoto University, Kyoto Prefectural University of Medicine, Osaka University, Hyogo Emergency Medical Centre, Osaka Medical College, Nara Medical University and Wakayama Medical University.

Secretariat for WHO Health Emergency and Disaster Risk Management (Health EDRM) Research Network (TPRN). WKC has played a key role in establishing the WHO Thematic Platform for Health Emergency and Disaster Risk Management Research Network (TPRN), consisting of international specialists as well as Kansai-based experts. WKC is serving as the Secretariat of this network, the first of its kind in the world. One of the key global collaborative activities through the network is the development of WHO Guidance on Research Methods for Health EDRM. Twelve experts from Japan are involved as co-authors to share the history and best practices of disaster risk reduction in Japan, including the experiences responding to the Great Hanshin Awaji Earthquake (1995) written by Kansai local researchers at the University of Hyogo and the Hyogo Institute for Traumatic Stress. WKC has organized three key meetings for the progress of TPRN activities in Hyogo and Kobe including the Kobe Expert Meeting on Health EDRM research needs at Asia Pacific Conference on Disaster Medicine 2018, the TPRN Core Group Meeting as well as the WKC Forum

for Japanese experts in 2019 both on Awaji Island, and a workshop on Health EDRM research in Japan context at the Congress of Japanese Association of Disaster Medicine 2020 in Kobe. As stated below, the Secretariat now organizes an annual Core Group meeting of its Health EDRM Network.

International visitors and meetings. During the ongoing COVID-19 pandemic, WKC staff have been working remotely and the office premises have been closed off to the public. Thus, during 2021-22, WKC has not been able to receive international visitors at the Centre or hold physical meetings. However, WKC shifted to online meetings and regularly meets with and consults international experts remotely and continues to virtually organize the annual Core Group Meeting of the WHO Thematic Platform for Health Emergency and Disaster Risk Management Research Network. The shift to online meetings in many instances allowed to reach a broader array of stakeholders and participants. In addition to the WKC fora, other notable online meetings included:

- **November 2021. “The 3rd Core Group Meeting of WHO Thematic Platform for Health Emergency and Disaster Risk Management Research Network”** was held online. Global and Kansai-based local experts participated in the meeting.
- **October 2022. “The 4th Core Group Meeting of WHO Thematic Platform for Health Emergency and Disaster Risk Management Research Network”** will be held online.

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 2021/2022, WKC organized 7 fora:

- 11 February 2021 – “High School Students Thinking Globally Day” in partnership with the Hyogo Prefectural Board of Education and Osaka University. Over 200 participants
- 30 October 2021 – “Global Health High School Summit: Himeji Declaration from High School Students”. Taking the opportunity of the WHO Regional Committee for the Western Pacific held in Himeji, WKC organized a hybrid forum in partnership with the Kobe Group, Himeji City, Kyoto University, Osaka University, University of Hyogo and seven local high schools. The theme was “Healthy behaviour at schools in the context of COVID-19 pandemic”. Over 200 online and onsite participants
- 11 February 2022: Annual high school students forum co-organized with the Hyogo Board of Education with the cooperation of Kobe University – 200 participants
- 26 March: “School and Youth Mental Health in the context of COVID-19” – 150 participants
- 25 June: “Healthcare workers’ vital roles in health systems and UHC” – 150 participants
- 28 July: Systems of financial support in healthcare for families with complex challenges and marginalized populations: to overcome the challenges of ‘leaving no one behind’ – Co-organized with Kyoto University – 150 participants
- 25 September: “Our Planet, Our Health-Our Global Health Challenges-” – This WKC Forum was organized by the university students part of the WKC Summer School (5th – 24th Sept.) – Co-organized with Inochi Forum – 220 participants

Website and social media. The website aims to provide wider access to its programme of work and ongoing research activities. Since 2018, WKC launched its redesigned bilingual website. The website now includes details in English and Japanese of each of the three research themes, each project, and local engagement activities. The website is complemented by a Twitter feed and a YouTube account.

WKC works with communications experts to more broadly disseminate information about WKC's agenda through a wide range of media, including short news stories, project briefs, video interviews of researchers, and regular Tweets in both English and Japanese. This has resulted in increasing the readership to online activity and extending WKC's readership to new audiences both locally and globally.

The COVID-19 pandemic started in 2020. Since the 2nd quarter of 2020, WKC has significantly contributed to providing reliable technical and general public information (please see section related to Objective 3 below for additional details). The WKC website was expanded with a dedicated section on COVID-19, translations of WHO technical guidance into Japanese for use by local governments as well as private and public entities involved in implementing technical recommendations. The website also hosts 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.

The WKC twitter account was a very important tool in the dissemination of COVID-19 information that was science and evidence-based. This increased visibility has led to Twitter Japan to add WKC's account as a trusted resource for COVID-19 information to their dedicated COVID-19 channel. This increased visibility has also made WKC known across the Kansai region as well as other regions because of the reach that social media tools (such as Twitter) provide. In 2020, WKC started to publish social media animations and videos from the WHO series 'Science in 5' on its YouTube account as well. As a consequence, the YouTube audience has grown organically (more than 200 followers as of Sept. 2021), and WKC has created several playlists, two related to COVID-19, one on research on pricing, and one on HEDRM seminars related to the HEDRM Guidance. The overall increased traffic through Twitter and WKC's website benefits other information published by WKC on its research programme and research partners activities, by broadening its audience. A dedicated local engagement page grouping News stories in Japanese related to local activities has been created, which helps to increase visibility of WKC's research and community-driven activities (lectures for example). Overall, WKC believes that these activities contributed substantially to help manage the COVID-19 outbreak in the Kansai region and beyond.

This strategy has yielded visible results. Since April 2019, the Twitter and website activities have steadily increased and this has drawn more visitors to WKC's website (over 212,000 page views), with around 80% of these users accessing WKC website from Japan in 2022. When campaigns have integrated the website, twitter and media, we also observed spikes in the number of visits and increased followers on social media, with Twitter followers growing to over 9300 (as of Sept. 2022), major posts reaching 3 million views on Twitter and more than 1 million visitors to our website. Within Japan, prominent followers (these accounts have an important following and act as sounding boards when retweeting information from WKC) to WKC Twitter account include Medical professionals such as Dr.Koji Wada, Local governments information centre such as Kanagawa Corona Information Centre, or influencers such as Lulu19. WKC's YouTube account, mostly used to disseminate video of COVID-19 translated risk communication, HEDRM webinars, and interviews of research partners, have reached 300 followers, and over 6600 profile visits.

Communication plans to disseminate findings for each research project. For each research project, the WKC identifies how the results will be disseminated. This includes traditional journal articles, as well as initial and final research briefs in Japanese and English, updated website research descriptions, interviews with researchers, tweets and videos about specific research projects and investigators. Stronger linkages have been made with the local newspaper, the Kobe Shimbun, and

local and national press clubs which receive media releases of important findings and events. WKC leveraged its increased visibility on social media and web due to the COVID-19 magnifying effect, to engage systematically with Twitter messaging to support communication around research results. In 2021/2022, 73 news stories in Japanese and 27 in English were published on WKC's website.

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

Student lectures. Due to the COVID-19 pandemic, WKC has ceased hosting students at the Centre in 2021-2022. However, WKC continued to provide lectures about WHO and WKC activities for students in primary schools, high schools, and universities, remotely. In 2021/22, WKC staff delivered 71 online lectures, most of which are for local schools and universities.

