

Advisory Committee
of the WHO Centre for Health Development

24th Meeting Report

12–13 November 2020

Service delivery
and financing



Metrics and
Measurement



Health
Emergencies



**World Health
Organization**
Centre for Health Development



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The WHO Centre for Health Development (WHO Kobe Centre–WKC) was established in 1995 with support from the Kobe Group¹ and endorsement by the WHO Executive Board. WKC’s research plan for 2018-26 is to study health systems in the context of population ageing and health emergencies to accelerate progress towards Universal Health Coverage (UHC). The Advisory Committee for WKC (ACWKC), appointed by the WHO Director-General (DG) to represent WHO’s six regions, the host country, local community and donor group, held its annual meeting on 12–13 November 2020 to advise about WKC strategic priorities.

The meeting discussed the Centre’s progress in 2019-20 and follow-up to the 2019 ACWKC recommendations. WKC presented its accomplishments and programmes of research for 2020-21 under the themes of service delivery and sustainable financing, metrics and measurement, and health emergencies and disaster risk management. The Chair, Professor Irene Agyepong, and Rapporteur, Dr Lis Wagner, presented the Committee’s conclusions and recommendations. They congratulated the Centre on progress and the excellent responses to the 2019 recommendations. They commended WKC for its role in translating and disseminating WHO COVID-19 information, and the impressive research output despite difficult times including the *WHO Guidance on Research Methods for Health Emergency and Disaster Risk Management*. They acknowledged WKC’s comparative advantage focusing the niche areas of UHC and population ageing and health emergencies and natural disaster risk management.

Specific recommendations on cross cutting issues include to:

1. Ensure that WKC secures core funding from WHO.
2. Develop and implement a fundraising strategy to widen the donor base.
3. Ensure accountability including reporting to donors.
4. Continue strengthening partnerships with research communities in and outside Japan.
5. Link with the Ministry of Health, Labor and Welfare (MHLW) in Japan for engagement in WPRO Regional Committee Meeting 2021 and to disseminate its work.
6. Take advantage of WKC’s 25th anniversary to actively promote the Centre and its activities.
7. Explore possibilities for other Regional Office meetings.

Recommendations on WKC’s strategic focus are to:

1. Link with the Sustainable Development Goals (SDGs) and WHO’s 13th General Programme of Work (GPW13).
2. Strengthen WKC as a Centre of Excellence and Innovation and wider dissemination of research findings (e.g. Kobe Dementia Study) regarding UHC and ageing.
3. Emphasize the impact of COVID-19 with respect to equity, access to care and ageing population, and sustainability as an emerging niche that WKC may consider.
4. Expand the use of qualitative data and data standardization in the emergencies work.
5. Disseminate study results to local governments, community, and partners, in particular, decision makers.

ACWKC endorses the Task Force recommendations, specifically to:

1. Continue effective communication between WKC and local, and improve communication among WHO HQ, Kobe Group, MHLW and WKC including their joint meeting.
2. Prepare and implement the 5-year operational plan.
3. Collaborate between ACWKC and Scientific Working Group through periodic joint meetings as needed.
4. Ensure appropriate human resource and capacity building.

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

ACWKC 2020



Top Row: Prof Irene Agyepong (representing WHO African Region (AFR)), Vice Governor Kazuo Kanazawa (donor group); Honourable Assistant Minister Dr Teiji Takei (host government)

Middle Row: Dr Uchinuno Atsuko (local community); Prof Soonman Kwon (WHO Western Pacific Region (WPR)); Prof Lis Wagner (WHO European Region (EUR))

Bottom Row: Dr Sarah Barber (WKC); Prof Maged Al-Sherbiny (WHO Eastern Mediterranean Region (EMR)); Dr Viroj Tangcharoensathien (WHO South East Asian Region (SEAR))

Below: Dr David Lindeman (representing WHO Americas Region (PAH)), provided comments in advance of the meeting.



1. Opening

The Director of the WKC Centre, Dr Sarah Barber, welcomed all to this first virtual meeting of the Advisory Committee of the WKC (ACWKC) due to the global COVID-19 pandemic. Honourable Toshizo Ido, Governor of Hyogo Prefecture, representing the Kobe Group, expressed his gratitude to the Centre for its collaboration and support during COVID-19. He reinforced Hyogo Prefecture's expectations regarding local collaboration for research, WKC fora, and local health issues such as depression and suicide. He invited WKC to explore collaboration with the Kobe Biomedical Innovation Cluster (KBIC) and transmit its research outcomes globally as well as to policy makers. The Kobe Group noted that WKC was midway through its third 10-year Memorandum of Understanding, that it was the Centre's 25th anniversary, and committed to supporting WKC further.

