

#2019WorldHealth

**Advisory Committee  
of the WHO Centre for Health Development  
23<sup>rd</sup> Meeting Summary  
7-8 November 2019, Kobe**



**World Health  
Organization**

**Centre for Health Development**



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## Executive Summary

The WHO Centre for Health Development (WHO Kobe Centre – WKC) was established in 1995 with the generous support of the Kobe Group<sup>1</sup> and endorsement by the WHO Executive Board. WKC’s mission for 2016–26 is to conduct research and synthesize evidence about health systems and innovations, particularly in the context of population ageing, to accelerate progress towards Universal Health Coverage (UHC). The 23<sup>rd</sup> meeting of the Advisory Committee for WKC (ACWKC) took place on 7–8 November 2019 in Kobe, Japan. Established in 1996, the ACWKC meets annually to advise WKC on its research and strategic priorities. Members are appointed by WHO’s Director-General to represent WHO’s six regions, the host country, the local community and the donor group.

The meeting discussed the Centre’s progress in 2018-19 and follow-up activities to the ACWKC recommendations of 2018. Staff presented their accomplishments in 2018-19 and discussed programmes of research for 2020-2021 in the areas of health emergencies, service delivery and sustainable financing, and metrics and measurement for endorsement.

At the conclusion of the meeting, the Chair, Professor Maged Al-Sherbiny and Rapporteur, Dr David Lindeman, presented the Committee’s conclusions and recommendations. The ACWKC appreciated WKC’s excellent responses to the 2018 recommendations and were impressed with the extent and quality of the work produced over the past two years. They were pleased that WKC had aligned its work to WHO’s 13<sup>th</sup> General Programme of Work (GPW13) and noted the clear synchronization of WKC’s work with the three levels of WHO (Headquarters, Regional Offices and Country Offices). They valued WKC’s acceptance of Governor Ido’s request for research to be conducted in the local community on dementia and suicide prevention to proceed in 2020.

Specific recommendations include:

- a) Continue to implement the three research themes in alignment with and contributing to the 13<sup>th</sup> WHO Global Programme of Work.
- b) Continue to engage local research communities in WKC activities, and to ensure dissemination of information through appropriate communication channels.
- c) Leverage findings of research across the different themes to ensure synthesis and improved depth of understanding.
- d) Ensure that the research is relevant and responds to the needs of High-Income Countries (HICs) and Low-and-Middle Income Countries (LMICs).
- e) Continue to maximize publication of finished research activities in peer-reviewed international journals, policy briefs, technical reports.

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<sup>1</sup> Hyogo Prefectural Government, Kobe City, Kobe Steel, Ltd. and Kobe Chamber of Commerce and Industry.

- f) Expand efforts to ensure application of research to practice.
- g) Ensure implementation of WHO's programme budget to maximize budget space to accommodate the work of the WKC.
- h) Fully engage in the 25<sup>th</sup> commemoration of the Great Hanshin Awaji Earthquake (GHAE) in 2020 to highlight the global and local contribution of WKC.
- i) Suggest that Kobe group appoints a focal point working with WKC on communication and dissemination of WKC's activities.

# ACWKC 2019



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Dr Sahara Yasuyuki

Vice Governor  
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Governor Ido Toshizo

Dr Sarah L Barber

Dr Viroj Tangcharoensathien

Prof Lis Wagner

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## 1. Opening

The Director of the Centre, Dr Sarah Barber, welcomed all present, in particular the Honorable Governor of Hyogo Prefecture in Kobe, Hon. Toshizo Ido, and two new members, Dr Yasuyuki Sahara, Assistant Minister for Global Health, Ministry of Health, Labour and Welfare, Japan, and Professor Lis Wagner, Professor Emeritus of the University of South Denmark. She briefly introduced WHO's 13<sup>th</sup> General Programme of Work (GPW13) which focuses on impact at country level and was the foundation for developing WKC's research plan.