Participation in local committees. WKC staff make every effort to contribute to local technical committees and meetings, to improve population health. In 2021-22, WKC participated in the following committees:

- Hyogo Prefectural Assembly (Health and Welfare Standing Committee)
- Hyogo Prefecture Expert Committee on COVID-19 response
- Hyogo Prefecture Council of Advisors on Influenza
- Hyogo Prefecture Communicable Diseases Response Consultation
- Review Committee Meeting of Hyogo Prefecture's Prevention Measures for Passive Smoking
- Hyogo/Kobe Expert Committee for Health Emergencies
- Kobe Health Medical Strategy Meeting
- Kobe City Expert Meeting for Dementia Friendly City
- Kobe City expert committee on infection-resistant spaces in central Sannomiya
- Kobe City Expert Meeting for Healthcare Service Development
- Health Creative City Kobe Promotion Committee
- FBRI Health Care Strategy Committee (online)
- External Advisory Board; Department of Global Health, Kyoto University (online)
- Disaster Reduction Alliance Board Meeting
- International Recovery Platform (IRP) Steering Committee Meeting

Participation in local events: WKC staff make every effort to contribute to local events in our community, and also events that took place outside of Kansai that gave WKC the opportunity to disseminate research findings or communicate information related to COVID-19. In 2021/22, WKC participated in the following events:

2021

- Jan 6: UNITAR workshop on disaster risk reduction (online)
- Jan 22: International Recovery Forum 2021 (online)
- Jan 26: DRA Forum 2021 (online)
- Jan 30: 'One Health' International Forum, Fukuoka Prefecture (online)
- Feb 7: 64th Hyogo Medical Association Academic Seminar (on COVID-19 and development of vaccines)
- Mar 25: JCIE and HGPI webinar: Building Dementia-Friendly Communities in Asia Pacific (online)
- Sep 03: DRA Annual Meeting and Summer Forum (online)
- Nov 01: Lecture for Kobe City Silver College (on WHO's activities and role on global health – online)
- Nov 13: Kobe Pharmacist Association Annual Seminar
- Dec 1: Speech at Izumisano City Assembly Committee on health emergency response (on COVID-19 and WHO)
- Dec 2: ASEAN Academic Conference on Disaster Health Management (online)
- Dec 21: Health Center regular meeting

2022

- Feb 2: Lecture for Kobe City College of Nursing
- Mar 26: Kickoff Seminar of the Japanese Red Cross College of Nursing's Disaster Relief Research Institute

Translation of WHO Disease Outbreak News. WKC translated the Global WHO Disease Outbreak News (DONs). This was done in close cooperation with the Kobe/Osaka/Kansai Airport quarantine offices and the Narita Airport quarantine office, in addition to the technical support of the Hyogo/Kobe expert committee on health emergencies. By end of 2019, 38 DONs were translated and posted on the Japan Ministry of Health Labour and Welfare website (www.forth.go.jp). Since 2020, DON translations have been replaced by translations of technical guidance related to COVID19.

Translation of WHO COVID Technical Guidance and public information. To respond to the needs of local policymakers as well as local citizens, WKC has provided relevant and accurate information on COVID-19 in Japanese since February 2020. A dedicated set of pages have been created on WKC website that presents the Japanese translation of the WHO global situation reports, WHO technical guidance, and information for the general public:

- WHO Global Situation reports: daily update on the global transmission situation (e.g. dashboard, https://extranet.who.int/kobe_centre/ja/covid),
- WHO technical guidance for health professionals (e.g. clinical management guideline, public health response guidance, https://extranet.who.int/kobe_centre/ja/covid/covid-technical)
- General public information materials (e.g. infographics, educational video materials, https://extranet.who.int/kobe_centre/ja/covid/covid-public),
- Q&A (https://extranet.who.int/kobe_centre/ja/covid/qa)

The statistics and Information are updated regularly, and this information shared with local and national stakeholders, and also tweeted to thousands of followers. The translation has been disseminated through WKC website and twitter and by WKC partners and followers. WKC has also contributed to the information sharing and technical advice for the related committee of Hyogo Prefecture and Kobe City. Since the pandemic started, eight WKC staff dedicate between a share of their time to the identification of relevant guidance and public information, translation and checking translations for accuracy, and communication and dissemination of information on the website and through twitter. Over 230 new and revised information were translated and disseminated in 2021/22.

A list of the -- WHO technical guidance documents, and -- public information documents that have been translated is attached in Annex 1 (Annex 1 - List of WHO COVID-19 documents translated into Japanese and disseminated).

Strengthen communications locally. WKC and the Kobe Group have worked to strengthen their regular communications. WKC and the Kobe Group conducted their annual program review in July 2022 as an exchange of documents, to discuss progress made and planning for future research and local engagement. WKC and the JCC Secretariat also met regularly to review WKC progress. Monthly 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. In 2021/2022, WKC and the Kobe Group initiated written-meetings and online meetings to ensure the health and safety of both parties. Physical meetings are planned to resume once the epidemiological situation permits.

Proposed program for 2022/23 and ongoing activities**Objective 1: To encourage collaborations across countries.**

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

Secretariat for WHO Thematic Platform for Health EDRM Research Network (TPRN).

WKC seeks to build on ongoing activities in promoting research collaborations among local, national and international experts in Health EDRM. In 2022-23, WKC will continue to enrich the webpage for the knowledge hub on Health EDRM with the support of a consultant. The knowledge hub provides a database of up-to-date research and evidence to share among TPRN members and the public for effective knowledge synthesis and dissemination that can translate to better evidence-based policies, as well as features link to multimedia material such as YouTube videos of lectures/webinars and podcasts.

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

WKC will continue to **organize at least three WKC Fora per year**. The following is already planned for 2022-23:

- 19 November: Informing health system responses to rapid population ageing: research findings from six countries in the Asia Pacific region – This WKC Forum was part of the official programme of the 37th Annual Congress of the Japan Association for International Health

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. Recognizing that many people access the site from cell phones, we are working to improve the user interface, and to increase our social media presence on Twitter and YouTube.

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, and tweets of research result) as well as optional components actionable by WKC to highlight specific work (twitter storm campaign, webinars, media engagement, etc.). In 2022-23, 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.

Continued translation and dissemination of COVID-19 technical guidance and public information. WKC will continue to make specific efforts to translate and disseminate information on COVID19, involving staff effort, translation for technical and general public guidance, social media and media engagement. WKC will make stronger efforts to increase its capacity to manage this work, including streamlining the work by selecting key relevant guidance for translation and better coordinating the translation and dissemination tasks. WKC will also make further efforts to effectively disseminate this information locally and promote sharing information in collaboration with Hyogo Prefecture and Kobe City.

School lectures. School lectures will continue in 2022–23, based on ad-hoc requests from local primary and secondary schools and universities. Though on-site lecture may resume on a case by case basis, WKC expects to provide mostly online lectures in the form of webinars.

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.

WKC COVID-19 translation project: Translated number list

WKC COVID-19 translation project: Translated number list

06 October 2022

- The number is extracted from COVID-19 translation operation management lists, List1/Government, List2/Healthcare, List3/Public, and List4/Q&A.
- Translation number includes revisions on the same topic.

[WKC transaction total]

Total published number	281	}	}	Total handled/handling number	287
Translated in 2020	140			Published	248
Translated in 2021	105			Archived	33
Translated in 2022	36			Preparing	6

1: Technical guidance for National & Local Governments, and Public Health stakeholders

Total published number	65	}	}	Total handled/handling number	67
Translated in 2020	53			Published	54
Translated in 2021	10			Archived	11
Translated in 2022	2			Preparing	2

2: Technical guidance for Clinical & Medical facilities, and Healthcare workers

Total published number	40	}	}	Total handled/handling number	42
Translated in 2020	27			Published	30
Translated in 2021	7			Archived	10
Translated in 2022	6			Preparing	2

3: Information for General Public (Videos, Infographics, and others)

Total published number	127	}	}	Total handled/handling number	127
Translated in 2020	50			Published	127
Translated in 2021	62			Archived	0
Translated in 2022	15			Preparing	0

4: Q&As and Basic information of COVID-19

Total published number	49	}	}	Total handled/handling number	51
Translated in 2020	10			Published	37
Translated in 2021	26			Archived	12
Translated in 2022	13			Preparing	2

WHO Kobe Centre COVID-19 official information :

https://extranet.who.int/kobe_centre/ja/covid

[行政、公衆衛生、その他の関係者向け文書]