Dr Teiji Takei, Assistant Minister for Global Health and Welfare, Ministry of Health, Labour and Welfare (MoHLW), representing the host government, expressed sincere appreciation to WKC and the Advisory Committee for its central role in the translation and dissemination of WHO COVID-19 materials. Dr Naoko Yamamoto, WHO's Assistant Director General (ADG) for UHC and Healthier Populations, delivered a video message of thanks to the ACWKC, and noted that WKC's research plan was strongly endorsed by the Task Force convened in 2019-20 to review WKC's role and function.

The ACWKC² agreed with the nomination of the Chair, Professor Irene Agyepong, Ghana College of Physicians and Surgeons, and the Dodowa Health Research Center (representing AFRO), and the Rapporteur, Professor Emeritus Lis Wagner, University of South Denmark, Odense, Denmark (representing EURO). Apologies were accepted from Dr David Lindeman, Director of Health at the Center for Information Technology Research in the Interest of Society (CITRIS), University of California, United States, representing the WHO region of the Americas (AMRO).

Key points of the opening session:

- Governor Ido, on behalf of the Kobe Group, and Assistant Minister Takei, representing the host government, expressed their deep appreciation to WKC for its efforts during COVID-19, including translation and dissemination of WHO technical documents.
- The Kobe Group reaffirmed their support to WKC.
- Dr Yamamoto, WHO ADG, acknowledged the progress made in WKC's three research themes, which were strongly endorsed by the Task Force that evaluated WKC's role and function in 2019-20.

Dr Barber outlined the Centre's main achievements of 2019-2020 in the three research themes. Ten legacy projects have concluded, and 29 projects are ongoing and fully aligned with the WHO 13th General Programme of Work (GPW13) and contribute to eight Global Public Health Goods established by the WHO HQ Science Division. WKC has strengthened its research partnerships with strong academic institutes globally, and in Japan and the Kansai region. Research findings have been translated to policy and practice, through joint research projects with policymakers, health systems managers and academics; presentations of findings to policymakers, and policy briefs.

In the research area of UHC Service Delivery and Financing, four projects have been completed and 11 are ongoing in low- and middle-income countries such as Vietnam, Myanmar Cambodia, Iran, Thailand and

² WKC Advisory Committee members and profiles: https://extranet.who.int/kobe_centre/en/advisory-committee

Indonesia. Ongoing research evaluates service delivery models and sustainable financing in response to population ageing.

In the research area of UHC Metrics and Measurements, four projects have been completed, and six are ongoing, including measuring financial protection, unmet need and equity in access among older persons, and quality in long-term care. In the research area of Health Emergencies and Disaster Risk Management (Health EDRM), twelve projects are underway, including advancing the WHO Health EDRM Research Network of which WKC is the Secretariat; and various studies on health systems response to health emergency preparedness. Four new projects are being selected on emergency preparedness in the context of COVID-19.

Regarding local engagement, WKC has shared lessons learned and encouraged collaboration across countries. This has been done through six international meetings, communications plans for each project. Major efforts have been made to make WKC's work accessible locally and internationally on its website and through social media. The Centre contributed to raising awareness of local and global health issues in the Kansai region through lectures to students, participation in local technical committees, and translation of WHO's Disease Outbreak News (DONs) and WHO COVID-19 materials.

Dr Barber reported on the response to the 2019 ACWKC recommendations. The WKC has fully aligned its three research themes with the WHO GPW13 and phased out the old agenda started before 2018. WKC has continued to engage with local research communities and dissemination of information through appropriate communication channels for each project. Dr Barber gave several examples of ensuring that the research is relevant to high-, middle-, and low-income countries. The WKC has maximized the publication of finished research activities in peer-reviewed international journals, policy briefs and technical reports. In 2019-2020, WKC had 24 publications (4 books, 2 book chapters, 16 journal articles, 2 policy briefs) and has provided input to other WHO technical documents.

