

**World Health
Organization**

Centre for Health Development

**Global Health Issues: Improving health
and health security for the world**
*From the Ise-Shima Summit to the G7 Health
Ministers' Meeting in Kobe*

Alex Ross, Director

8 June 2016

OUTLINE

- Introduction, G7 Ise-shima summit
- Public health emergencies
- Universal health coverage and ageing
- WHO Kobe Centre strategy



INTRODUCTION

WHOの目的



すべての人々が、基本的な権利として、可能な最高の健康水準に到達すること。(WHO憲章)

「健康」とは、単に疾病や病弱がないことではなく、身体的、精神的、および社会的に、完全に満たされた状態である。

*1948年 WHO憲章前文



WHO Worldwide





SUSTAINABLE DEVELOPMENT GOALS

1 NO POVERTY



2 ZERO HUNGER



3 GOOD HEALTH AND WELL-BEING



4 QUALITY EDUCATION



5 GENDER EQUALITY



6 CLEAN WATER AND SANITATION



7 AFFORDABLE AND CLEAN ENERGY



8 DECENT WORK AND ECONOMIC GROWTH



9 INDUSTRY, INNOVATION AND INFRASTRUCTURE



10 REDUCED INEQUALITIES



11 SUSTAINABLE CITIES AND COMMUNITIES



12 RESPONSIBLE CONSUMPTION AND PRODUCTION



13 CLIMATE ACTION



14 LIFE BELOW WATER



15 LIFE ON LAND



16 PEACE, JUSTICE AND STRONG INSTITUTIONS



17 PARTNERSHIPS FOR THE GOALS



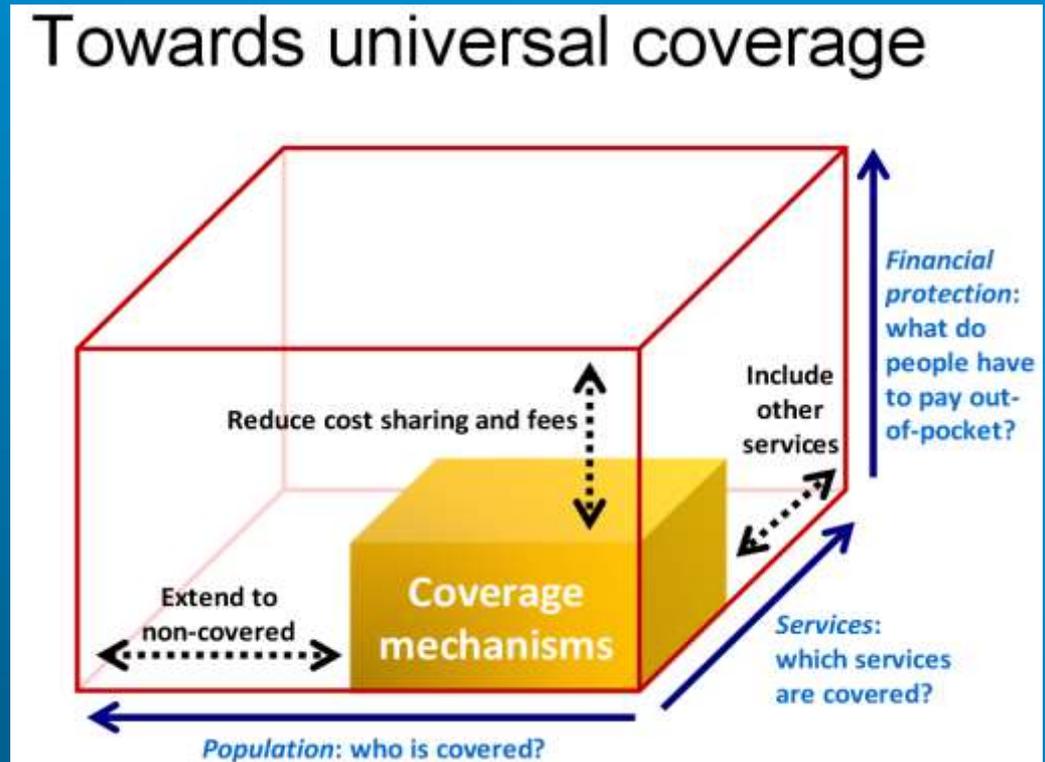
UNIVERSAL HEALTH COVERAGE (UHC)

- Services = promotion, prevention, treatment, rehabilitative, palliation
 - Public health
- Financing
- Equity focus

Japan:

1961 UHC

2000 LTC Insurance





G7 Ise-shima Summit Leaders



G7 Ise-shima

- **1st G7 since SDGs: *no one left behind***
- **Key issues:**
 - Global health architecture: infectious diseases**
 - Universal health coverage (UHC)**
 - **Health systems strengthening – including healthy ageing**
 - Anti-microbial resistance (AMR)**

Political opportunity for health systems and UHC

Objectives

The G7 leaders commit to:

- Leveraging lessons from the Ebola crisis, lead the strengthening of response to public health emergencies by the international community.
- Further promote UHC, which is a key to address the broader health issues faced by the international community.
- Strongly commit to the health-related SDGs as the first G7 Summit Meeting after the adoption of SDGs.

Key messages “G7 Ise-Shima Vision for Global Health”

1

Reinforcing the global health architecture to strengthen response to public health emergencies

- Urge and support the WHO, which plays the central role in response to public health emergencies, to implement its emergency and winder reforms
- Welcome the establishment of funding mechanisms for emergencies, invite support of the international community, and call on coordination among such mechanisms :
 - CFE for WHO’s initial response
 - WB’s PEF for pandemic response
- Invite the international community to review, strengthen, and formalize coordination arrangement in large-scale public health emergencies
- Enhance prevention and preparedness against emergencies
 - Advancing compliance with the WHO’s Int’l Health Regulations through relevant initiatives (incl. GHSA), offering concrete assistance
 - Looking forward to discussions with the IOs including the WB such as IDA to mobilize financing for prevention and preparedness

2

Attaining UHC with strong health systems and better preparedness

- Promote UHC in developing countries and enhance prevention and preparedness against emergencies
 - Support UHC 2030 as a strengthened international framework to coordinate efforts of relevant stakeholders and various initiatives
 - Discuss with the UNSG about the idea of nominating an envoy for promoting UHC
 - Commit the G7’s effort for strengthening health systems in LIC/LMICs
 - Welcome the WB’s and others’ efforts to promote UHC for Africa/HSS
- Ensure access to health services through the life course
 - Lead maternal and child health, reproductive health, immunization, polio, etc
 - Promote “Active Aging” movement, incl. through the forum in Japan

3

Strengthening response to AMR

- Infectious diseases pose major threats to global health security. AMR amplifies such threats due to inappropriate use and market failure.
- Propose push and pull mechanisms for developing antimicrobials in addition to “One Health Approach”

World Health Assembly, May 2016

- Comprehensive WHO Health Emergency Programme
- Global action plan on antimicrobial resistance
- WHO Global strategy and plan of action for ageing and health
- Global strategy for health workforce
- Global framework for integrated person-centred health
- WHO work on the SDGs
- and much more:

http://apps.who.int/gb/e/e_wha69.html



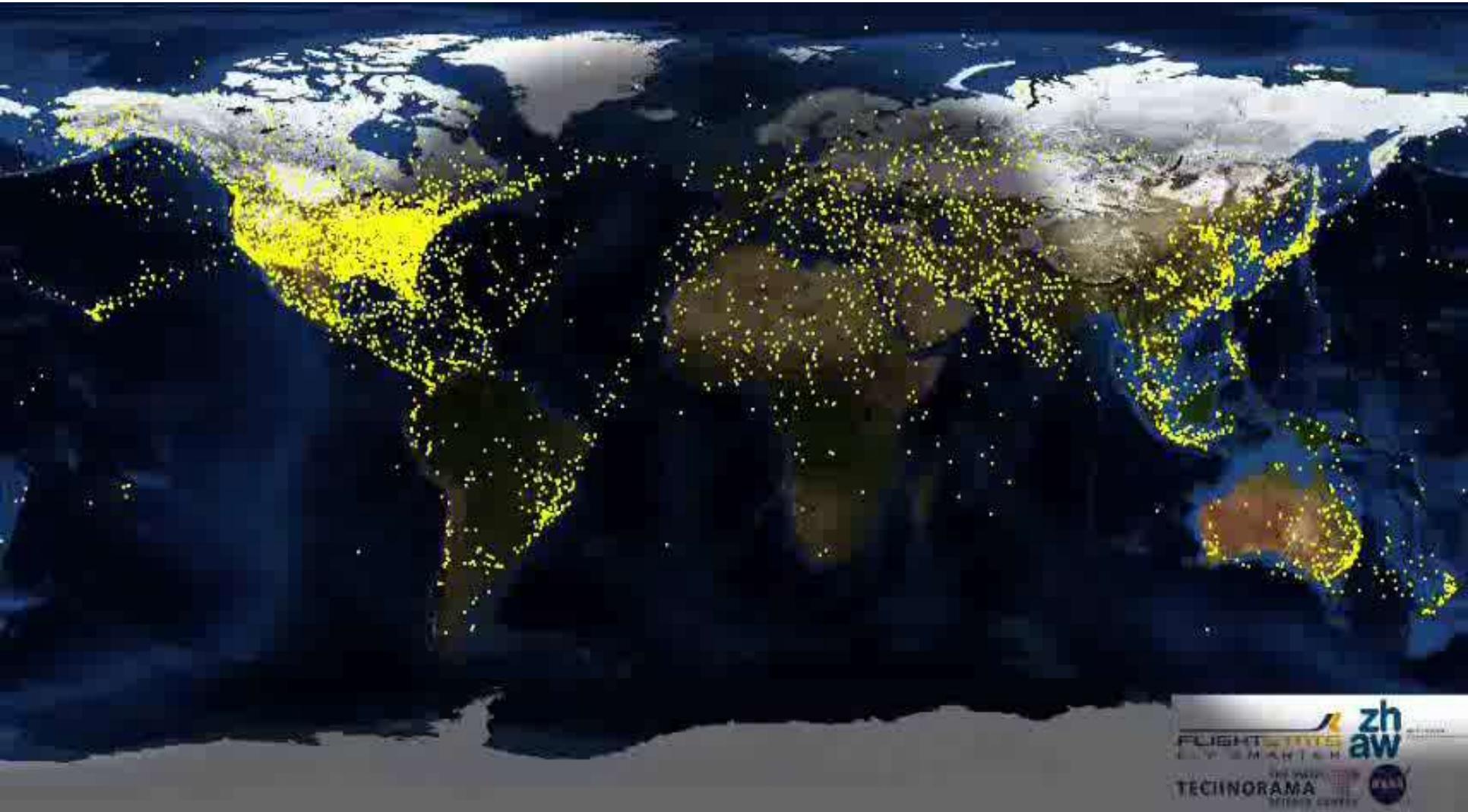


- G7 Health ministers, key staff, WHO Director-General and a few others: 11-12 September (closed meeting)
- Agenda to discuss G7 Leaders' Declaration in more detail
- Planned WHO/WKC side event



PUBLIC HEALTH EMERGENCIES

Globalization – borderless and interdependent world



RISKS

健康危機との闘い 1980 - 2013



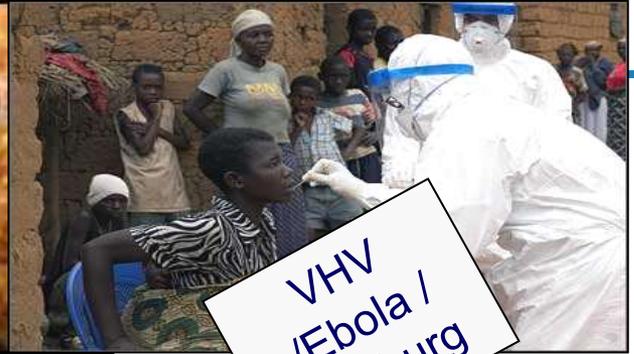
HIV/AIDS
XDR-TB



Chernobyl



Pest



VHV
/Ebola /
Marburg



BSE/
NvCJD



Nipah



Anthrax



SARS



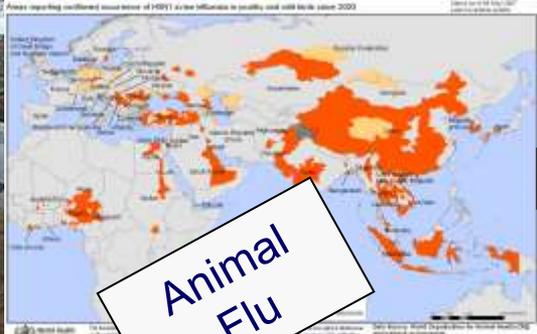
meningiti
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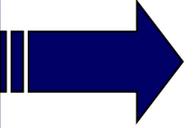
cholera



Chemical
pollution



Animal
Flu



健康危機との闘い 1980 - 2013



Fukushima



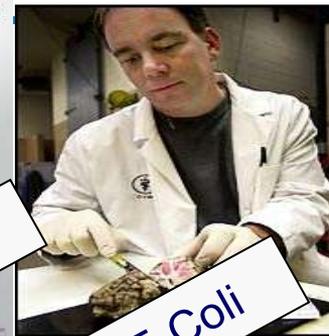
MERS-CoV



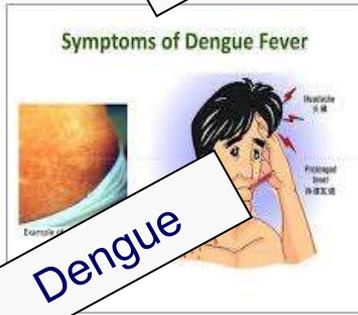
VHV /Ebola / Marburg



Polio



E-Coli



Dengue



Chikungunya



H7N1



Air pollution



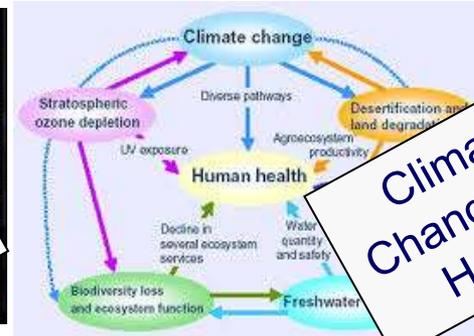
Chemical pollution



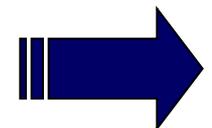
meningitis



Norovirus



Climate Change and Health



Nature of health security & health emergency events...

- **All hazards:** communicable disease outbreaks; natural disasters
- Vulnerability is **universal**
- **Frequency** of events increasing
- **Impacts** are far beyond “cases & deaths” (*often huge economic, social and political consequences*)
- Emerging disease **travels faster** than ever before
- Fear **spreads quicker** than disease itself
- **Long term** psycho-social impacts



Increasing number of new pathogens

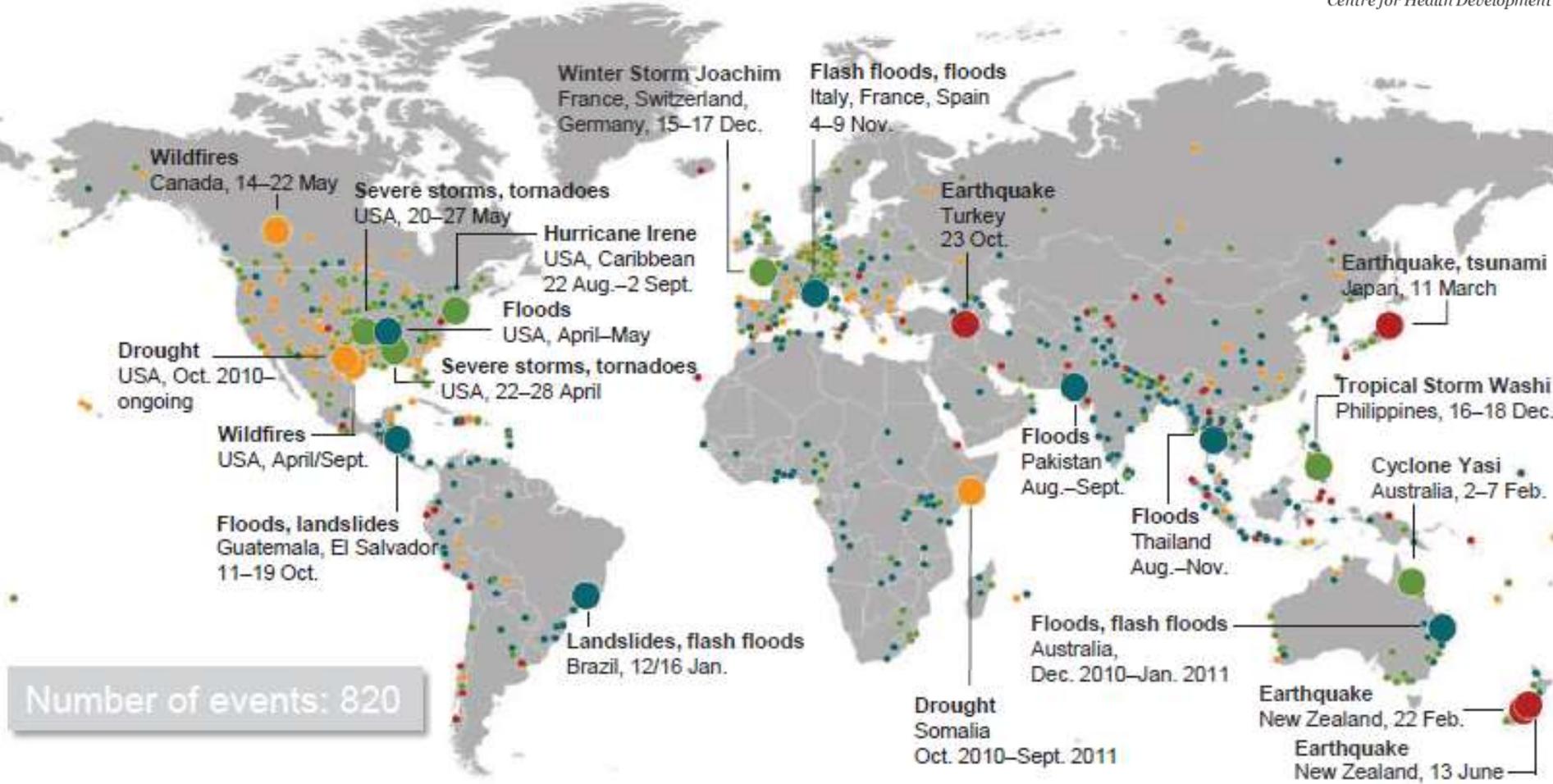
1970-2007 1420 **new** pathogens

Since 2007 177 **new** pathogens

70 % Animal origin



In 2011...