※Published:公開中、Archived:公開終了・保存済、Preparing:準備中

#	文書番号	タイトル(日本語訳)	タイトル(英文オリジナル)	更新版 Ver.	英文公開日	日本語版公開年	公開状態
1	G01	新型コロナウイルス感染症 (COVID-19) のヒトでの感染についてのグローバル・サーベイランス - 暫定ガイダンス	Global surveillance for COVID-19 caused by human infection with COVID-19 virus - Interim guidance	0 (to G28)	20/03/2020	2020	Archived
2	G02	リスクコミュニケーションとコミュニティ参画に関するガイダンス	Risk communication and community engagement (RCCE) readiness and response to the 2019 novel coronavirus (2019-nCoV) - Interim guidance [v2]	0	26/01/2020	2020	Archived
3	G02	コミュニティで備える10のステップ	10 steps to community readiness	1	18/02/2021	2021	Published
4	G02		WHO COVID-19 policy brief: Building trust through risk communication and community engagement	2	14/09/2022		Preparing
5	G03	国際赤十字連盟、UNICEF、WHO 合同 COVID-19 に関する社会的スティグマの防止と対応のガイド	Social Stigma associated with COVID-19: A guide to preventing and addressing social stigma		24/02/2020	2020	Published
6	G04	子供の保護と安全な学校運営のためのガイダンス: 国際赤十字連盟、ユニセフ、WHO共同声明	COVID-19: IFRC, UNICEF and WHO issue guidance to protect children and support safe school operations		10/03/2020	2020	Published
7	G05	大勢の人が集まるイベント等の開催に関するガイダンス	Key planning recommendations for Mass Gatherings in the context of the current COVID-19 outbreak - Interim guidance		29/05/2020	2020	Published
8	G06	新型コロナウイルス感染症 (COVID-19) に関するWHO-中国合同ミッション報告書	Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)	0	28/02/2020	2020	Archived

9w	G06	WHOが招集したSARS-CoV-2の起源に関する世界的調査研究:中国のパートWHOと中国の共同調査研究チームの報告 [概要]	WHO-convened global study of origins of SARS-CoV-2: China Part Joint WHO-China study: 14 January - 10 February 2021, COVID-19: Animal-human interface and food safety	1	30/03/2021	2021	Published
10	G07	国際渡航に関する推奨事項	Updated WHO recommendations for international traffic in relation to COVID-19 outbreak		29/02/2020	2020	Archived
11	G07	新型コロナウイルス感染症 (COVID-19) に配慮した国際渡航: リスクに基づくアプローチの実施に関する検討事項-暫定ガイダンス (キーポイント)	Technical considerations for implementing a risk-based approach to international travel in the context of COVID-19 - Interim guidance (*Annex to: Policy considerations for implementing a risk-based		02/07/2021	2021	Published
12	G08	地域でのCOVID-19拡大への対応	Responding to community spread of COVID-19		07/03/2020	2020	Published
13	G09	COVID-19の症例およびクラスター調査における検討事項	Considerations in the investigation of cases and clusters of COVID-19	0	02/04/2020	2020	Archived
14	G10	COVID-19の症例およびクラスター調査における検討事項	Considerations in the investigation of cases and clusters of COVID-19	1	22/10/2020	2020	Published
15	G11	国際赤十字連盟、UNICEF、WHO 合同学校でのCOVID-19の感染予防と制御に関する重要な伝達事項と対応	Key messages and actions for COVID-19 prevention and control in schools		20/03/2020	2020	Published
16	G14	COVID-19への対応の要としての人権への取り組み	Addressing Human Rights as Key to the COVID-19 Response		21/04/2020	2020	Published

17	G16	新型コロナウイルス感染症 (COVID-19) の封じ込めに関連する個人の隔離に関する検討事項	Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19)		19/03/2020	2020	Published
18	G16	宿泊施設におけるCOVID-19管理についての実践的検討事項	Operational considerations for COVID-19 management in the accommodation sector	0	31/03/2020	2020	Archived
19	G16	ホテル、宿泊施設におけるCOVID-19管理に関するガイダンス	COVID-19 management in hotels and other entities of the accommodation sector	1	25/08/2020	2020	Published
20	G17	入国地点(国際空港、港、駅)で具合が悪い旅行者の管理	Management of ill travellers at points of entry (international airports, seaports, and ground crossings) in the context of COVID-19	G17/18の補足改訂	19/03/2020	2020	Published
21	G18	航空機内でのCOVID-19の症例・流行の管理についての実践的検討事項	Operational considerations for managing COVID-19 cases or outbreak in aviation	G17/18の補足改訂	18/03/2020	2020	Published
22	G20	COVID-19と食品安全: 食品事業に関するガイダンス	COVID-19 and food safety: Guidance for food businesses		07/04/2020	2020	Published
23	G22	COVID-19原因ウイルスの伝播を予防するための手指衛生改善についての加盟国への推奨事項	Recommendations to Member States to improve hand hygiene practices to help prevent the transmission of the COVID-19 virus		01/04/2020	2020	Published
24	G23	新型コロナウイルス感染症 (COVID-19) への公衆衛生的・社会的対策の調整に関する検討事項	Considerations in adjusting public health and social measures in the context of COVID-19	0	16/04/2020	2020	Archived

25	G23	新型コロナウイルス感染症 (COVID-19)への公衆衛生的・社会的対策の実施と調整に関する検討事項	Considerations for implementing and adjusting public health and social measures in the context of COVID-19	1	04/11/2020	2020	Archived
26	G23	新型コロナウイルス感染症 (COVID-19)への公衆衛生的・社会的対策の実施と調整に関する検討事項	Considerations for implementing and adjusting public health and social measures in the context of COVID-19	2	14/06/2021	2021	Published
27	G24	COVID-19の「免疫パスポート」	“Immunity passports” in the context of COVID-19		24/04/2020	2020	Published
28	G25	COVID-19と食品安全:国の食品安全管理システムに対して責任を負う所管官庁のためのガイダンス	COVID-19 and Food Safety: Guidance for competent authorities responsible for national food safety control systems		22/04/2020	2020	Published
29	G26	都市部におけるCOVID-19への備えの強化:地方自治体への暫定ガイダンス	Strengthening Preparedness for COVID-19 in Cities and Urban Settings		28/04/2020	2020	Published
30	G27	新型コロナウイルス感染症 (COVID-19)と喫煙に関するWHO声明	WHO statement: Tobacco use and COVID-19		11/05/2020	2020	Published
31	G28	新型コロナウイルス感染症 (COVID-19)のサーベイランス戦略 暫定ガイダンス	Surveillance strategies for COVID-19 human infection	0	10/05/2020	2020	Archived
32	G28	新型コロナウイルス感染症 (COVID-19)の公衆衛生サーベイランス 暫定ガイダンス	Public health surveillance for COVID-19: interim guidance	1	16/12/2020	2021	Published
33	G28	新型コロナウイルス感染症 (COVID-19)の公衆衛生サーベイランス 暫定ガイダンス キーポイント	Public health surveillance for COVID-19: interim guidance	2	22/07/2022	2022	Published
34	G29	新型コロナウイルス感染症 (COVID-19)の接触者追跡	Contact tracing in the context of COVID-19	0	10/05/2020	2020	Published
35	G29	新型コロナウイルス感染症 (COVID-19)の接触者追跡 キーポイント	Contact tracing in the context of COVID-19	1	01/02/2021	2021	Published