Governor Ido thanked WKC for its collaboration with local academia and dissemination of research outcomes to the local community. He recognized the relevance of WKC's research themes for the local community and assured the Centre of his support towards promoting Universal Health Coverage (UHC). Through video message, the Assistant Director-General (ADG) for UHC and Healthier Populations, Dr Naoko Yamamoto, expressed her appreciation for the Kobe Group's commitment to WKC and looked forward to continued sound advice on programmatic work as the Centre contributes to the 'Triple Billion' goals of WHO's GPW13 through its research on sustainable financing and service delivery, metrics and health emergencies.

The Advisory Committee<sup>2</sup> agreed with the nomination of the chair, Professor Maged Al-Sherbiny, Higher Education Senior Advisor of Direct Aid International in Kuwait, representing WHO's Eastern Mediterranean Region (EMR); and the Rapporteur, Dr David Lindeman, Director of Health at the Center for Information Technology Research in the Interest of Society (CITRIS) at the University of California, United States, representing the WHO region of the Americas (AMR). Apologies were accepted from Dr Irene Agyepong, public health specialist in the Ministry of Health, Ghana (representing WHO's Africa region (AFR), and Professor Soonman Kwon, Department of Health Policy and Management, School of Public Health, Seoul National University, Republic of Korea (representing WHO's Western Pacific Region-WPR). Dr Agyepong and Dr Kwon were unable to attend this year's meeting but submitted comments in advance.

### **Key points of the opening session**

- Governor Ido, on behalf of Kobe Group, recognized and appreciated that WKC was responsive to all ACWKC recommendations from 2018 that were fully addressed, in particular the local concerns related to suicide prevention, mental health and emergencies.
- The Kobe Group reaffirmed their full support to WKC.
- Dr Yamamoto, Assistant-Director General, reiterated the importance of 13<sup>th</sup> WHO Global Programme of Work (GPW13) and complimented WKC for aligning its research activities towards GPW13.

<sup>2</sup> WKC Advisory Committee members and profiles: [https://extranet.who.int/kobe\\_centre/en/advisory-committee](https://extranet.who.int/kobe_centre/en/advisory-committee)



## 2. Research Plan and Update on 2018 ACWKC Recommendations

The WKC Director, Dr Sarah L Barber, presented the main research achievements of 2018-2019, including the implementation of the WKC Research Plan 2018-26, which is already yielding results through 4 WHO books/monographs, 25 journal articles, 2 policy briefs and final project briefs for all completed projects (see Annex 3). Cooperative projects currently underway include a programme with WHO Regional and Country Offices involving eight research institutes in eight countries in Asia studying different aspects of health systems responses to population ageing; a health systems response to dementia in partnership with Kobe City and Kobe University; cooperation with HQ's service delivery department on service delivery models for managing persons with chronic diseases, with linkages to quality and efficiency; joint research with the European Observatory, the Western Pacific Regional Office (WPRO), the Regional Office for Europe (EURO) and Headquarters (HQ) on economics of healthy ageing; and joint research with Organisation for Economic Cooperation and Development (OECD), EURO, WPRO and HQ on price setting and regulation with an extension of this research focusing on care for older persons.

New collaborative research includes a project with WPRO, EURO, South-East Asia Regional Office (SEARO) and HQ Data and Analytics Division on UHC metrics and measurement in the context of population ageing, including a global review of equity monitoring financial protection and assessment of disability across countries; new research on health emergencies and disaster risk management in the areas of data management, mental health, addressing the needs of vulnerable populations and the health workforce, with WHO's Health Emergencies Programme (WHE) and regional offices; and a WHO manual on guidance for research methods for health emergencies in cooperation with WHE and all WHO regions.

Dr Barber reported significant progress in implementing the ACWKC's strategic recommendations of 2018:

- 1) WKC's programme of work is aligned with GPW13 and the 'Triple Billion' goals
- 2) The research has been reorganized around three research themes (emergencies, service delivery/financing/innovations, and metrics)
- 3) A plan is in place for the mid-term review of the research plan in 2022
- 4) Work on depression, suicide and dementia has been incorporated into the research plan, and the project on 'Managing dementia patients in Kobe City: Kobe University and Kobe Municipality' has been extended to 2021 to allow time for analysis.
- 5) WKC will build linkages with other WHO departments support to support capacity building within its research agenda.
- 6) WKC reported an impressive output of publications in peer-reviewed journals, books and policy briefs, while providing input to WHO technical documents (*Financing for UHC* and the *Decade of Healthy Ageing Report*).