- Natural catastrophes
- Selection of significant loss events
- Geophysical events (earthquake, tsunami, volcanic activity)
- Meteorological events (storm)
- Hydrological events (flood, mass movement)
- Climatological events (extreme temperature, drought, wildfire)

Number of Climate-related Disasters Around the World (1980-2011)

 **3455**
FLOODS

 **2689**
STORMS

 **470**
DROUGHTS

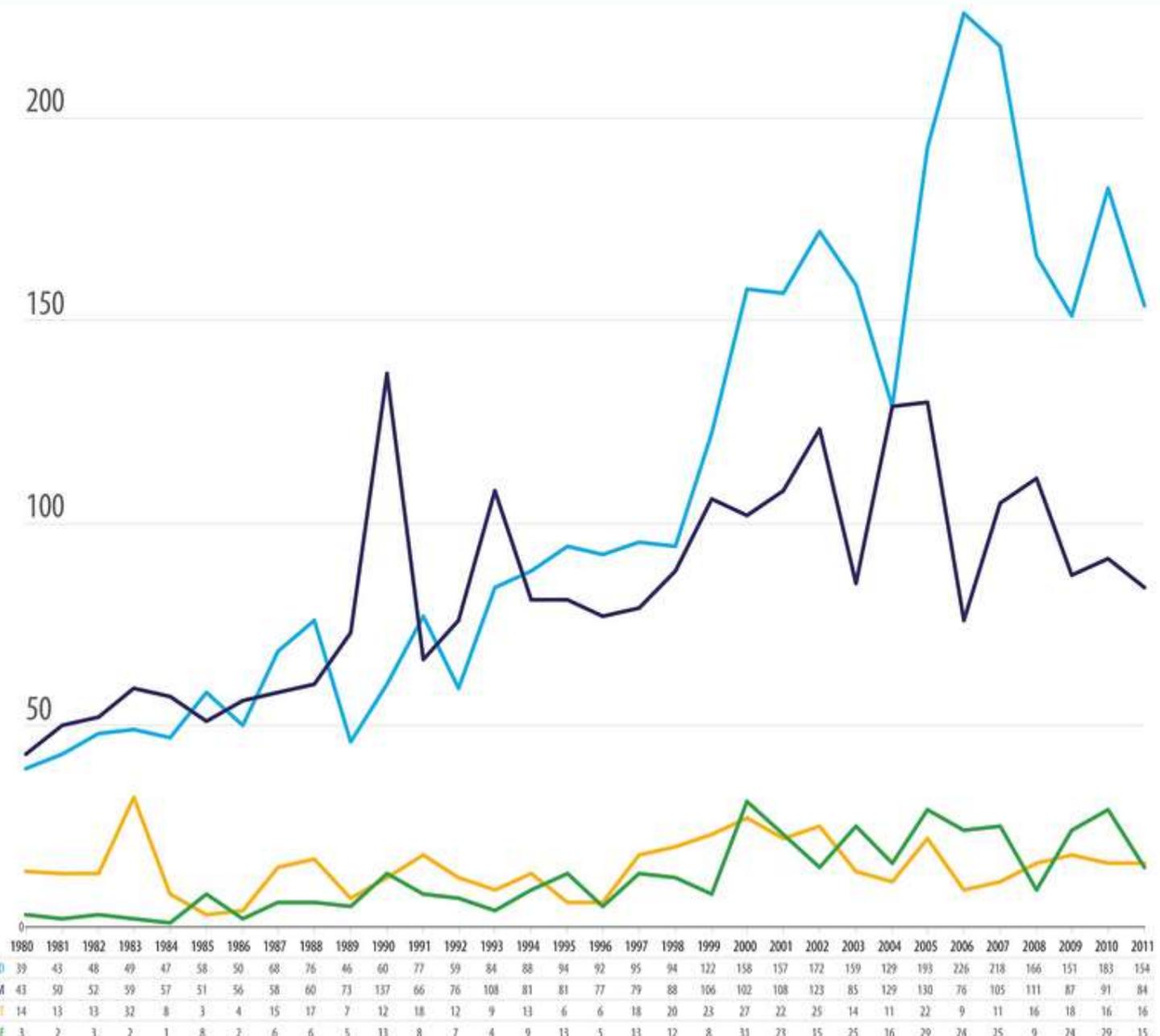
 **395**
EXTREME TEMPS

 **UNISDR**
The United Nations Office for Disaster Risk Reduction
<http://www.unisdr.org>

Version: 13 June 2012

DATA SOURCES
EM-DAT - <http://www.emdat.be/> - The OFDA/CRED International Disaster Database; Data version: 13 June 2012 - v12.07

Humanitarian Symbol Set (2008):
<http://www.unisdr.org/map/guideline.php>



Kumamoto Earthquake



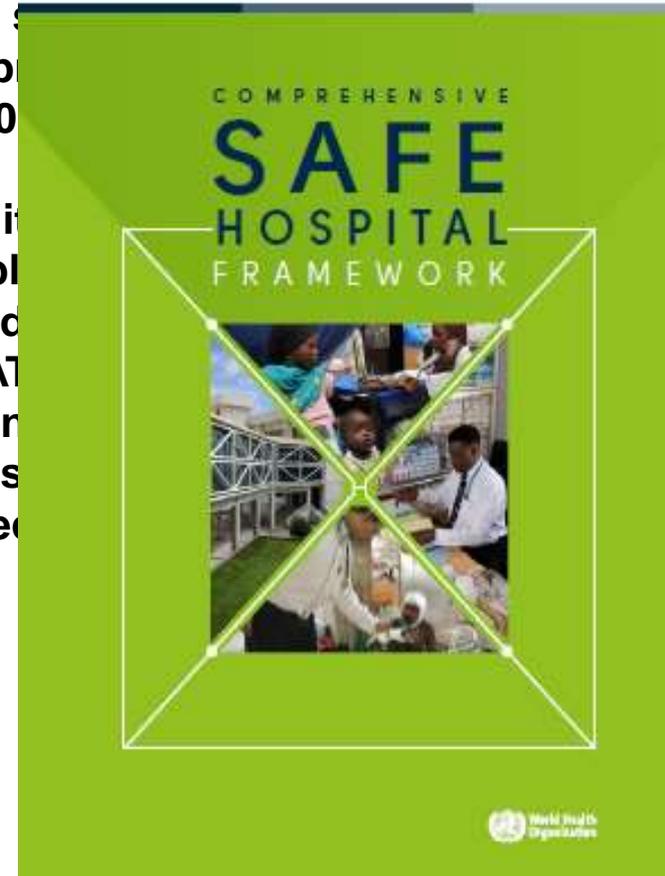
(as of April 28)

- At least 63 reported deaths
- 38,196 people displaced
- centres in four prefectures
- Approx. 10,800 buildings damaged.
- 39 health facilities and/or gas supply not operational
- Over 146 DMAT teams (DPAT), and
- LONG TERM is needed for survivors and recovery

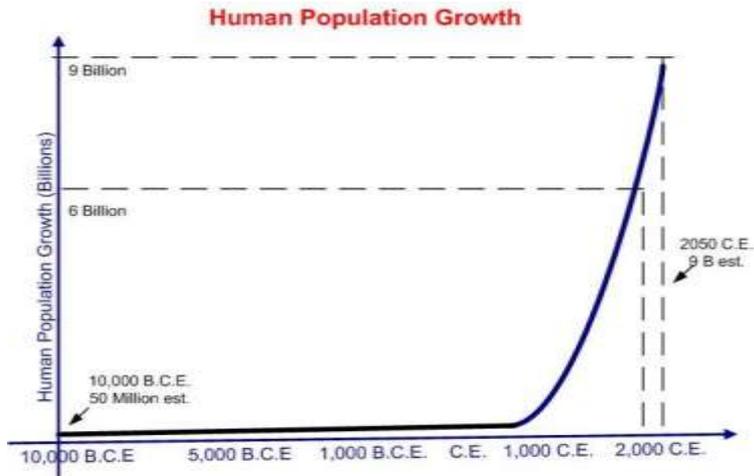


©Ichigo Sugawara

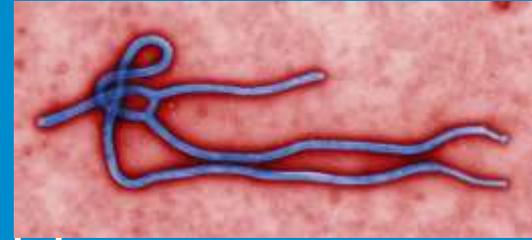
SAFE HOSPITALS INITIATIVE



The challenges...