36	G29	新型コロナウイルス感染症 (COVID-19) の接触者追跡と隔離 キーポイント	Contact tracing and quarantine in the context of COVID-19	2	06/07/2022	2022	Published
37	G30	新型コロナウイルス感染症 (COVID-19) への学校関連の公衆衛生的対策に関する検討事項 「新型コロナウイルス感染症 (COVID-	Considerations for school-related public health measures in the context of COVID-19 (*Annex to Considerations in adjusting public health and social	0	10/05/2020	2020	Archived
38	G30	新型コロナウイルス感染症 (COVID-19) への学校関連の公衆衛生的対策に関する検討事項 「新型コロナウイルス感染症 (COVID-	Considerations for school-related public health measures in the context of COVID-19 (*Annex to Considerations in adjusting public health and social	1	14/09/2020	2020	Published
39	G33	職場における新型コロナウイルス感染症 (COVID-19) への公衆衛生的・社会的対策 「新型コロナウイルス感染症 (COVID-	Considerations for school-related public health measures in the context of COVID-19 (*Annex to Considerations in adjusting public health and social	0	10/05/2020	2020	Archived
40	G33	職場での新型コロナウイルス感染症 (COVID-19) の予防と緩和のために ポリシーブリーフ	Preventing and mitigating COVID-19 at work Policy Brief	1	19/05/2021	2021	Published
41	G34	新型コロナウイルス感染症 (COVID-19) への公衆衛生的・社会的対策調整の公衆衛生的基準 「新型コロナウイルス感染症 (COVID-	Public health criteria to adjust public health and social measures in the context of COVID-19 (*Annex to Considerations in adjusting public health and social		12/05/2020	2020	Published
42	G35	新型コロナウイルス感染症 (COVID-19) を考慮した清掃と消毒	Cleaning and disinfection of environmental surfaces in the context of COVID-19		15/05/2020	2020	Published

43	G36	新型コロナウイルス感染症 (COVID-19) への公衆衛生的・社会的対策の概要	Overview of Public Health and Social Measures in the context of COVID-19		18/05/2020	2020	Published
44	G37	新型コロナウイルス感染症 (COVID-19) に配慮した大規模予防接種キャンペーンに関する意思決定の枠組み	Framework for decision-making: implementation of mass vaccination campaigns in the context of COVID-19	0	22/05/2020	2020	Published
45	G37		WHO policy brief: Reaching COVID-19 vaccination targets	1	14/09/2022		Preparing
46	G38	国境等での感染制御	Controlling the spread of COVID-19 at ground crossings		20/05/2020	2020	Published
47	G39	新型コロナウイルス感染症 (COVID-19) 接触者追跡のためのデジタルツール 暫定ガイドダンス「新型コロナウイルス感染症 (COVID-	Digital tools for COVID-19 contact tracing		02/06/2020	2020	Published
48	G40	新型コロナウイルス感染症 (COVID-19) と女性への暴力 保健分野・システムに何ができるか	COVID-19 and violence against women, What the health sector/system can do		07/04/2020	2020	Published
49	G42	新型コロナウイルス感染症 (COVID-19) に配慮したマَسギャザリングにおける検討事項	Considerations for mass gatherings in the context of COVID-19: annex: considerations in adjusting public health and social measures in the context of COVID-19		14/05/2020	2020	Published
50	G43	新型コロナウイルス感染症 (COVID-19) とジェンダー	Gender and COVID-19		14/05/2020	2020	Published
51	G44	新型コロナウイルス感染症 (COVID-19) 流行下における予防接種活動の基本原則	Guiding principles for immunization activities during the COVID-19 pandemic		26/03/2020	2020	Published
52	G45	新型コロナウイルス感染症 (COVID-19) に関するICAO (国際民間航空機関)・WHO共同声明	Joint ICAO-WHO Statement on COVID-19		11/03/2020	2020	Published
53	G46	新型コロナウイルス感染症 (COVID-19) と喫煙	Smoking and COVID-19		30/06/2020	2020	Published

54	G47	新型コロナウイルス感染症 (COVID-19)の接触者追跡におけるデジタルテクノロジー利用についての倫理的検討事項	Ethical considerations to guide the use of digital proximity tracking technologies for COVID-19 contact tracing		28/05/2020	2020	Published
55	G48	新型コロナウイルス感染症 (COVID-19)と授乳	Breastfeeding and COVID-19		23/06/2020	2020	Published
56	G49	新型コロナウイルス感染症 (COVID-19)パンデミック下における自然災害への備え 保健セクターからの提言	Preparedness for cyclones, tropical storms, tornadoes, floods and earthquakes during the COVID-19 pandemic Health advisory		29/04/2020	2020	Published
57	G50	新型コロナウイルスの伝播について:最新の知見の予防策への示唆 (科学的事項に関する短い概説)	Transmission of SARS-CoV-2: implications for infection prevention precautions (Scientific Brief)		09/07/2020	2020	Published
58	G51	マスギャザリングにおける新型コロナウイルス感染症 (COVID-19)のWHOリスクアセスメントツール:一般的なイベント	WHO Mass gathering COVID-19 risk assessment tool - Generic events		10/07/2020	2020	Published
59	G52	マスギャザリングにおける新型コロナウイルス感染症 (COVID-19)のWHOリスクアセスメント、リスク軽減チェックリストの使い方	How to use WHO risk assessment and mitigation checklist for mass gatherings in the context of COVID-19		13/07/2020	2020	Published
60	G53	新型コロナウイルス感染症 (COVID-19)パンデミックとその先への備えを強化するための都市における実践的行動	Practical actions in cities to strengthen preparedness for the COVID-19 pandemic and beyond		17/07/2020	2020	Published
61	G54	新型コロナウイルス感染症 (COVID-19)に関するWHOガイダンスの使い方	A guide to WHO's guidance on COVID-19		17/07/2020	2020	Published
62	G55	新型コロナウイルス感染症 (COVID-19)に対する水と衛生、廃棄物処理について	Water, sanitation, hygiene, and waste management for SARS-CoV-2, the virus that causes COVID-19		29/07/2020	2020	Published

63	G56	新型コロナウイルス感染症 (COVID-19) パンデミックに際した子供、女性、高齢者への暴力への対処:重要なアクション	Addressing violence against children, women and older people during the covid-19 pandemic: Key actions		17/06/2020	2020	Published
64	G57	新型コロナウイルス感染症 (COVID-19) 流行下におけるインフルエンザへの備え	Readiness for influenza during the COVID-19 pandemic		06/11/2020	2020	Published
65	G58	提言につながる科学的根拠: 航空業界における新型コロナウイルス感染症 (COVID-19) 感染リスクの最小化について	Evidence to recommendations: COVID-19 mitigation in the aviation sector		27/11/2020	2021	Published
66	G59	若者とCOVID-19 — 安全な行動を奨励するための行動上の検討事項 ポリシーブリーフ	Young people and COVID-19: behavioural considerations for promoting safe behaviours - Policy brief		09/06/2021	2021	Published
67	G60	妊娠中および授乳中の女性の新型コロナウイルス感染症 (COVID-19) ワクチン接種について:WHOによる暫定的な推奨事項の更新 [WHOアフリカ地域Webinar資料]	Update on WHO Interim recommendations on COVID-19 vaccination of pregnant and lactating women		02/06/2021	2021	Published

[臨床関連、医療施設、医療従事者向け文書]

※Published:公開中、Archived:公開終了・保存済、Preparing:準備中

#	文書番号	タイトル(日本語訳)	タイトル(英文オリジナル)	更新版 Ver.	英文公開日	日本語版公開年	公開状態
1	H01	新型コロナウイルス感染症 (COVID-19) 感染が疑われる場合の重症急性性呼吸器感染症 (SARI) の臨床管理	Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected - Interim guidance	0	13/03/2020	2020	Archived
2	H01	新型コロナウイルス感染症 (COVID-19) の臨床管理 暫定ガイダンス	Clinical management of COVID-19: Interim guidance	1	27/05/2020	2021	Published
3	H01	新型コロナウイルス感染症 (COVID-19) の臨床管理 暫定ガイドライン (随時更新) キーポイント	COVID-19 Clinical management: living guidance	2	23/11/2021	2022	Published
4	H01	新型コロナウイルス感染症 (COVID-19) の臨床管理 暫定ガイドライン (随時更新) キーポイント	COVID-19 Clinical management: living guidance	3	23/06/2022	2022	Published
5	H01	新型コロナウイルス感染症 (COVID-19) の臨床管理 ポリシー・ブリーフ	WHO Policy Brief: Clinical management of COVID-19	4	14/09/2022		Preparing
6	H01	新型コロナウイルス感染症 (COVID-19) の治療 暫定ガイドライン (随時更新)	Therapeutics and COVID-19: Living Guideine	0	20/11/2020	2021	Published
7	H01	新型コロナウイルス感染症 (COVID-19) の治療 暫定ガイドライン (随時更新)	Therapeutics and COVID-19: living guideline	1	31/03/2021	2021	Published
8	H01	新型コロナウイルス感染症 (COVID-19) の治療 暫定ガイドライン (随時更新)	Therapeutics and COVID-19: living guideline	2	22/04/2022	2022	Published
9	H01	新型コロナウイルス感染症 (COVID-19) の治療 暫定ガイドライン (随時更新)	Therapeutics and COVID-19: living guideline	3	14/07/2022	2022	Published