The WKC has leveraged findings of research across the three different themes. For instance, research on long-term care combines service delivery with financing of long-term care, and metrics for quality. The Centre has expanded efforts to ensure application of research to practice, by involving policy makers, health systems managers and academics; and working with government think tanks. Total expenditure for 2019 was \$4.5m; for 2020-21 implementation is on track with 45% of activity costs obligated (October 2020), and the 87% of required ceiling is still in place.

Dr Barber discussed several key challenges and approaches to address these. Firstly, the COVID-19 pandemic slowed implementation of regular activities. WKC dealt with this by extending research deadlines (end 2020/beginning 2021) and modifying research designs with research institutes to accommodate changes due to COVID-19 restrictions. Staff were equipped to telework and participate in online meetings. COVID issues were incorporated into technical work such as a new call on Health Emergency and Disaster Risk Management (HEDRM). The pandemic presented a second challenge by drawing staff time to translation and dissemination of WHO technical guidance and public information. The Centre responded by establishing a workflow for smooth translation and involvement of all staff and working with local academia and UN agencies to assist with translations. A dedicated page was created on the WKC website for all COVID-19 translations and public information.³

In 2019-20, the WKC Task Force was underway as a part of the DG's Transformation Agenda to reform the WHO Secretariat. WKC aimed to facilitate this process by providing information in a timely way to accelerate the finalization of the Task Force's recommendations. A fourth challenge was broader reorganization within WHO secretariat that affected working relationships within WHO and access to technical networks and resources for UHC and emergencies. The Centre used the opportunity to clarify WKC's technical focus and research, and linked workplan activities to outcomes and outputs of GPW13. Closer relationships have been established with regional offices and countries.

³ See https://extranet.who.int/kobe_centre/en/covid

Dr Viroj Tangcharoensathien, Secretary General, International Health Policy Program Foundation, Ministry of Public Health, Thailand (representative of SEARO) led the discussion. He noted that UHC is Japan's global health flagship in the progressive realization of UHC in which other countries can learn. Linking UHC (services delivery, financing, metrics and measurement) with the ageing agenda was a perfect match. He expressed satisfaction with progress and commended the number of publications and wide country involvement. He noted that partnerships had been strengthened within WHO, within and beyond the Asia-Pacific Region, and within Japan, particularly regarding COVID-19. He noted the management approach to continue working during COVID and noted the work with UN agencies and experts to translate WHO's COVID-19 materials. WKC is fully justified to receive core funding from WHO in the next biennium. He recalled prior ACWKC recommendations that the Kobe Group should appoint a focal group to work on communication and expressed the hope that this recommendation would be taken forward by the Kobe Group.

Dr David Lindeman, Center for Information Technology Research in the Interest of Society, University of California, Berkeley (representing PAHO) provided his comments in advance. He noted that, considering the challenges faced by WKC and all organizations since the onset of the pandemic, it is singularly impressive that the three targeted research areas were so successfully completed. He suggested that it would be particularly helpful to learn if WKC was able to focus the four EDRM COVID-19 Response projects in an actionable manner. He also commented that the expanded number of partnerships is admirable and inquired whether they are sustainable or one-time collaborations. In terms of local engagement, the translation of WHO Disease Outbreak News (DONs) and WHO COVID-19 guidance and public information is of relevance, and Dr Lindeman noted that this is an area for expansion. He noted that the outreach to the Kansai region is particularly impressive and recommended expanding this effort to reinforce the contributions of WKC locally. The responses to the 2019 recommendations demonstrated good progress and relevance; however, he noted that he would appreciate further clarification about the of stability of core funding and the success in obtaining supplemental/external funding.

Vice Governor Kazuo Kanazawa, on behalf of the Kobe Group, recognized WKC's efforts to disseminate its work through Forums organised for general public, and the website, notably the Health-EDRM meeting held in October 2019 at Awaji Island, Japan, with global experts in disaster management. He appreciated the new Guidance and hoped it would be translated to policy. He acknowledged contributions of WKC's technical staff in the COVID-19 response, including participation in local meetings and with the media. The Kobe Group positively evaluated WKC's activities, and awareness of its work has increased.

ACWKC members also noted the effort to align WKC research with GPW13, efforts to disseminate COVID-19 information, and the number of publications. Suggestions included expanding collaboration with other regions, e.g. EMRO and AFRO, and a stronger effort to focus Health EDRM research on policy and programmatic action.