Key lessons learned: Ebola and health emergencies

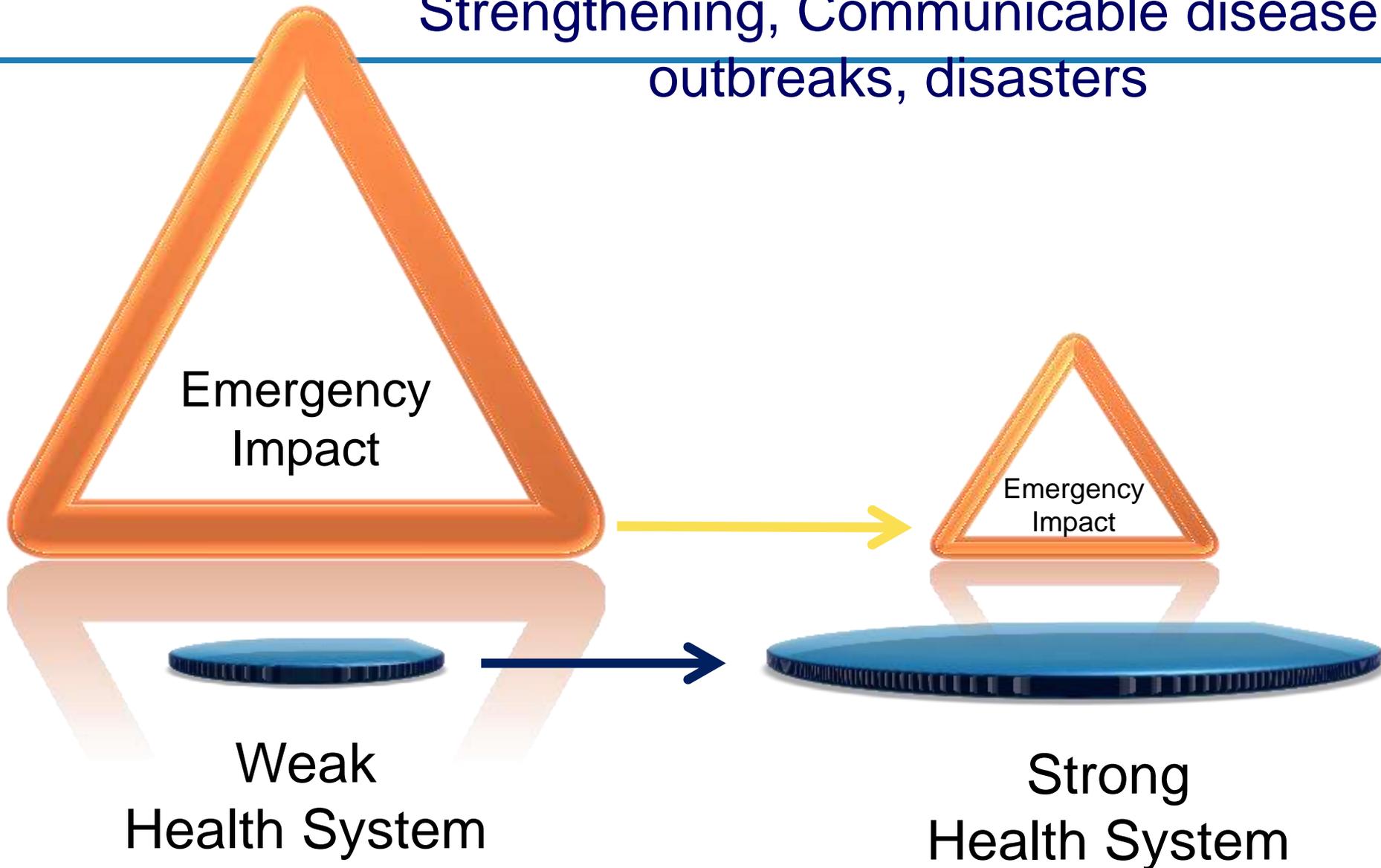


- Act quickly to detect and respond
- IHR compliance: need functioning basic health systems
- Weak international/national coordination
- Community engagement + risk communication
 - Trust; Fear
- Infection control, protection of health workers
- R&D for vaccines and drugs
- Quality health services, access to medicines, personal protective equipment



Response

Convergence: Health Systems Strengthening, Communicable disease outbreaks, disasters



WHO and Global Response

Implementation

- IHR (2005) compliance
- Health systems strengthening
- Research development

WHO

- New WHO *Health Emergencies Programme*
- International coordination (e.g, with OCHA, partners)