10	H02	軽症の新型コロナウイルス (COVID-19) 患者の在宅ケアと接触者の管理に関する暫定ガイダンス	Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts - Interim guidance	0	17/03/2020	2020	Archived
11	H02	新型コロナウイルス (COVID-19) 患者の在宅ケアと接触者の管理	Home care for patients with suspected or confirmed COVID-19 and management of their contacts	1	12/08/2020	2020	Published
12	H03	個人防護具 (PPE) の適正利用に関するガイダンス	Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19) - Interim guidance	0	19/03/2020	2020	Archived
13	H03	COVID-19に対する個人防護具の合理的な使用と深刻な不足時の検討事項	Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages	1	06/04/2020	2020	Archived
14	H03	COVID-19に対する個人防護具の合理的な使用と深刻な不足時の検討事項 改訂版 抜粋: キーポイント・表	Rational use of personal protective equipment for coronavirus disease (COVID-19) and considerations during severe shortages	2	23/12/2020	2021	Published
15	H04	新型コロナウイルス (COVID-19) に関わるコミュニティ (地域)、在宅ケア、および医療現場でのマスク使用に関するアドバイス	Advice on the use of masks in the community, during home care, and in health care settings in the context of COVID-19	0	19/03/2020	2020	Archived
16	H04	新型コロナウイルス (COVID-19) に関わるマスク使用に関するアドバイス	Advice on the use of masks in the context of COVID-19	1	06/04/2020	2020	Archived
17	H04	新型コロナウイルス (COVID-19) に関わるマスク使用に関するアドバイス	Advice on the use of masks in the context of COVID-19	2	05/06/2020	2020	Archived
18	H04	新型コロナウイルス (COVID-19) に関わるマスク使用 改訂版キーポイント	Mask use in the context of COVID-19	3	01/12/2020	2021	Published

19	H06	COVID-19アウトブレイク中のメンタルヘルスと心理社会的影響に関する検討事項 - 暫定ガイダンス	Mental health and psychosocial considerations during the COVID-19 outbreak - Interim guidance		18/03/2020	2020	Published
20	H07	労働安全衛生に関する医療従事者の権利、役割、責任に関するガイダンス	Coronavirus disease (COVID-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health		19/03/2020	2020	Published
21	H08	COVID-19の臨床検査方針に関する推奨事項	Laboratory testing strategy recommendations for COVID-19		21/03/2020	2020	Published
22	H09	新型コロナウイルス感染症 (COVID-19)に関連した検査室のバイオセーフティに関するガイダンス	Laboratory biosafety guidance related to coronavirus disease (COVID-19)	0	19/03/2020	2020	Archived
23	H09	新型コロナウイルス感染症 (COVID-19)に関連した検査室のバイオセーフティに関するガイダンス	Laboratory biosafety guidance related to coronavirus disease (COVID-19)	1	28/01/2021	2021	Published
24	H10	医療施設やコミュニティにおけるCOVID-19陽性患者の管理の実践に関する検討事項	Operational considerations for case management of COVID-19 in health facility and community		18/03/2020	2020	Published
25	H11	新型コロナウイルス感染症が疑われた場合の医療ケアにおける感染予防と制御	Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected	0	19/03/2020	2020	Archived
26	H11	新型コロナウイルス感染症 (COVID-19)が疑われた、あるいは確定した場合の医療ケアにおける感染予防と制御	Infection prevention and control during health care when coronavirus disease (COVID-19) is suspected or confirmed	1	29/06/2020	2020	Published
27	H11	新型コロナウイルス感染症 (COVID-19)が疑われた、あるいは確定した場合の医療ケアにおける感染予防と制御 暫定ガイダンス 付録資料 キーポイント	Annex to Infection prevention and control during health care when coronavirus disease (COVID-19) is suspected or confirmed, Interim guidance	2	01/10/2021	2022	Newly

28	H11	新型コロナウイルス感染症 (COVID-19) の感染予防と制御 暫定ガイドライン (随時更新) キーポイント	Infection prevention and control in the context of coronavirus disease (COVID-19): A living guideline	2	25/04/2022	2022	Newly
29	H11		WHO Policy Brief: Maintaining infection prevention and control measures for COVID-19 in health care facilities		25/04/2022	2022	Newly
30	H12	必須医療資源確保の計画に関するガイダンス	Coronavirus disease (COVID-19) technical guidance: Essential resource planning (--> WHO surge calculators Essential supply list / title change on 27 Apr)	3	14/09/2022		Preparing
31	H13	長期療養型施設における COVID-19感染予防と制御に関するガイダンス	Infection prevention and control guidance for long-term care facilities in the context of COVID-19		12/04/2020	2020	Published
32	H13	長期療養型施設における COVID-19感染予防と制御に関するガイダンス 改訂版キーポイント	Infection prevention and control guidance for long-term care facilities in the context of COVID-19	0	21/03/2020	2020	Archived
33	H14	新型コロナウイルス感染症 (COVID-19) の患者への非ステロイド性抗炎症薬 (NSAIDs) の使用について	The use of non-steroidal anti-inflammatory drugs (NSAIDs) in patients with COVID-19 Scientific Brief		19/04/2020	2020	Published
34	H15	新型コロナウイルス感染症 (COVID-19) 流行下のコミュニティにおける子どものマスク使用に関するアドバイス/UNICEF / WHO	Advice on the use of masks for children in the community in the context of COVID-19 (Annex to the Advice on the use of masks in the context of COVID-19)		21/08/2020	2020	Published
35	H18	COVID-19 流行下における医療従事者の曝露に関するリスク評価と管理	Risk assessment and management of exposure of health care workers in the context of COVID-19		19/03/2020	2020	Published
36	H19	重症急性呼吸器感染症の臨床ケア - ツールキット	Clinical care of severe acute respiratory infections - Tool kit		11/04/2020	2020	Published
37	H20	COVID-19 の治験に関する WHO研究開発計画	COVID 19 Landscape of experimental treatments		28/04/2020	2020	Published

38	H21	保健医療施設のための COVID-19リスクコミュニケーション・パッケージ	The COVID-19 Risk Communication Package For Healthcare Facilities (WPRO)		10/03/2020	2020	Published
39	H23	新型コロナウイルス感染症 (COVID-19)感染者の隔離解 除基準	Criteria for releasing COVID-19 patients from isolation		17/06/2020	2020	Published
40	H24	介護サービスにおける新型コ ロナウイルス感染症 (COVID- 19)の予防と管理 - 11の政策 目標 (第二部より抜粋)	Preventing and managing COVID-19 across long- term care services: Policy brief - Eleven policy objectives (extracted from part 2)		24/07/2020	2020	Published
41	H24	介護サービスにおける新型コ ロナウイルス感染症 (COVID- 19)の予防と管理 - エグゼクテ ィブサマリー	Preventing and managing COVID-19 across long- term care services: Policy brief - Executive summary		24/07/2020	2020	Published
42	H24	介護サービスにおける新型コ ロナウイルス感染症 (COVID- 19)の予防と管理 - ポリシー・ ブリーフ (全文)	Preventing and managing COVID-19 across long- term care services: Policy brief - Key actions and Country Examples (extracted from part 2)		24/07/2020	2020	Published