- 7) Efforts are increasing to involve local institutions in research activities and pair Kansai-based institutions with those outside Japan to conduct research that is globally and locally relevant within the three themes. Local engagement (collaborative research, local communications, website and translations) aims for US\$ 800,000/year minimum target.
- 8) Communications and local engagement activities are expanding.
- 9) New funding sources have been identified (Kanagawa Prefecture government, Asian Development Bank, Japanese Government Voluntary Contributions).

Several challenges were raised, and approaches to these challenges were presented for discussion. The first challenge was partnering with domestic research institutes that may be more interested in funding vs joint research. This was addressed by investing time to build partnerships; promoting joint local-international collaborations; designing calls specifying joint research; and continuing with competitive bidding for calls for proposals to identify interested partners. There is now a better understanding about WKC's mandate, and this area was one of big progress.

A second challenge included changes in approved research proposals that necessitate a second ERC review. The Centre's response was a careful review of research proposals and their design; longer and more realistic implementation timelines; and identifying an additional Scientific Working Group member for proposal review with health systems research background. A third challenge was the reorganization of WHO secretariat that affects working relationships within WHO. Addressing this included clarifying WKC technical focus and research; linking all WKC activities to outcomes and outputs in GPW13; and establishing closer links with regional and country offices.

The Director also presented how the GPW13 specified outcomes (each with three defined outputs) aligned with the Three Billion goals. These outcomes and outputs are used to promote joint work with other WHO HQ departments, regional and country offices. WKC received 87% of its budget ceiling for 2020-21; additional budget space must be obtained through cooperation on the advancing the specified GPW outcomes and outputs. WKC's approach was to contact five output team leads, three of which have agreed to provide budget space while negotiations continue with the remaining two.

Moving ahead to 2020-21, WKC will emphasize the role of WKC staff in conducting their own research, synthesizing evidence, maintaining knowledge hubs for policy makers and researchers. GPW13 and its framework for research, WHO global public goods and country priorities will encourage stronger partnerships with HQ, Regional Offices and Country Offices. Local engagement will continue to be strengthened to ensure WKC contributes meaningfully to the community, and communication and dissemination of all activities, particularly research products, will contribute to this goal.

Dr Viroj Tangcharoensathien, Secretary General, International Health Policy Program Foundation, Ministry of Public health, Thailand (representing WHO's South East Asia region) led the discussion. The Honorable Mr. Kazuo Kanazawa, Vice Governor of Hyogo Prefecture, noted

the reinforcement of local engagement and communication of research to citizens, and appreciated that WKC will hold a Forum on suicide in 2020. He commented that expectations were high regarding collaborative work with local academia using the carry-over funding.

He noted with great appreciation that WKC had synchronized with the three levels of WHO and partnered with organizations such as OECD as well as local research institutions, demonstrating a healthy organization. The research plan and quality insurance plan laid a strong foundation for research in alignment with GPW13.

The ACWKC members appreciated that the 2018 recommendations had been thoroughly followed and noted the challenges and the thoughtful approaches to address them. They were concerned about the budget ceiling issue and stressed that, although this policy aimed to promote equity and collaboration across WHO, it should not hinder WKC's capacity to implement its programme of work. A question was raised about the application of WKC's research outcomes, and suggestions for further research included access to medicines and measuring unmet need.

#### **Key points of the research priority session**

- The Director of WKC, Dr Sarah Barber, highlighted the achievements of WKC thanks to the continuous support of the Kobe Group (Hyogo Prefecture, Kobe City, Kobe Steel Ltd, Kobe Chamber of Commerce and Industry).
- The driving forces beyond the WKC Research Plan are the alignment to the GPW13 and linkages with local community.
- ACWKC members recognized that WKC had well addressed all recommendations of the ACWKC 2018 and were impressed by the alignment to the GPW13 through the WKC's three research themes.
- Specific challenges were presented around the engagement with domestic research institutions, the impact of the ongoing reorganization of the WHO secretariat and ceiling issues. Mitigation measures were deemed accurate and well received.