Financing

- **WHO Contingency Fund for Emergencies**
- World Bank Pandemic Emergency Fund

Build country

- People centred health systems
- Tailored to country contexts

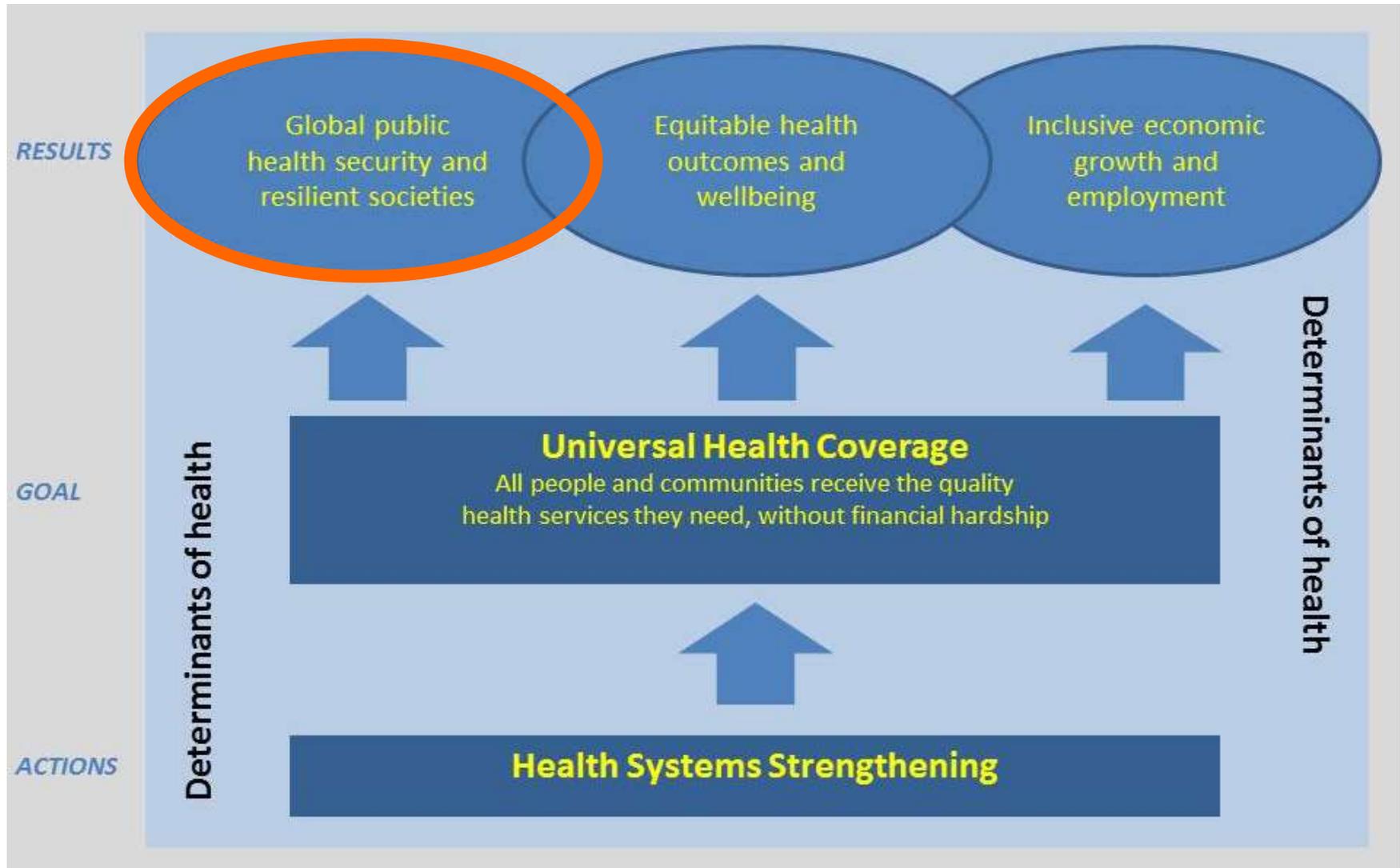
Coordinate

- Across partners, sectors, countries



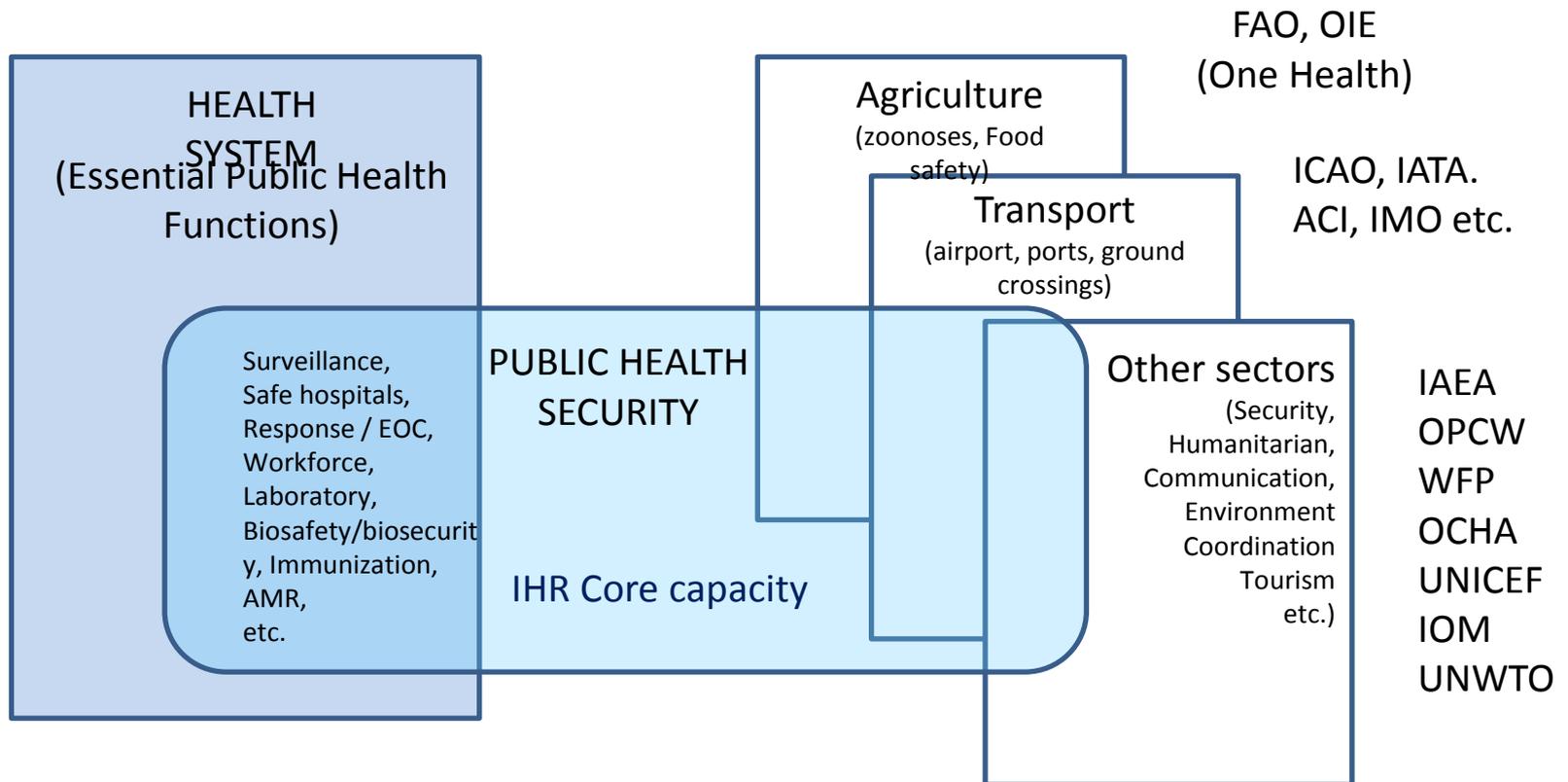
New Vision on Achieving UHC:

A Framework for Sustainable Security Supported by Health Systems Strengthening



Coordinating Between Emergency Reform and HSS

Building on **Health System** and on an **Intersectoral Approach**



Momentum: G7, GHSA, WB, others

(IHR Art.44 on Assistance and Cooperation)

The good news...

Information Revolution



Biotechnology Revolution



International Health
Regulations

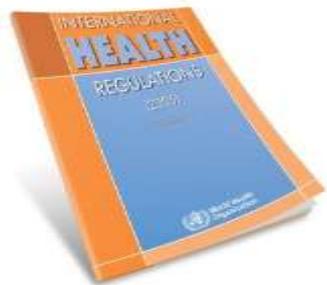


Sendai Framework for
DRR



International Health Regulations (2005)

- Legally binding treaty
- 196 States Parties
- In force 15 June 2007

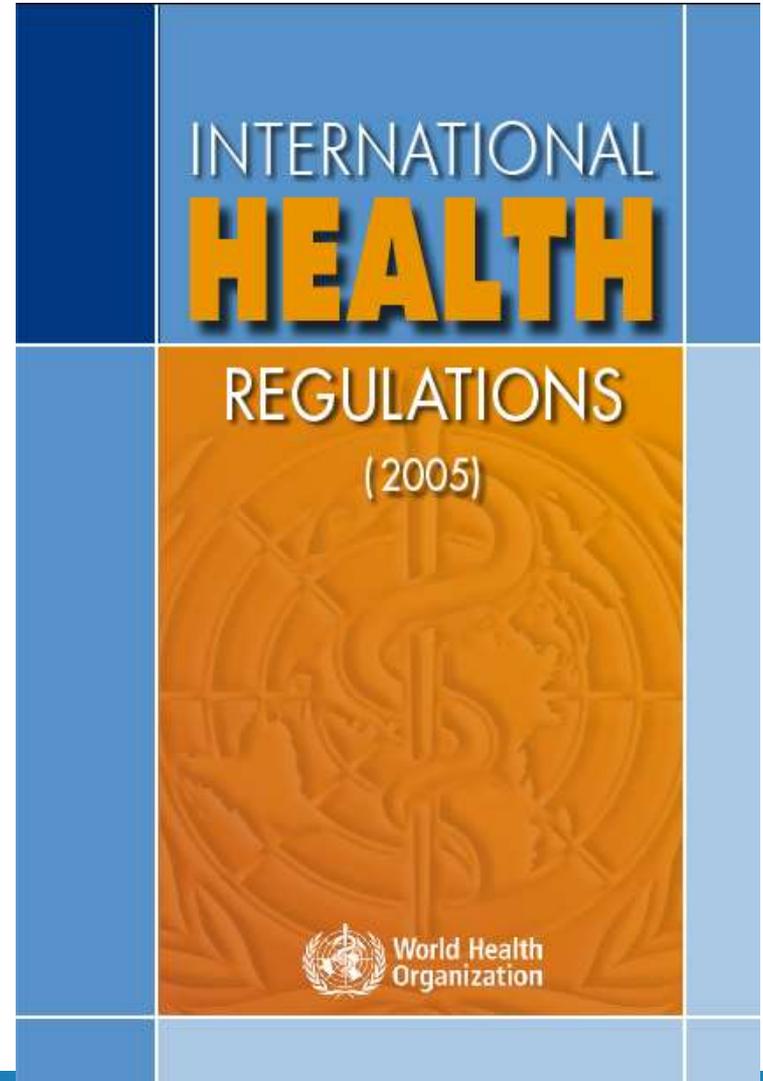


States must prepare, report & cooperate

WHO must coordinate

国際保健規則（IHR）

- 国際交通に与える影響を最小限に抑えつつ、疾病の国際的伝播を最大限防止するための国際規約。
- 加盟国は規則に従う義務をもつ。



UHC & ACTIVE, HEALTHY AGEING

高齢者のための社会づくり 全ての年齢の人のための社会づくり



公平性 自主性 尊厳 を守る



Ageing society will create new social & health needs

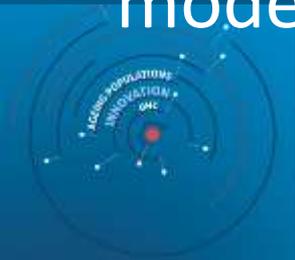
Challenges Japan and other Asian countries have include declining birthrate and aging society.



Decreasing working population and increasing elderly population.



Creates new health needs: financing strategies and incentives, NCD prevention/control, new HRH models, community models of care/support