[一般向け情報 (インフォグラフィックスや動画など) と文書]

※Published:公開中、Archived:公開終了・保存済、Preparing:準備中

#	文書番号	タイトル(日本語訳)	タイトル(英文オリジナル)	更新版 Ver.	英文公開日	日本語版公開年	公開状態
1	P01	家の中でアクティブに過ごそう (10インフォグラフィックス)	10 infographics "Be active at home during #COVID19 outbreak"	N/A		2020	Published
2	P02	コロナウイルスに備えよう (7インフォグラフィックス)	7 infographics "be ready for coronavirus"	N/A		2020	Published
3	P03	コロナウイルス ウイルスの拡散を防ぐ7つのポイント(アニメーション)	Animation "coronavirus 7 steps to prevent the spread of the virus"	N/A		2020	Published
4	P04	COVID-19からどのように自分を守るか (アニメーション)	Animation "How to protect yourself against COVID-19"	N/A		2020	Published
5	P05	WHOに聞こう - 握手	Ask WHO - Hand Shaking	N/A		2020	Published
6	P06	WHOに聞こう - 安全な挨拶	Ask WHO - Safe Greetings	N/A		2020	Published
7	P07	WHOに聞こう - 手袋	Ask WHO - Wearing Gloves	N/A		2020	Published
8	P08	流行下におけるストレス対処	Coping with stress during the 2019-nCoV outbreak	N/A		2020	Published
9	P10	職場でCOVID-19に備える	Getting workplace ready	N/A		2020	Published
10	P11	迷信や不安に対するアドバイス 1	Myth-busters 1	N/A		2020	Published
11	P11	迷信や不安に対するアドバイス 2 (6 infographics)	Myth-busters 2 (9 items --> 6 items)	N/A		2020	Published
12	P11	迷信や不安に対するアドバイス 3	Myth-busters 3 (5 items)	N/A		2020	Published
13	P11	迷信や不安に対するアドバイス - マスク	Mythbusters on mask	N/A		2020	Published
14	P11	迷信や不安に対するアドバイス - マスクと運動	Mythbuster (Mask and exercise)	N/A		2020	Published
15	P11	迷信や不安に対するアドバイス - デキサメタソンの汎用性に関する疑問を解決する	Mythbuster (beat your doubts Is dexamethasone a treatment for all COVID-19 patients?)	N/A		2020	Published

16	P12	いつどのようにマスクを使うのか	When and how to use masks	N/A		2020	Published
17	P13	職場でのCOVID-19感染予防対策	Getting your workplace ready for COVID-19	N/A	19/03/2020	2020	Published
18	P18	医療用マスクの安全な使い方	1_DOS and DONT for masks	N/A		2020	Published
19	P18	COVID-19アウトブレイク中の移動	2_COVID-19_Moving_Around_transport	N/A		2020	Published
20	P18	物理的距離の確保は、社会的な孤立とは異なります	3_COVID-19_Distancing	N/A		2020	Published
21	P18	COVID-19事実を知りましょう (白黒)	4_Transmission poster v02 - black and white	N/A		2020	Published
22	P18	COVID-19と喫煙	5_Tobacco and COVID-19_addon	N/A		2020	Published
23	P19	在宅勤務時に健康であるために	Script Healthy at home	N/A		2020	Published
24	P20	低リスクは無リスクではない	Low Risk isn't No Risk	N/A		2020	Published
25	P23	物理的距離のとり方	1- Physical distancing (WPRO) (19 items)	N/A		2020	Published
26	P23	食品や買い物についてのアドバイス	2- Beat your doubts (WHO)	N/A		2020	Published
27	P24	職場や自宅で勤務中にできるCOVID-19予防	Preventing COVID-19 in your workplace or while teleworking	N/A		2020	Published
28	P25	妊娠中・出産後の方へのアドバイス	Pregnancy and COVID19 (with support of UNFPA Japan)	N/A		2020	Published
29	P26	メンタルヘルスとCOVID-19	Mental Health & COVID-19 (with support of UNIC Japan)	N/A		2020	Published
30	P27	COVID-19蔓延防止に向けた科学の進歩と私たちの役割	The evolution of science and our role in preventing the spread of COVID-19	N/A		2020	Published
31	P28	布マスクの使い方/医療用マスクの使い方	How to wear a fabric mask/ How to wear a medical mask	N/A		2020	Published
32	P29	布マスクの安全な使い方 すべきこと&してはいけないこと	How to wear a non-medical fabric mask safely Do's & Don'ts	N/A		2020	Published
33	P30	親として子どものためにできること	COVID-19 Parenting - 14 infographics	N/A	08/06/2020	2020	Published
34	P31	COVID-19への対応における民間セクターへのお願い	Asks' to the private sector in the response to COVID-19	N/A	11/06/2020	2020	Published
35	P33	新しい生活様式へのアドバイス	Reference New normal A (WPRO)	N/A		2020	Published

36	P36	家庭用の布マスクの安全な着用方法	Fabric mask animation script	N/A		2020	Published
37	P38	インフォデミックから身を守る	How to protect yourself in the infodemic	N/A		2020	Published
38	P39	スティグマと差別	Stigma Discrimination	N/A		2020	Published
39	P41	渡航に関するアドバイス	Travel advice (three documents)	N/A		2020	Published
40	P42	感染の連鎖を断ち切るには	How to break the chains of transmission	N/A		2020	Published
41	P43	新型コロナウイルス感染症の接触者追跡とは?	How does contact tracing work?	N/A		2020	Published
42	P44	子ども向け布マスクの正しいつけ方	How children can wear fabric masks	N/A		2020	Published
43	P45	概観効果(オーバービュー・エフェクト)	Act together: The overview effect	N/A		2020	Published
44	P46	ACTアクセラレーターとは?	What is ACT	N/A		2020	Published
45	P47	誤情報・迷信に注意: ビタミンとミネラルのサプリメントでは、COVID-19を治すことはできません	Mythbuster on Vitamin D and supplements	N/A		2020	Published
46	P48	5分でわかるサイエンス: 集団免疫とは?	Science in 5 - Herd Immunity	N/A		2020	Published
47	P49	5分でわかるサイエンス: ワクチンについて	Science in 5: Vaccines	N/A		2020	Published
48	P50	5分でわかるサイエンス: 安全な年末年始の過ごし方	Science in 5: Safe during celebrations	N/A		2020	Published
49	P51	5分でわかるサイエンス: インフルエンザと新型コロナウイルス感染症	Science in 5: Flu & COVID	N/A		2020	Published
50	P52	新型コロナウイルス感染症のリスクを減らす3つの要素	Risky behaviour	N/A		2020	Published
51	P53	5分でわかるサイエンス: 迷信 VS 科学	Science in 5: Vaccines	N/A		2021	Published
52	P54	前例のない1年: WHOのCOVID-19への対応	A year without precedent: WHO's COVID-19 response	N/A	23/12/2020	2021	Published
53	P55	5分でわかるサイエンス: 血清学的調査とは?	Science in 5: What are serological surveys?	N/A		2021	Published
54	P56	5分でわかるサイエンス: ワクチンの治験について	Science in 5: Vaccines	N/A		2021	Published
55	P57	5分でわかるサイエンス: 迷信 VS 科学 その2	Science in 5: Vaccines	N/A		2021	Published
56	P58	COVID-19ワクチンの専門的報道におけるアドバイス	Tips for professional reporting on COVID-19 vaccines	N/A	07/12/2020	2021	Published