Key points of the session

- WKC Director, Dr Sarah Barber, highlighted the alignment between WKC's achievements and WHO's 13th General Programme of Work (GPW13), to contribute to 8 Global Public Health Goods.
- The ACWKC congratulated WKC on its progress, particularly its research outputs and publications, and thanked the Centre for its excellent responses to the 2019 recommendations.
- They acknowledged WKC's comparative advantage and strategic focus on its niche areas of Universal Health Coverage and ageing, health emergencies and natural disasters.
- Linking ageing with the UHC research agenda was a good match for WKC, which should be explored further collaboration with in regions not currently targeted (e.g. AFRO, EMRO).
- ACWKC members commended the Centre for not letting the budget ceiling hinder its work especially during COVID-19, noting that WKC was fully justified to receive core funding from WHO.
- WKC's challenges and strategies to mitigate these challenges were well appreciated, as well as its efforts to disseminate its research widely through forums, publications and the website.

2. Recommendations from the WKC Task Force

Dr Barber gave an overview of the WKC Task Force, which was initiated as part of the WHO DG's transformation process in 2017 to enhance efficiency and country impact. The DG proposed strengthening WKC to become a "centre of excellence for UHC", and an external Task Force was set up to review progress of the 10-year strategy and discuss the role of WKC.⁴ The Task Force was charged with reviewing WKC's ongoing work, mapping its strengths, weaknesses and opportunities, and provide recommendations on how WKC's work could be aligned with the WHO Secretariat to ensure UHC is made central. After an initial meeting in December 2019, the Task Force conducted the review and finalized their recommendations, which were shared with the DG and Deputy DG in October 2020 for their consideration and decision. The recommendations remain pending with the WHO DG.

In summary, the Task Force endorsed WKC's current research plan focusing on UHC in the context of population ageing and health emergencies and disaster risk management. Recommendations included governance, engagement, partnerships, capacity and resources.

Professor Al-Sherbiny led the discussion. He concurred with the recommendations of the Task Force, in particular the recommendation as a Centre of Excellence for UHC and a 5-year operational strategy. He expressed the hope that the DG would soon advise on the implementation of the recommendations.

The ACWKC members endorsed obtaining external support for a professional fundraising strategy and diversifying resources. It was emphasized that resource mobilization encompassed technical networks and human expertise in addition to financing, and future opportunities include engaging in technical collaborations with departments in WHO HQ. They noted that the Task Force recommendation to access WHO core funding for the next biennium was not within WKC's control. WKC confirmed that access to WHO core funding is a challenge, and the ADG has confirmed that the WKC would not receive WHO core funding in 2020.

Suggestions included convening regular meetings with stakeholders and strengthening the role of the centre in global research and innovation, which would attract wider support and recognition from all stakeholders.

Key points of the session

- The Task Force completed its review in 2020; its recommendations now pending with the DG.
- The ACWKC endorsed the recommendation that WKC be established as a Centre of Excellence for UHC, prepare a 5-year operational strategy and develop a professional resource mobilization and fundraising strategy with external expertise.
- The ACWKC agreed that WKC should be responsible for a specific Global Public Health Good in the future planning processes.
- The WKC should continue advocating for financial and technical resources by engaging with WHO departments and striving to increase WHO contributions and the Kobe Group.

⁴ The seven-member Task Force was chaired by Prof Ilona Kickbusch, Director of Global Health Programme, The Graduate Institute, Geneva, and included Dr Viroj Tangcharoensathien, Dr Teiji Takei, Prof Virginia Murray, Public Health England and a member of WKC's Scientific Working Group (SWC), Dr Wakiko Ajiko, Director General, Public Health Bureau, Hyogo Prefecture; Mr Ryuichiro Ishino, Director, Kobe Biomedical Innovation Cluster Department, Kobe City; and Prof Shibuya Kenji, King's college of London, United Kingdom.

3. Local Engagement

WKC's Administrative Officer, Mr Loic Garcon, presented WKC's contribution to the local community under the three objectives. First, to share lessons learned across countries and encourage global collaboration under the SDGs. WKC has 12 ongoing partnerships with Kansai-based research institutions and has systematically increased its spending on joint research and communications over the past years. WKC noted that the health emergencies research theme had been the most effective in local and global engagement given the strength of local expertise. In 2019, an international study tour was conducted with the Asian Development Bank, HQ technical colleagues, and the WHO Country Office in Bangladesh.