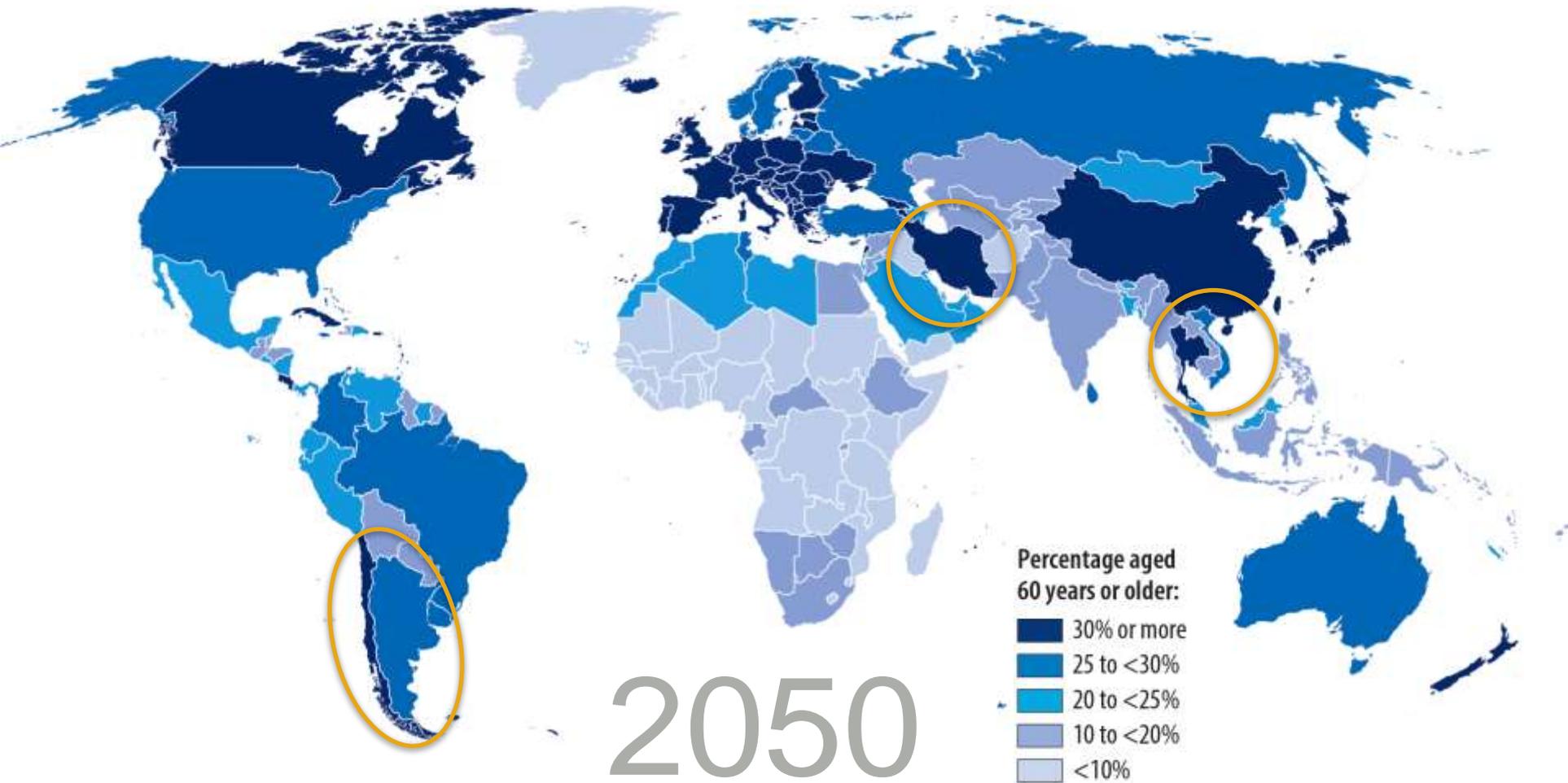
WHO Kobe Center Research

UHC, Innovation, Ageing

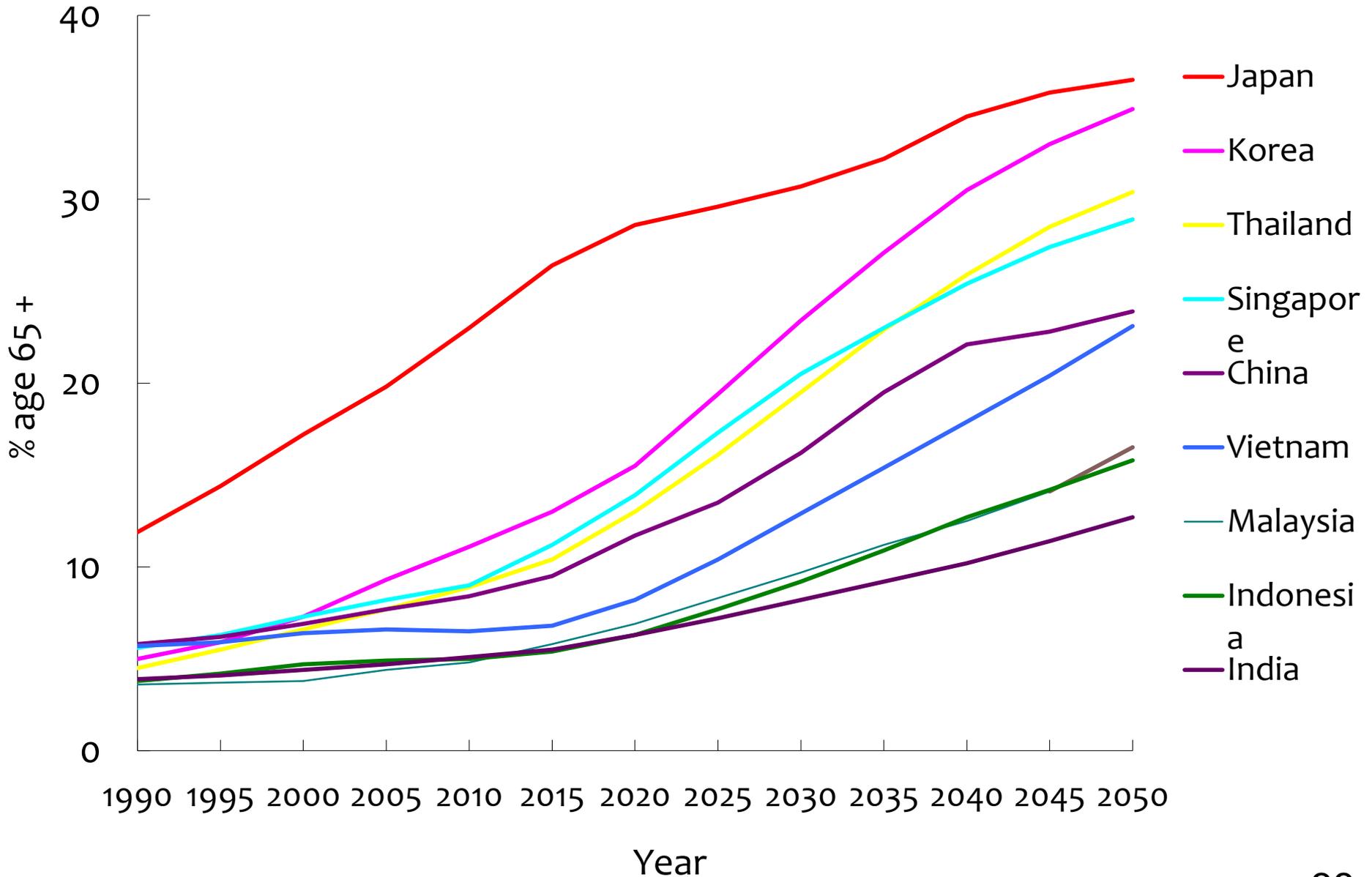
- ❑ **Government planning and policies for ageing societies + UHC: health and social system organization**
- ❑ **Community-based care and support models**
- ❑ **Health/social workforce**
- ❑ **Dementia: early diagnosis; social innovations**
- ❑ **Promoting technological innovations**
- ❑ **Emergency preparedness: older populations**



人口高齢化の世界的傾向

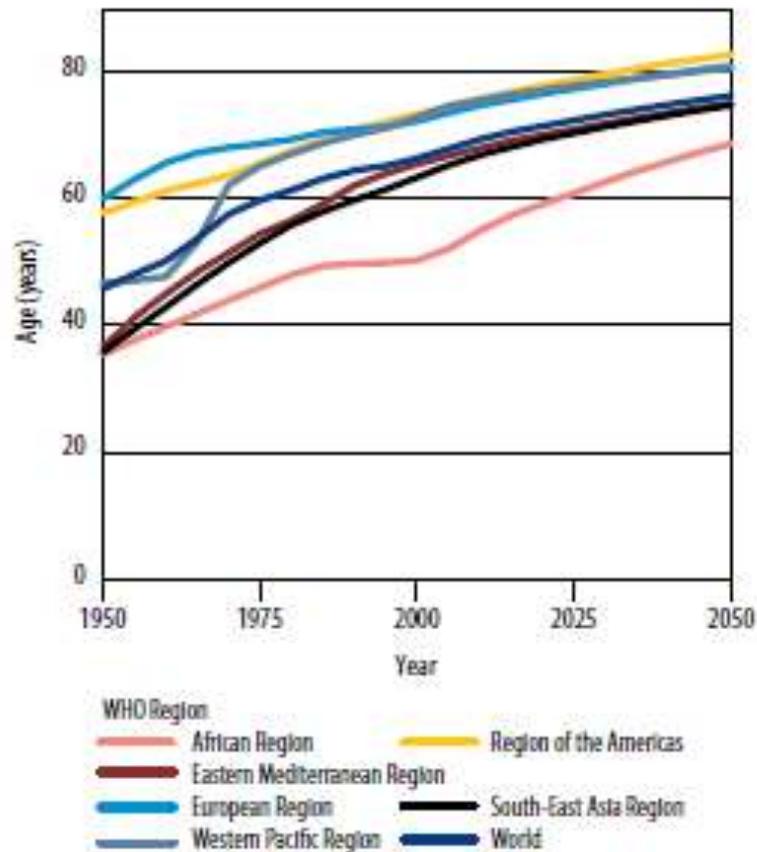


Proportion of age 65 + in selected Asian countries, 1990-2050



Life expectancy のびる平均余命

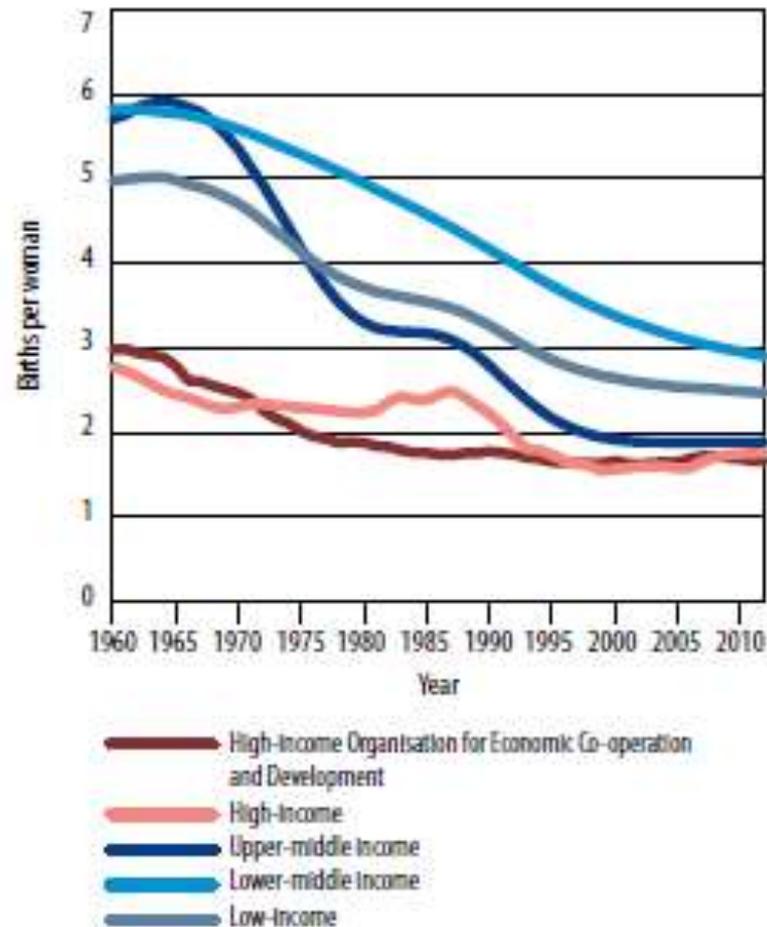
Fig. 3.6. Changes in life expectancy from 1950, with projections until 2050, by WHO Region and worldwide