57	P59	5分でわかるサイエンス：大気汚染と新型コロナウイルス感染症	Science in 5: Air pollution	N/A		2021	Published
58	P60	5分でわかるサイエンス：ワクチンの供給について	Science in 5: Vaccine distribution	N/A		2021	Published
59	P61	5分でわかるサイエンス：ワクチンはどのように作用するのか？	Science in 5: How vaccines work	N/A		2021	Published
60	P62	5分でわかるサイエンス：換気とCOVID-19	Science in 5: Ventilation and COVID-19	N/A		2021	Published
61	P63	5分でわかるサイエンス：変異株とワクチンについて	Science in 5: Variants and vaccine	N/A		2021	Published
62	P64	5分でわかるサイエンス：ワクチンの承認過程について	Science in 5: Vaccine approval	N/A		2021	Published
63	P65	5分でわかるサイエンス：抗生物質と新型コロナウイルス感染症	Science in 5: Antibiotics & COVID-19	N/A		2021	Published
64	P66	コミュニティで備える10のステップ	10 steps to community readiness	N/A		2021	Published
65	P67	できることは全てやろう	Do it All	N/A		2021	Published
66	P68	5分でわかるサイエンス：ワクチンの解説	Science in 5: vaccines explained	N/A		2021	Published
67	P69	5分でわかるサイエンス：ワクチンに関する迷信と科学	Science in 5: vaccine myths and science	N/A		2021	Published
68	P70	布マスクの作り方	How to make a fabric mask	N/A		2021	Published
69	P71	ヒドロキシンクロロキンについて	hydroxychloroquine does not prevent illness or death from COVID-19	N/A		2021	Published
70	P72	5分でわかるサイエンス：さまざまな検査	Science in 5: Tests	N/A		2021	Published
71	P73	新型コロナウイルス感染症 ワクチンの安全性 - 知っておくべきこと	Safety of COVID-19 vaccines - what we need to know	N/A		2021	Published
72	P74	5分でわかるサイエンス：ワクチン、変異株、集団免疫について	Science in 5: vaccines, variants, herd immunity	N/A		2021	Published
73	P75	5分でわかるサイエンス：ワクチン、変異株、接種回数	Science in 5: vaccines, variants, doses	N/A		2021	Published
74	P76	屋内・屋外で運動する時の注意点（屋外）	Mask and exercise outdoors	N/A		2021	Published
75	P77	屋内・屋外で運動する時の注意点（`屋内）	Mask and exercise indoors	N/A		2021	Published
76	P78	5分でわかるサイエンス：ワクチンのタイミングと接種する理由	Science in 5: vaccines, when and why	N/A		2021	Published
77	P79	新型コロナウイルス感染症のワクチン接種について	Vaccines explained - getting COVID vaccines	N/A		2021	Published
78	P80	高齢者とワクチン	Older adults and vaccines	N/A		2021	Published

79	P81	5分でわかるサイエンス: ワクチン、変異株、大人数での集まり	Science in 5: vaccines, variants & mass gatherings	N/A		2021	Published
80	P82	手指消毒剤について	Mythbuster: Hand sanitizers	N/A		2021	Published
81	P83	5分でわかるサイエンス: どのワクチンを接種すべき? 副反応は?	Science in 5: Which vaccine should I take and what about side effects?	N/A		2021	Published
82	P84	新型コロナウイルス感染症のさまざまな検査	Different tests for COVID-19	N/A		2021	Published
83	P85	5分でわかるサイエンス: ワクチンの接種量	Science in 5: vaccine dosage	N/A		2021	Published
84	P86	5分でわかるサイエンス: デルタ株とワクチン	Science in 5: Delta variant and vaccines	N/A		2021	Published
85	P87	新型コロナウイルスの感染経路	How the COVID-19 virus is transmitted	N/A		2021	Published
86	P88	新型コロナウイルス感染症の自宅療養: 感染者の家族や看病をする人に向けたガイダンス	Home care for COVID 19: Guide for family and caregivers	N/A		2021	Published
87	P89	新型コロナウイルス感染症のワクチン: ファクトシリーズ	COVID-19 vaccination fact	N/A		2021	Published
88	P90	自分に合ったマスクをつけよう	Find a mask that fits your face the best	N/A		2021	Published
89	P91	5分でわかるサイエンス: 変異株に関する情報	Science in 5: update on virus variants	N/A		2021	Published
90	P92	5分でわかるサイエンス: 屋内と屋外での感染	Science in 5: transmission indoors and outdoors	N/A		2021	Published
91	P93	デルタ株について知っておくべきこと	Delta variants	N/A		2021	Published
92	P94	5分でわかるサイエンス: ワクチンと子ども	Science in 5: vaccine and children	N/A		2021	Published
93	P95	5分でわかるサイエンス: デルタ株について	Science in 5: Delta variant	N/A		2021	Published
94	P96	5分でわかるサイエンス: 自宅での安全なケア	Science in 5: safe care at home	N/A		2021	Published
95	P97	5分でわかるサイエンス: ワクチン、妊娠、月経、授乳、生殖能力	Science in 5: vaccines, pregnancy, menstruation, lactation, fertility	N/A		2021	Published
96	P98	5分でわかるサイエンス: 糖尿病と新型コロナウイルス感染症	Science in 5: diabetes and COVID-19	N/A		2021	Published
97	P99	5分でわかるサイエンス: 妊娠と新型コロナウイルス感染症	Science in 5: pregnancy and COVID-19	N/A		2021	Published
98	P100	パンデミック中のスポーツ観戦	Olympic games	N/A		2021	Published
99	P101	5分でわかるサイエンス: 新型コロナウイルス感染症の後遺症	Science in 5: Post COVID condition	N/A		2021	Published

100	P102	5分でわかるサイエンス: ワクチン接種後でも感染するのか?	Science in 5: Can I get infected after vaccination?	N/A		2021	Published
101	P103	新型コロナウイルス感染症のワクチン: 授乳、妊娠、生理、不妊	COVID-19 vaccines: breastfeeding, pregnancy, menstruation, fertility	N/A		2021	Published
102	P104	5分でわかるサイエンス: 新型コロナウイルスに感染した人もワクチンは必要?	Science in 5: Do I still need the vaccine if I have COVID-19	N/A		2021	Published

[Q&A およびCOVID-19 に関する基本情報]

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1	Q01 (P14)	SARS-CoV-2 の起源	Origin of SARS-CoV-2		26/03/2020	2020	Published
2	Q02 (P14)	生きた動物または動物製品を扱う市場における動物からヒトへの新興病原体の伝播のリスクを減少させるためのWHOによる推奨事項	WHO recommendations to reduce risk of transmission of emerging pathogens from animals to humans in live animal markets or animal product markets		26/03/2020	2020	Published
3	Q03 (P15)	新型コロナウイルス感染症 (COVID-19) とその原因となるウイルスの命名について	Naming the COVID-19 and the virus that causes it / why do the virus and the disease have different names / what name does WHO use for the virus?		Unknown	2020	Published
4	Q04 (H05)	COVID-19の疑いまたは確定患者をケアする医療従事者の感染予防および管理に関するQ&A	Q&A on infection prevention and control for health care workers caring for patients with suspected or confirmed 2019-nCoV	0	01/03/2020	2020	Archived
5	Q04 (H05)	COVID-19の疑いまたは確定患者をケアする医療従事者の感染予防および管理に関するQ&A	Q&A on infection prevention and control for health care workers caring for patients with suspected or confirmed 2019-nCoV	1	31/03/2020	2020	Published
6	Q05 (P16)	新型コロナウイルス感染症 (COVID-19) に関するQ&A	Q&A on coronaviruses (COVID-19)	0	08/04/2020	2020	Archived
7	Q05 (P16)	新型コロナウイルス感染症 (COVID-19) に関するQ&A	Coronavirus disease (COVID-19)	1	13/05/2021	2021	Published
8	Q06 (P17)	大規模集会と COVID-19 に関する Q&A	Q&A on mass gathering and COVID-19	0	01/04/2020	2020	Archived
9	Q06 (P17)	新型コロナウイルス感染症 (COVID-19) : 大規模集会 (マスギャザリング)	Coronavirus disease (COVID-19): Mass gatherings	1	14/04/2020	2021	Published