### 3. Overview of technical sessions

#### **3.1. Health Emergency and Disaster Risk Management (Health-EDRM)**

Dr Ryoma Kayano, WKC's technical officer for health emergency and disaster risk management, presented WKC's response to the ACWKC recommendations of 2018. The Centre has collaborated closely with national researchers and academic societies to analyse and prioritize gaps in national capacities and published a call for research proposals on health workforce development for Health-EDRM. Dissemination was enhanced through close collaboration with key international and domestic academic societies, using media as an additional channel. A

guidance book will be published in 2020, which will enable regular updates and a webinar for dynamic dissemination.

Regarding progress in 2018-19, WKC was instrumental in setting up the WHO Thematic Platform for Health-EDRM Research Network (TPRN) to implement the Sendai Framework for Disaster Risk Reduction (2015-2030). This global network of leading researchers and key stakeholders will facilitate collaborative actions to improve Health-EDRM scientific evidence. WKC is the secretariat of this network, currently comprising 100 participants from 20 countries and increasing. Publications included four journal articles and two project briefs, in addition to numerous speeches, keynote addresses and lectures in Japan and at international conferences.

Collaborative work underway includes the first WHO Guidance on Research Methods for Health-EDRM to develop evidence to inform policy and practice, and a WHO Health-EDRM Research Agenda. The first TPRN core group meeting, held in October 2019, identified gaps in the existing research agenda and determined a process for to finalize the global research agenda for Health-EDRM. Recommendations included that the research should align with GPW13, national, subnational and local interests, and should capture challenges and benefit LMICs. It should build bridges between practitioners and policymakers and include an all hazard/ phase/ population approach. It would offer career opportunities for young researchers in Health-EDRM.

Going forward, the WHO Guidance will be completed in 2020 as part of the 25<sup>th</sup> anniversary of WKC and the 25<sup>th</sup> Commemoration of the Great Hanshin Awaji Earthquake (GHAE). The annual meeting of TPRN will also be held. Work will continue on the global research agenda for Health-EDRM, and plans are underway to establish a policymakers' network for input and feedback to strengthen the links between research, policy and practice. The recent call for four research proposals is being processed, and a new call for proposals will be issued in 2020 to address gaps identified through the process of developing the Health-EDRM agenda. This work links with WHO's GPW13 outputs and Global Public Health Goods.<sup>3</sup>

**Key points of the session about health emergencies:**

- There was a recognition of the global relevance of the WKC through the work of the WHO Thematic Platform for the Health-Emergency and Disaster Risk Management Research Network (TPRN) and aligning timelines and projects in this area.
- There could be a consideration to focus more on Low-and-Middle Countries (LMICs) and fragile states.
- It is important to disseminate results both globally and locally.
- The contributions of WKC to global and local communities could be highlighted.
- WKC should link activities to the 25<sup>th</sup> Commemoration of Great Hanshin Awaji Earthquake in 2020.

<sup>3</sup> GPW13: Output 2.1.1; 2.1.2, 2.2.1; 2.3.3; Global Public Health Good: 45; 99; 103

Dr Uchinuno Atsuko, Vice-President of the University of Hyogo, representing the local community, led the discussion. She and other ACWKC members welcomed the TPRN initiative which would be instrumental in developing a global network and linking local to global interests, particularly around risk factors and resilience of survivors, and should include NGOs. Regarding the call for proposals, the ACWKC suggested that the research should inform LMICs and fragile states, even if they do not submit proposals, and efforts should be made to get better diversity of contexts. Suggestions were offered regarding WKC's participation in the GHAE

### **3.2. Service Delivery, Sustainable Financing, Innovations**

Dr Paul Ong, WKC's technical officer for service delivery, sustainable financing and innovations, addressed the 2018 ACWKC recommendations. WKC now stipulates that calls for research and the research plan should specifically focus on challenges to UHC as a result of population ageing (as opposed to 'demographic change'). In addition, service delivery models and community-based innovations treat typologies as descriptions of a spectrum of evidence-based models, rather than "best" models. To avoid duplication with other WHO departments, WKC's work in service delivery focuses on continuums of care; sustainable financing is now integrated with the service delivery research theme; two projects are utilization and expenditures by age; and research is being disseminated through social media, multimedia and public fora.