Fertility rates

出生率の低下

Fig. 3.8. Fertility rates in low-, middle- and high-income countries, 1960–2011

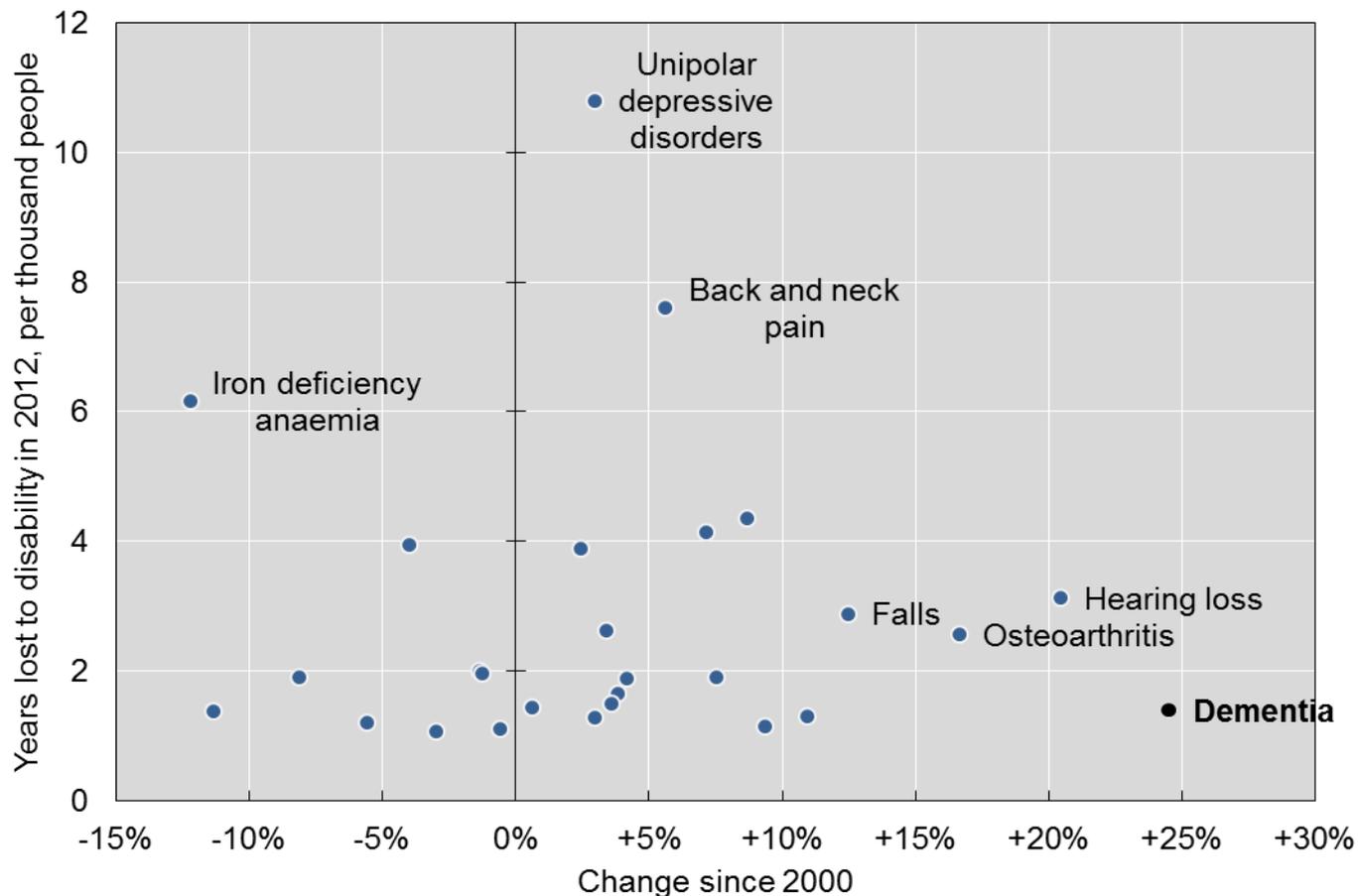


Source: Fertility rates, total (births per woman); World Bank (5).

Dementia: burden of disease

認知症は、障害を引き起こす大きな原因に急速に成長した。

Years of life lost due to disability
原因別 障害によって失われる年月(全年齢)



Source: WHO Global Health estimates 2014

* "Major" means causes contributing more than 1% of the total global burden of disability