10	Q07 (G32)	新型コロナウイルス感染症 (COVID-19) 流行下における予防接種:よくある質問 (Guiding principles for immunization activities during the COVID-19 pandemicの付録資料)	Immunization in the context of COVID-19 pandemic: Frequently Asked Questions (*Annex to Guiding principles for immunization activities during the COVID-19 pandemic)		16/04/2020	2020	Published
11	Q08 (P40)	Q&A: 公共スペースや建物内での換気や空調とCOVID-19	Q&A: Ventilation and air conditioning in public spaces and buildings and COVID-19		29/07/2020	2020	Published
12	Q09 (H17)	新型コロナウイルス感染症 (COVID-19) と子供のマスク使用に関するQ&A (新型コロナウイルス感染症 (COVID-19))	Q&A: Children and masks related to COVID-19 (relate to the Advice on the use of masks in the context of COVID-19)	0	21/08/2020	2020	Archived
13	Q09	新型コロナウイルス感染症 (COVID-19): 子供とマスク	Coronavirus disease (COVID-19): Children and masks	1	07/03/2022	2022	Published
14	Q10	新型コロナウイルス感染症 (COVID-19): 集団免疫とロックダウン	Coronavirus disease (COVID-19): Herd immunity, lockdowns and COVID-19		15/10/2020	2021	Published
15	Q11	新型コロナウイルス感染症 (COVID-19): 家族と介護者のための在宅療養	Coronavirus disease (COVID-19): Home care for families and caregivers	0	13/08/2020	2021	Published
16	Q11	新型コロナウイルス感染症 (COVID-19): 家族と介護者のための在宅療養	Coronavirus disease (COVID-19): Home care for families and caregivers	1	12/04/2022	2022	Published
17	Q12	新型コロナウイルス感染症 (COVID-19): 小規模な集会	Coronavirus disease (COVID-19): Small public gatherings		06/08/2020	2021	Published
18	Q13	新型コロナウイルス感染症 (COVID-19): ワクチン	Coronavirus disease (COVID-19): Vaccines		28/10/2021	2021	Published
19	Q13	新型コロナウイルス感染症 (COVID-19): ワクチン	Coronavirus disease (COVID-19): Vaccines		16/03/2022	2022	Published
20	Q14	新型コロナウイルス感染症 (COVID-19): 母乳育児	Coronavirus disease (COVID-19): Breastfeeding		07/05/2020	2021	Published
21	Q15	新型コロナウイルス感染症 (COVID-19): 非保健医療施設における清掃と消毒	Coronavirus disease (COVID-19): Cleaning and disinfecting surfaces in non-health care settings		16/05/2020	2021	Published

22	Q16	新型コロナウイルス感染症 (COVID-19): 気候変動	Coronavirus disease (COVID-19): Climate change		22/04/2020	2021	Published
23	Q17	新型コロナウイルス感染症 (COVID-19): 接触者追跡	Coronavirus disease (COVID-19): Contact tracing		31/05/2021	2022	Published
24	Q18	Q&A (COVID-19): デキサメタゾン	Coronavirus disease (COVID-19): Dexamethasone	0	16/10/2020	2021	Archived
25	Q18	Q&A (COVID-19): デキサメタゾン	Coronavirus disease (COVID-19): Dexamethasone	1	16/10/2021	2022	Published
26	Q20	Q&A (COVID-19): 食品の安全と栄養	Coronavirus disease (COVID-19): Food safety and nutrition		14/08/2020	2021	Published
27	Q22	新型コロナウイルス感染症 (COVID-19): 消費者のための食の安全	Coronavirus disease (COVID-19): Food safety for consumers		14/08/2020	2022	Published
28	Q23	新型コロナウイルス感染症 (COVID-19): 職場における安全衛生	Coronavirus disease (COVID-19): Health and safety in the workplace		26/06/2020	2021	Published
29	Q24	新型コロナウイルス感染症 (COVID-19): 感染経路について	Coronavirus disease (COVID-19): How is transmitted?		30/04/2021	2021	Archived
30	Q24	新型コロナウイルス感染症 (COVID-19): 感染経路について	Coronavirus disease (COVID-19): How is transmitted?		23/12/2021	2022	Published
31	Q25	新型コロナウイルス感染症 (COVID-19): ヒドロキシクロロキン	Coronavirus disease (COVID-19): Hydroxychloroquine	0	19/06/2020	2021	Archived
32	Q25	新型コロナウイルス感染症 (COVID-19): ヒドロキシクロロキン	Coronavirus disease (COVID-19): Hydroxychloroquine	1	30/04/2021	2022	Published
33	Q26	新型コロナウイルス感染症 (COVID-19): マスク	Coronavirus disease (COVID-19): Masks	0	01/12/2020	2021	Archived
34	Q26	新型コロナウイルス感染症 (COVID-19): マスク	Coronavirus disease (COVID-19): Masks	1	05/01/2022	2022	Published
35	Q27	新型コロナウイルス感染症 (COVID-19): 妊娠と出産	Coronavirus disease (COVID-19): Pregnancy and childbirth	0	02/09/2020	2021	Archived
36	Q27	新型コロナウイルス感染症 (COVID-19): 妊娠と出産、産後	Coronavirus disease (COVID-19): Pregnancy and childbirth	1	15/03/2022	2022	Published
37	Q28	新型コロナウイルス感染症 (COVID-19): 高齢者のリスクと安全	Coronavirus disease (COVID-19): Risks and safety for older people		08/05/2020	2021	Published
38	Q29	新型コロナウイルス感染症 (COVID-19): 学校	Coronavirus disease (COVID-19): Schools		18/09/2020	2021	Published

39	Q30	新型コロナウイルス感染症 (COVID-19) : インフルエンザとの類似点と相違点	Coronavirus disease (COVID-19): Similarities and differences with influenza		30/09/2021	2021	Published
40	Q31	新型コロナウイルス感染症 (COVID-19) : ホテル・宿泊施設での滞在	Coronavirus disease (COVID-19): Staying at hotels and accommodation establishments		26/08/2020	2021	Published
41	Q32	新型コロナウイルス感染症 (COVID-19) : タバコ	Coronavirus disease (COVID-19): Tobacco	0	27/05/2020	2021	Archived
42	Q32	新型コロナウイルス感染症 (COVID-19) : タバコ	Coronavirus disease (COVID-19): Tobacco	1	25/05/2022	2022	Published
43	Q33	新型コロナウイルス感染症 (COVID-19) : 一般の方への旅行に関するアドバイス	Coronavirus disease (COVID-19): Travel advice for the general public		02/07/2021	2021	Published
44	Q34	新型コロナウイルス感染症 (COVID-19) : 換気と空調	Coronavirus disease (COVID-19): Ventilation and air conditioning	0	29/07/2020	2021	Archived
45	Q34	新型コロナウイルス感染症 (COVID-19) : 換気と空調	Coronavirus disease (COVID-19): Ventilation and air conditioning	1	23/12/2021	2022	Published
46	Q35	新型コロナウイルス感染症 (COVID-19) : 医療施設の換気と空調	Coronavirus disease (COVID-19): Ventilation and air conditioning in health facilities	0	29/07/2020	2021	Archived
47	Q36	新型コロナウイルス感染症 (COVID-19) : 女性に対する暴力	Coronavirus disease (COVID-19): Violence against women		15/04/2020	2021	Published
48	Q37	新型コロナウイルス感染症 (COVID-19) : ホテルおよび宿泊施設での勤務	Coronavirus disease (COVID-19): Working in hotels and other accommodation establishments		26/08/2020	2021	Published
49	Q38	新型コロナウイルス感染症 (COVID-19) : 罹患後症状	Coronavirus disease (COVID-19): Post COVID-19 condition		16/12/2021	2022	Published
50	Q39		Coronavirus disease (COVID-19) and people living with HIV		29/07/2022	Preparing	Preparing
51	Q40		Coronavirus disease (COVID-19): Vaccines safety		24/01/2022	Preparing	Preparing