Secondly, to communicate and disseminate information about WKC's research activities in the local community, six WKC fora were held with the Kobe Group in 2019-20 to communicate and disseminate information. The Centre uses its website and social media as key communication tools. Each research project has a tailored dissemination plan, including web stories, Tweets, interviews, policy briefs. Through its dedicated COVID-19 webpage risk communication campaigns on YouTube and Twitter, major posts on Twitter reached 3 million views in 2020, followers grew from 1000 to 6000 in a few months, and the website had over 1 million visitors. COVID-19 also contributed to improved media engagement with local newspapers, media outlets, broadcasters and press clubs.

Third, to contribute to health awareness in the community, WKC hosted student visits, presented 24 lectures on WHO and WKC activities, and delivered seven online webinars in 2020. Participation in 15 local technical committees continues, and in 2019-2020, 37 issues of the WHO Disease Outbreak News (DONs) were translated for the local infectious disease control groups. As of October 2020, WKC translated 74 WHO technical guidance documents and 45 general public documents about COVID-19 and posted them on the specially created webpage.⁵ WKC translated COVID-19 myth-busters into Japanese and disseminated information on the website. Local communication with the Japan Coordinating Committee improved through ad hoc and regular meetings.

Following the ACWKC's 2019 recommendations, WKC will continue to expand and strengthen local engagement, communication and dissemination initiatives, and translating the DONs and COVID-19 technical and general public guidance. A recent special call for proposals will try to integrate COVID-19 into H-EDRM research. WKC's planned work on long-term care will also integrate issues related to COVID-19. WKC will target its diverse audiences (local/international, researcher/policy maker, expert/public), to highlight its role, strengths and network both locally and internationally.

Vice Governor Kanazawa and Dr Takei led the discussion. Mr Kanazawa recognized WKC's efforts and steady progress in conducting research in collaboration with local institutes. He expressed the hope that WKC would organize workshops for local government officials to facilitate the translation of research into policy. He appreciated WKC's Forums such as the annual High School Forum that address local health issues such as depression or suicide. He expected that WKC would host forums online during COVID-19 and would maximise its website to disseminate information. He deeply appreciated efforts to support the COVID-19 response and hoped that WKC would use cases from Hyogo/Kobe for policy-relevant research on COVID-19. He expressed the hope that communication would soon improve through regular meetings as recommended by the Task Force. He confirmed that the WPRO Regional Committee would take place in Hyogo (Himeji or Kobe) in October 2021, which was a good opportunity to disseminate WKC's research activities and local contributions.

Dr Takei fully concurred with Mr Kanazawa. He recommended that WKC focus on its comparative advantage of research on UHC, ageing, and H-EDRM. Dissemination of research results and outcomes can help garner interest from potential donors and research partners. Dr Takei agreed to recommend WKC participation in the

⁵ See https://extranet.who.int/kobe_centre/en/covid

WPRO Regional Committee, which is a WHO governing body meeting. He noted that the MoHLW was working on the COVID-19 infodemic and would share the results of ongoing research with the Advisory Committee when available

Suggestions included taking advantage of COVID-19 to undertake research on the vulnerable population of older people.

Key points of the session

- The ACWKC commended the Centre on its dissemination efforts, particularly on social media and through Fora to engage the local population, and workshops with policy makers to help translate research into policy.
- Stakeholder communication can be further improved through regular meetings among WKC, WHO Senior Management, the Kobe Group, and the MOHLW.
- Further opportunities to promote WKC's work include its 25th anniversary, and the WPRO Regional Committee in Hyogo in October 2021.
- The ACWKC recommended that WKC use the opportunity presented by COVID-19 to conduct research on vulnerable populations such as older people, which could impact policy.
- All acknowledged the importance of managing myths and the misinformation wave during COVID-19. The ACWKC would appreciate Japan's research results on managing the infodemic.

4. Research Achievements

4.1. Health Emergency and Disaster Risk Management

Dr Ryoma Kayano presented the achievements and ongoing research. Notably, the *WHO Guidance on Research Methods for Health Emergency and Disaster Risk Management* is under production.⁶ This major work involves contributions from 164 experts in 30 countries, WHO-HQ and Regional Offices, and 14 experts based in the Kansai region and Japan. In line with the ACWKC's 2019 recommendations, the book contains input from 14 low- and middle-income countries (LMIC) and contains 36 LMIC country/regional case studies.

One project has been completed and 12 are ongoing. The completed project is a community risk management study with the University of Hyogo and Kumamoto University about older people severely affected by the 2016 Kumamoto Earthquake; a journal paper and policy brief are being prepared.