Progress in 2018-19 included the completion of the community-based social innovations for health ageing in eleven countries including Japan; an ICF<sup>4</sup>-based assessment tool was developed for care skill training in Japanese long-term care which may be applied to other countries; two projects were completed on understanding the experiences of assistive technology, with global implications for essential services, integrated prescribing and health insurance coverage. WKC, the WHO Euro Observatory on Health Policy and Systems and WPRO produced two policy briefs studying the impact of population ageing on revenue generation for health and growth in health expenditures. Publications included two books, one book chapter, six journal articles, two policy briefs and four WKC final project briefs.

Current projects include six service delivery research projects in ASEAN<sup>5</sup> countries<sup>6</sup> for UHC in light of population ageing, in collaboration with WPRO, SEARO and country offices. Following a rapid scoping review of service delivery models to maximise quality of life for older people in collaboration with King's College, London and WHO HQ, Phase 2 is mapping service delivery models that optimise quality of life and health services use for older people with advanced progressive chronic diseases. WKC is working with Kobe University and Kobe Municipality to study the health systems response to the management of dementia patients to strengthen health systems and inform policy to manage people with cognitive decline. WKC published a

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<sup>4</sup> International Classification of Functioning, Disability and Health (ICF)

<sup>5</sup> Association of Southeast Asian Nations (ASEAN)

<sup>6</sup> Singapore, Cambodia, Lao People's Democratic Republic, Thailand, Philippines and Viet Nam

report of a workshop on dementia held in March 2019 to share the Kobe experience in implementing local government-academic collaborations for dementia policy and research. Phase 2 of the WKC/OECD study on pricing as a policy instrument to advance UHC with lessons for low- and middle-income countries is focusing on price setting and regulation in 10 countries for the continuing care of older adults. Going forward, the majority of these research projects will continue. The links with GPW13 and Global Public Health Goods were presented.<sup>7</sup>

Professor Lis Wagner led the discussion. She and other members of the ACWKC commended WKC for the excellent research output, including the quality of life study with global significance. Appreciating WKC's consideration of regional and cultural contexts when selecting service delivery models, the ACWKC suggested that the conceptual framework be offered to other WHO technical programmes to map interventions going forward. Family caregiving was identified as an opportunity for future research given its global growth, and WKC should begin to explore implications of findings in other settings including LMICs. The research plan for 2020-21 should link together more closely financing and financial protection and service delivery.

#### **Key points of the session:**

- A comprehensive approach has been developed in this area of work
- With regard to the ongoing research projects, consider addressing issues related to family caregiving.
- The results of the dementia project could inform Kobe City's new programme on dementia screening and management.
- The Community-based Social Innovation (CBSI) research results could be expanded to consider implications for LMICs.
- It is suggested the WKC can leverage the impact of country case studies to influence regional and global initiatives.
- Sustainable financing should be integrated into the service delivery research where appropriate.

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<sup>7</sup> GPW13: Output 1.1.1; 1.2.1; Global Public Health Goods: Global Good 2; 251

### 3.3. UHC Metrics and Measurement

Dr Megumi Rosenberg, WKC's technical officer responsible for UHC metrics and measurement, responded to the ACWKC's 2018 recommendations. New and ongoing research is elaborating financial protection and service coverage of older persons in middle-income countries to incorporate middle-income countries and elaborate metrics beyond risk factors. New and ongoing research goes beyond focusing solely on older people and is considering the broader context and implications. New research will scope out the diversity of measures and approaches used to assess equity in health service coverage of older people, encompassing measures of inequalities among older persons and health system responsiveness to older persons' needs. WKC is exploring innovative ways to overcome limitations of existing metrics to assess financial protection of older people and is planning new research on older people's unmet need/foregone care. Ongoing research on financing takes into consideration the cost of social care. Implementing the concept of the knowledge hub will be challenging as countries have diverse interests and needs, and this is being explored further.