Among the ongoing projects, two focused on activities WKC conducted in its role as the Secretariat of the Health EDRM Research Network. Updating and disseminating the *WHO Guidance on Research Methods for Health Emergency and Disaster Risk Management* as a living reference and organising the network's annual WHO H-EDRM research network core group meetings to discuss the ongoing research agenda and emerging research needs across the WHO Secretariat. Other activities including preparing the *WHO Guidance on Research Methods for Health Emergency and Disaster Risk Management* and establishing the Health EDRM Knowledge Hub.

⁶ See https://extranet.who.int/kobe_centre/en/project-details/GUIDANCE_ResearchMethods_HealthEDRM

In 2019, four research projects were selected for support, following the identification of themes in the first core group meeting, including health data management during emergencies in Mozambique and Japan; mental health outcomes after disasters in the Asia Pacific Region; impact of disasters on vulnerable populations in Vietnam, China, and Indonesia; and a systematic review of health workforce development strategies for disaster preparedness. Four additional research projects will be selected in 2020, which address key research areas related to emergency response during the COVID-19 pandemic, including readiness, governance, community resilience, and mental health problems associated with the pandemic focusing on the Kansai region.

In response to the 2019 ACWKC recommendations, WKC continues to coordinate global collaborative research as secretariat of the WHO H-EDRM research network. To support countries of all income levels, LMICs researchers have been included in the projects, and WKC is supporting the Asia Pacific Disaster Mental Health Network, which is a resource for LMICs. In addition, the *WHO Guidance on Research Methods for Health Emergency and Disaster Risk Management* involves LMIC authors, reviewers and 34 case studies. Stronger efforts for disseminating research results were made, including four academic journal articles published in 2020, presentations at three global and three local academic conferences, and local and national press coverage. WKC also contributed to the 25th commemoration of the Great Hanshin Awaji Earthquake in 2020 through plenary and keynote speeches and organized a workshop at the Annual Congress of Japan's Association of Disaster Medicine.

Dr Atsuko Uchinuno, Vice President, University of Hyogo, representing the local community, led the discussion by welcoming WKC's contribution to the 25th commemoration of the Great Hanshin-Awaji Earthquake. Based on her personal experience of last summer's flooding, she stressed the need for guidance on how to recover from such situations. The *WHO Guidance on Research Methods for Health Emergency and Disaster Risk Management* was highly appreciated; the inclusion of COVID-19 would be valuable. Standardization of data was important and using qualitative research and literature reviews contributes to policy. She suggested exploring Information Technology (IT) and artificial intelligence options, and an increased need for research on climate change hazards.

The Chair reiterated the importance of managing simultaneous disasters, and qualitative data. ACWKC members also agreed that this workstream presented opportunities to incorporate COVID-19 into research, such as community resilience. He recognized Japan's wealth of experience and decentralized system for disaster response, and the opportunity to share lessons learned, which could extend to COVID-19. It was also a good opportunity to create a cross-cutting research on COVID-19.

Key points of the session

- The ACWKC greatly appreciated WKC's contributions to the Great Hanshin Awaji Earthquake anniversary event in line with their 2019 recommendations and commended the Centre's contribution to the COVID-19 response, which had increased WKC's visibility.
- The *WHO Guidance on Research Methods for Health Emergency and Disaster Risk Management* was regarded as a very important resource to guide research for emergencies and disasters. The ACWKC welcomed the future inclusion of a chapter on COVID-19. Efforts for standardized data-collection during and after emergencies should continue.
- Health-EDRM research would benefit from the inclusion of qualitative data.
- COVID-19 presented opportunities for integration into Health EDRM research such community resilience, as well as cross-cutting research across all themes.

4.2. Service Delivery and Sustainable Financing for UHC under population ageing

Dr Sarah L. Barber presented the projects in service delivery and sustainable financing in the context of population ageing. Four legacy projects were completed, and the research briefs completed. In addition, 11 projects were underway. Six focused on health systems response to population ageing, including health worker training in the Philippines and Vietnam, randomized controlled trial of community care services for older adults in Thailand, evaluation of community-based care in Singapore, assessment of cognitive function and health system's response in Lao PDR, health systems shifts to chronic disease management in Cambodia, and review of health and social services under UHC planning in Myanmar. One project focused on reviews of services delivery models globally, and identification of elements that contributed to quality of life and health systems utilization.