Regarding progress in 2018-19, the study on knowledge translation for healthy ageing, lessons learned from the Japan Gerontological Evaluation Study (JAGES), was completed. This resulted in a WKC monograph, final research brief and 15 peer-reviewed journal articles by the JAGES research team. This work was featured in 8 newspaper articles, and through WKC's advocacy, Kobe City joined the project (along with around 40 municipalities) and has become a champion.

Ongoing research includes the study with the University of Occupational and Environmental Health, Japan, on evidence for improving health care provision to ensure UHC amid rapid population ageing. Two projects are underway as part of the WKC-ASEAN research, namely the adaptation and validation of the JAGES instrument for monitoring the health of older people in Myanmar and Malaysia and measuring financial protection for older persons in Viet Nam. Two new literature reviews were initiated to investigate available concepts, frameworks and indicators that could be applied by countries for monitoring UHC progress in the context of population ageing. This research area links to GPW13 and the Global Public Health Goods.<sup>8</sup>

Dr David Lindemann led the discussion. He and the members of the ACWKC commended WKC and reflected that this thematic area was a good example of leveraging partnerships with other WHO departments. WKC not only contributes to what is being conceptualized but also suggests new angles. Dr Lindemann indicated that some of the work lends itself to big data analysis and machine learning experts to do 'deep dives'. Dr Viroj Tangcharoensathien suggested that since WKC was ahead of the curve in this work, it may wish to make recommendations to the SDG indicator group to allow for disaggregation of data according to coverage and financial protection for older persons, providing powerful data for governments. A scoping review on unmet need/foregone care as measures of inadequate financial protection and access would be feasible, working with a champion country to showcase work.

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<sup>8</sup> GPW13: Output 4.1.2; 4.2.1; 1.2.2; 1.1.1; Global Public Health Good 2; 13; 11; 257; 870; 868

### **Key points of the session about metrics:**

- The research demonstrates how metrics can impact other projects and areas within WKC research programme, across WHO and to wider United Nations initiatives under the Sustainable Development Goals (SDGs).
- The research can contribute to build gold standards, such as for measuring unmet need, to establish common measures that can be applied to all research areas as well as to countries.
- The area of unmet needs in relation to financial protection should be a priority.
- There is a need to develop more comprehensive approaches to measure equity relative to the rest of the population.

## 4. Communication, Dissemination and Local Engagement

WKC is a department of the WHO Headquarters with a mandate to communicate and disseminate its research findings both locally and globally. The scope of this theme includes sharing lessons learned and encouraging collaboration across countries striving to attain UHC and the Sustainable Development Goals (SDGs); communicating and disseminating information about WKC's research activities; and contributing to the community in Kobe and Hyogo Prefecture through awareness-raising and health advocacy.

To encourage collaborations across countries under each research theme, WKC has partnered with local institutions. The WKC also played a key role in establishing the WHO TPRN and is serving as the secretariat of this novel network for health emergency research. Study tours to Kobe were conducted in partnership with the Asian Development Bank (ADB), HQ and the WHO Country Office in Bangladesh for local government officials from Bangladesh.

Communicating information about WKC's research activities included hosting eight WKC Fora to disseminate WKC research and contribute to the local community. The website was redesigned and expanded to provide better access to WKC's ongoing research activities across the three themes and local engagement pursuits, in both English and Japanese. An active Twitter account complements the website and has contributed to expanded audience reach locally and internationally. Relationships with local media are improving, including with the Kobe Newspaper, and communications plans are drawn up for each project to ensure strategic dissemination of results.

WKC contributes to health awareness in the community by hosting visits and providing lectures about WHO and its activities for students in primary schools, high schools and universities. WHO staff participates in 11 local health technical committees. The WHO Disease Outbreak News (DON) is now translated into Japanese as a service to promote prevention and



preparedness of health emergencies. Additionally, WKC and the Kobe Group meet annually to discuss progress and hold monthly meetings to discuss local engagement and strengthen communications.

The proposed programme for 2020-21 includes expanding the successful approach of encouraging collaboration between Kansai based institutions and researchers outside of Japan, for all three research themes. WKC plans to organize four WKC Fora in 2020 on Health-EDRM Research, digital health technologies, and suicide prevention and mental health promotion. Efforts will continue to improve the website and user interface with smartphones. Translations of DONs will continue, and WKC staff will continue to serve on committees in Hyogo and Kobe. Discussions are planned with the Kobe Group to identify common areas of interest for WKC to expand its local engagement activities.

Dr Wakiko Ajiki, Director General, Public Health Bureau, Health and Welfare Department, Hyogo Prefecture, led the response and discussion. She expressed appreciation of the Japanese translations of the DONs and the WKC Japanese website and acknowledged the efforts made to improve communication. The ACWKC members hoped that the Centre's research would contribute to local policies. WKC fora were seen as a good opportunity to involve civil society, while school lectures could be further enhanced through collaboration with the Boards of Education. Further engagement could be strategic with input from the local community. The ACWKC urged the Centre to share research outcomes, and to continue building relationships to explore opportunities to promote its work.

**Key points of the session about local engagement:**

- The improved efforts are recognized in expanding local engagement, and the communication and dissemination initiatives.
- The ACWKC commended the efforts to reach out to the local community and cater to their health information needs (e.g. Disease Outbreak News (DON) translation).
- The ACWKC appreciated efforts to take advantage of opportunities for wider dissemination of research results to scientific and local communities and believe that this can increase WKC's visibility.
- The group recommended that WKC continue to make efforts in disseminating WKC scientific information and findings.

## 5. Research Highlights

To illustrate the kinds of research products and activities underway, each technical officer gave a short presentation on one research project or network.

### **5.1. Sustainable Financing in the context of population ageing**

Dr Paul Ong presented highlights of WKC research with the European Observatory on Health Systems and Policies, which studied the impact of populating ageing on revenue generation and growth in health spending. Data were analysed from European Union countries, Japan and Indonesia to understand how ageing impacts government revenues. The research sought to identify key factors that will determine future growth in health care expenditures in the context of population ageing.

Simulations showed that, in countries with young populations (e.g., Indonesia), all sources of revenue grow over time as the population ages. For countries with relatively large older populations (e.g., Japan), revenues from social contributions linked to the labor market decline over time. Simulations demonstrated the impact of strategies to increase the number of contributors, the rate of contribution, and diversify revenue sources. Such strategies only partially compensated for the decline in social contributions expected with population ageing.

The conclusion is that relying on social contributions and payroll taxes to finance healthcare is unsustainable as population's age. It is important to de-link entitlements to health care from the payment of contributions, which is in line with the principle of Universal Health Coverage.

A second study examined whether population ageing is a major contributor to growth in health spending. Data used include population projections for the EU and Japan. The study found that population ageing is expected to contribute less than 1% per person average annual growth over the next 40 years for publicly funded health care on average. A series of hypothetical scenarios were presented, to simulate increases in volume, prices, intensity, and coverage of services for older persons. Even under the most extreme hypothetical scenario, in which there are increases in volumes, prices, intensity, and coverage of services for older persons, the growth in health spending for EU countries is 0.85 percentage points higher than what would be expected from population ageing alone; 1.0 percentage points for Japan, and 1.67 percentage points for Indonesia. While population ageing will lead to some additional health expenditure growth, ageing is not expected to be a major driver of growth in health expenditures.

### **5.2. 2018 H-EDRM Expert Meeting**

Dr Ryoma Kayano presented four upcoming research projects in Health-EDRM research. A call for proposals was issued in 2019 in four areas, and each built on existing research.