The Kobe Dementia project (2017-22) focuses on evaluating health systems response to the management of patients with dementia in Kobe City. Conducted in cooperation with Kobe Municipality, Hyogo Prefecture, Japan, and Kobe Biomedical Innovation Cluster (KBIC), it aims to strengthen health systems and inform policy to manage people with cognitive decline. A checklist has been validated, which can be used to identify high risk populations in high-, middle, and low-income countries. Strong collaboration between academics and the local municipality enabled feasible and practical data-driven policies and programs. The research has informed the continuing development of Kobe City's ordinances on management of dementia patients. Five papers are planned from this project.

Three projects focus on sustainable financing. Modelling has been conducted in six countries in the WPRO region, including Japan, to study how ageing affects health expenditures, and healthy ageing can positively impact economic growth. The joint OECD project continues to examine price setting for health services in the context of long-term care services. A new book project has been launched in cooperation with EURO to make the investment case for long-term care systems. Among the publications in 2019-20 include three books, two book chapters, five journal articles and two policy briefs. Some 17 additional publications are planned by 2021.

Responding to the ACWKC's 2019 recommendation, WKC integrated issues related to family caregiving in the research program. Regarding leveraging the impact of country case studies, a research paper on the application of community-based social innovations to LMICs is being finalized. Efforts are also being made to integrate sustainable financing into service delivery research in long-term care which combines service delivery, financing organization and quality of care.

Dr Viroj Tangcharoensathien and Professor Soonman Kwon led the discussions. Dr Viroj appreciated the research on sustainable financing, and suggested that the country studies on expenditures be showcased at the WPRO Regional Committee. He suggested that the evidence and checklist from the Kobe Dementia study be published as a contribution to other countries, and fast-tracking the publication of these findings, which would be useful for screening in Thailand.

Prof Kwon Soonman commended the impressive achievements and management of the research topics, noting the good balance of comparative studies and individual country case studies, financing and service delivery, original research and review studies, as well as a local and global impact. He appreciated the number of publications which reflected good quality research. He suggested integrating this area of work with COVID-19, given the impact of service delivery on older people, and suggested a comparative study on how countries protect elderly populations in long term care facilities. He noted the wide engagement of researchers from Asia, and suggested the Centre provide an opportunity for cross-learning and synthesis for these researchers studying commonalities of health systems response to population ageing.

Key points of the session

- The ACWKC commended the impressive mix of research and publications. In particular, the research on expenditures and economic growth in the context of population ageing could be showcased at the WPRO Regional Committee.
- It was suggested that COVID-19 be integrated into this area of work such as through cross-country comparisons of how countries respond to protect older people in COVID-19 in long term care facilities.
- WKC should provide an opportunity for learning among its many Asian researchers in how systems are responding to population ageing.
- The dementia checklist study should be published as a priority, and results should be shared with Thailand and other countries.

4.3. Metrics and Measurement for Universal Health Coverage in the context of population ageing

Dr Megumi Rosenberg presented the achievements and ongoing research. Four projects were completed, including a study of improving health care provision amid rapid population ageing in Japan, scoping review of universal health coverage for older people in Iran; conceptual framework for life-course approach to UHC; and the adaptation and validation of tools for monitoring the health of older people in Myanmar and Malaysia.

This project includes adapting and validating tools to monitoring the health of older people demonstrates partnerships with multiple academic institutions in the Kansai region and Japan, Myanmar, and Malaysia. It has strong applications for LMICs. The quality of the research is high; one paper has been published and several are currently under review by journals.

Six projects are ongoing, and three of these studies focus on unmet needs/foregone care related to financial protection among older people. In Vietnam, data were collected to study levels of catastrophic expenditures; and global systematic review of financial barriers to access and foregone care is underway. A global cooperation is underway to conduct age-disaggregated analysis of household survey data about financial hardship due to health care utilization. While not all the countries have data to allow disaggregation, data from ten countries in the African Region and five countries in PAHO have been included. This analysis will contribute to the 2021 WHO Global Monitoring Reports on Financial Protection and UHC.

Two projects focus on developing comprehensive approaches to measuring equity relative to the rest of the population and across socioeconomic groups. A scoping review is underway to study equity in health services coverage among older people. This review will inform empirical analysis of equity in service coverage, and unmet need. A third study will focus on quality measurements in long-term care. Eight journal articles were published in 2019/20, and seven more are currently under review.

In response to the 2019 ACWKC recommendations, the research on financial protection and equity demonstrates how metrics can link with other research themes within WKC, across WHO and the wider UN initiatives. To contribute to gold standards in measuring unmet need, it was noted that several ongoing research projects aim to standardize measurements for UHC monitoring in the context of population ageing. WKC has successfully leveraged joint funding from WHO's Health Governance and Financing (HGF)/Economic Evaluation and Analysis (EEA) unit and regional offices to carry out joint research on age-disaggregated analysis of financial protection including unmet needs, being addressed in three projects.

In response to the recommendation to more comprehensively measure equity, it was noted that an ongoing scoping review aims to develop a comprehensive conceptual framework of equity in service coverage of older people. The review considers demand and supply side factors, the continuum of health and social care, as well as inter- and intra-generational equity issues. A separate study will validate these concepts through quantitative analysis of data from multiple countries.

Prof Lis Wagner led the discussions. She congratulated WKC on these research achievements, and the number of publications. She suggested that older people or their carers be included in projects, since only one of the ongoing projects uses interviews and focus group discussions with decision makers. Regarding the proposed book on long-term care in partnership with EURO, she recommended including examples from the European Region. The influence of COVID-19 is of particular interest.

ACWKC members concurred with the suggestion to expand the use of qualitative research methods for equity and unmet needs as well as for future studies. Clarification about the scope of essential health services for older people may be needed. It was noted that measuring financial protection for catastrophic expenditure at an individual level is a methods advancement, which could contribute to the 2021 Global Monitoring Report on Financial Protection.

The Chair agreed on the need for more qualitative research and suggested participatory action research with older people themselves should be included in this area of work. She concurred that the number of peer reviewed publications was impressive, and suggested that other channels such as blogs, newspapers, social media could be used to translate research for the general public.

Key points of the session

- The ACWKC congratulated WKC on its work and the number of publications over the past year.
- The Committee recommended complementing the quantitative research with the use of qualitative methods, such as focus group discussions and participatory action research to capture the input of older people.
- WKC should explore additional channels aimed at the general public for translating its research for broader consumption.
- WKC should explore if household financial protection data can be further disaggregated to the individual level of the older person, which would be a useful contribution from WKC towards ensuring equitable access and advancing the Sustainable Development Goals.

5. Recommendations

The Chair of the 24th ACWKC, Professor Irene Agyepong, presented the Committee's recommendations and conclusions. They include as cross cutting issues to:

- Ensure that WKC secures core financing from WHO.
- Develop and implement a fundraising strategy to widen the donor base.
- Ensure accountability including report to donors.
- Continue strengthening partnership with research communities in and outside Japan.
- Actively link up with MHLW Japan for engagement in WPRO Regional Committee meeting 2021 and disseminate its work.
- Take advantage of 25th anniversary to actively promote the centre and its activities.
- Actively explore possibilities for other Regional Committee meetings.

The ACWKC made recommendations for the strategic focus, including:

- Endorsing further linkages with SDGs and GPW 13.
- Endorsing WKC as a centre of excellence and innovation and ensuring wider dissemination of research findings (e.g. Kobe Dementia Study) in particular in regard to UHC and ageing.
- While the strategic focus on HEDRM, UHC and ageing continue to be relevant, the impact of COVID-19 with respect to equity, access to care and ageing population, sustainability can be an emerging niche that WKC may consider.
- Congratulations on the use of quantitative data, and expanding on the use of qualitative data and data standardization in emergencies work.
- Disseminating the study results to local governments, community and partners, in particular decision makers.

The ACWKC endorses the Task Force recommendations, specifically to:

- Continue effective communication between WKC and local partners, and improve communications among WHO Senior Management, the Kobe Group, MHLW and WKC including their joint meeting.
- Prepare and implement the five-year operational plan.
- Establish collaboration between ACWKC and Scientific Working Group through periodic joint meetings as needed.
- Ensure appropriate human resource and capacity building.

6. Conclusion

Professor Agyepong thanked the Advisory Committee and WKC staff for the efficient organization of the first virtual ACWKC meeting and the active contributions of all concerned. Dr Barber responded that the preparation of the ACWKC was a good learning opportunity for staff. She hoped that the 2021 ACWKC meeting could take place in Kobe. The WKC will confirm the date in due course.

Annexes

Annex 1: Meeting Programme

Annex 2: List of Participants

Annex 3: Technical Briefs