The first area is health data management. Research on medical data collection during and after emergencies and disasters, in collaboration with the University of Occupational and Environmental Health, the Japan International Cooperation Agency, and the WHO Emergency team. The second was about mental health and psychosocial support. Research on long term psychosocial impact for disaster survivors is being carried out in collaboration with the Hyogo Institute for Traumatic Stress and National Center for Neurology and Psychiatry. The third area is addressing the health needs of subpopulations. Current research with the University of Hyogo is being done to study the specific health needs of older populations. The fourth area is health workforce development for health emergencies.

Following the call, four proposals were selected for external technical review, and these proposals, if successful, will form the basis of these research areas in 2020-21.

### **5.3. Equity in care for hip fractures in acute hospitals**

Dr Megumi Rosenberg presented findings on research undertaken with Dr Shinichi Tomioka of the University of Occupational and Environmental Health in Japan. With growing concerns over healthcare costs, length of hospital stays and healthcare needs of ageing populations, this research sought to find out whether the provision of acute inpatient hospital care was equitable and responsive to the needs of older people, and whether older people, or those with dementia, had less access to surgical treatment for hip fractures.

The research involved secondary data analysis of 95,011 cases of adult inpatients with first-time hip fractures treated in an urban hospital in Japan during 2014 – 2016, from health insurance claims based on the Japanese hospital inpatient prospective-pay-system to describe treatment patterns. Preliminary findings suggest that patients with hip fractures and dementia were more likely to receive hip surgery and more likely to experience shorter waiting times for surgery. Equity and criteria for patient prioritization will need careful consideration.

Standardization of routinely collected data to allow for equity assessments are critical yet will require significant investment, both to build the data infrastructure and the capacity of hospital staff, administrators and researchers to utilize the data.

## **6. WKC Task Force**

At the request of the Kobe Group, a short presentation was given about the WKC Task Force by the Director of WKC, Dr Sarah L Barber. WHO is currently undergoing a transformation process to improve efficiency and to link all activities to GPW13 to work towards the 'Triple Billion' goals. The Director-General proposed that WKC take on an enhanced role as a centre of excellence for UHC. A task force was set up by the WHO ADG, Dr Yamamoto, to review WKC activities to ensure that its work is aligned and optimized within the WHO secretariat. The task force will develop recommendations on further strengthening WKC for the DG and WHO senior management.

The ACWKC suggested that the problem of WKC resource mobilization be included in the consultant's Terms of Reference.

## 7. Conclusions and Recommendations

The Chair of the 23<sup>rd</sup> ACWKC, Professor Maged Al-Sherbiny, presented the Committee's conclusions and recommendations. They include

- Continue to implement the three research themes in alignment with and contributing to the 13<sup>th</sup> WHO Global Programme of Work (GPW13).
- Continue to engage local research communities in WKC activities, and to ensure dissemination of information through appropriate communication channels.
- Leverage findings of research across the different themes to ensure synthesis and improved depth of understanding.
- Ensure that the research is relevant and responds to the needs of High-Income Countries and Low-and-Middle Income countries.
- Continue to maximize publication of finished research activities in peer-reviewed international journals, policy briefs, technical reports.
- Expand efforts to ensure application of research to practice.
- Ensure implementation of WHO programme budget to maximize budget space to accommodate the work of the WKC.
- Fully engage in the 25<sup>th</sup> commemoration of the Great Hanshin-Awaji Earthquake in order to highlight the global and local contribution of WKC.
- It was also suggested that Kobe group appoints a focal point working with WKC on communication and dissemination of WKC's activities.

Professor Al-Sherbiny congratulated Dr Barber for the remarkable changes over the past year, and thanked the Kobe Group for its support, wishing them a good commemoration of the 25<sup>th</sup> anniversary of the Great Hanshin Awaji Earthquake in January 2020.

Suggested dates for the 24<sup>th</sup> meeting are either 5-6 November or 12–13 November 2020. Dates will be confirmed in due course.

## Annexes

Annex 1. Meeting Programme

Annex 2. Participants

Annex 3. Technical Briefs