Life-style related diseases

生活習慣病の蔓延

Smoking 喫煙

Poor diet 不健康な食生活

Lack of exercise 運動不足

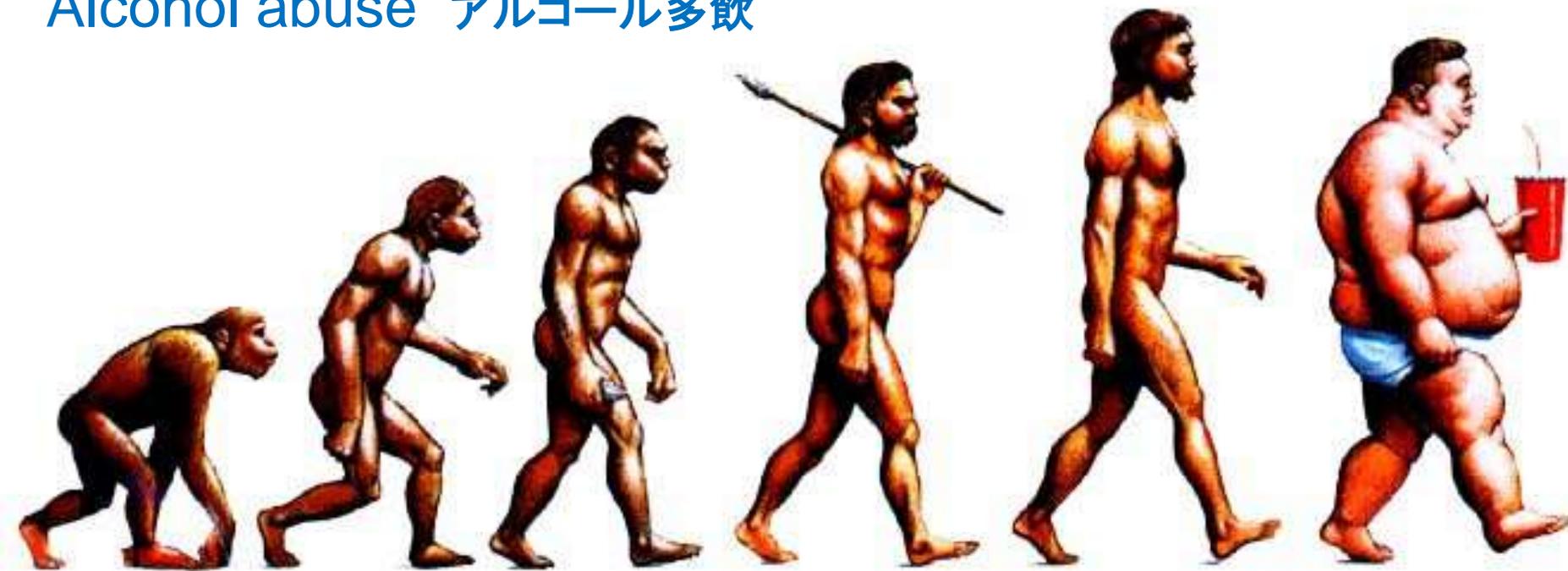
Alcohol abuse アルコール多飲



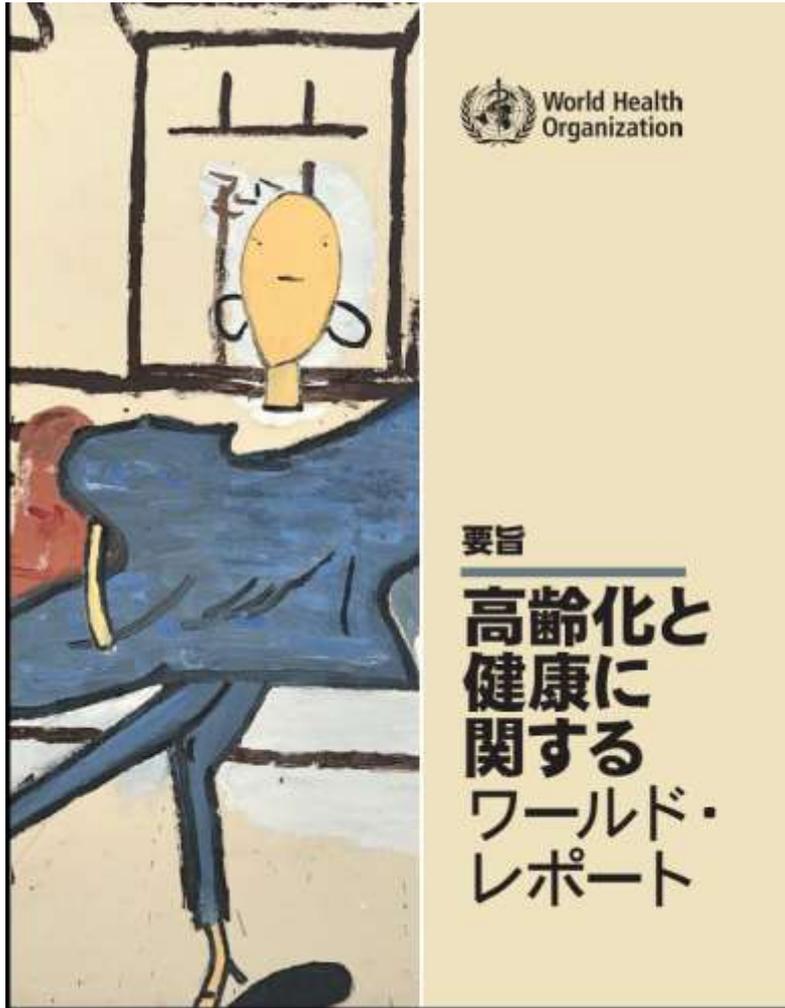
Heart disease 心臓病

Cancer がん

Diabetes 糖尿病



These disease are largely avoidable



WHOが提唱する人口高齢化対策



Healthy Ageing

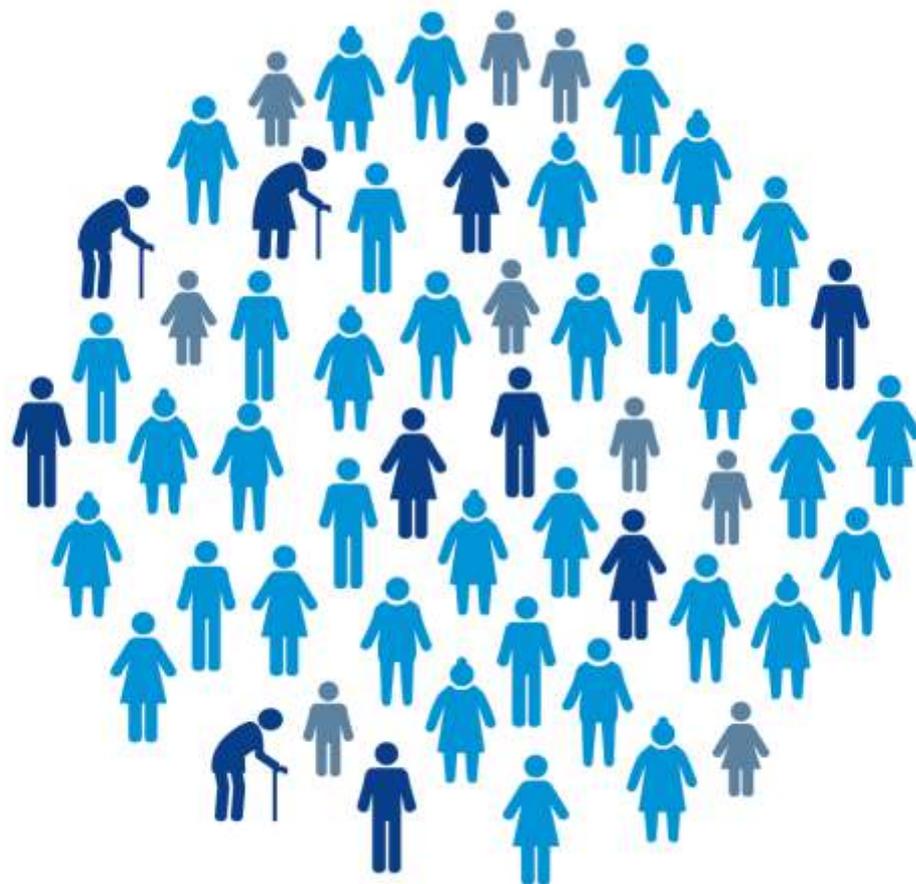
健康な高齢化 (*Healthy Ageing*) とは、
高齢期における福祉 (*wellbeing*) の
実現を可能にするような
機能的な能力 (*functional capacity*) を
発達、維持するプロセスのことである



「健康な高齢化」を推進する主な対策

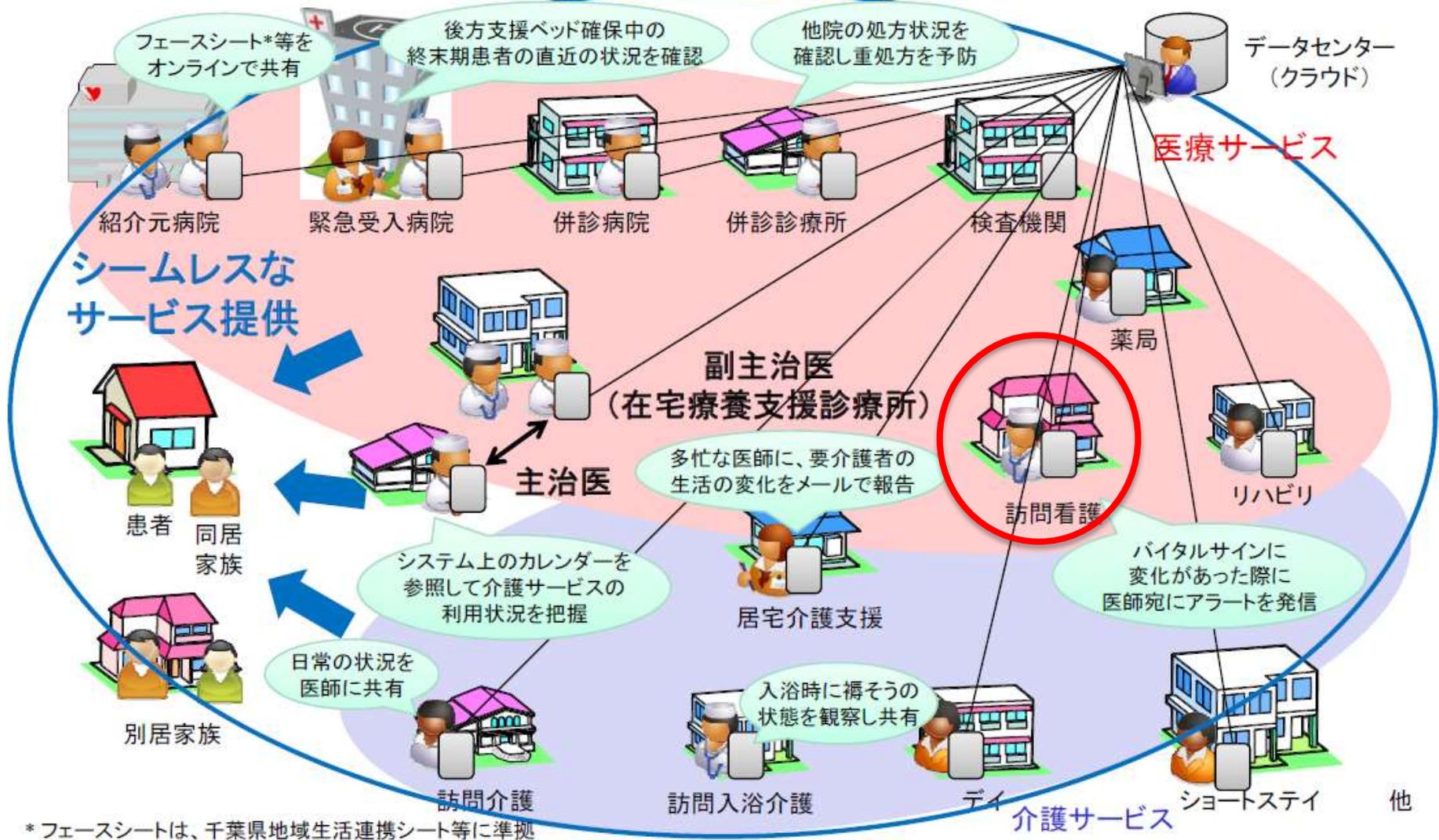
- 高齢者中心の包括ケアシステムの整備
(person-centered integrated care)
 - 健康増進、予防、治療、疾病管理、介護
 - 他職種が連携して人を包括的に診る全人的な医療ケア
- すべての国に長期ケアシステムの確立
- すべての人にエイジフレンドリーな環境の提供
- 健康な高齢化の研究と測定に関する新たなアプローチの奨励

日本の人口構造の変化



理想的なAgeing-in-Place
を実現させるには、
どのようなイノベーションが
必要でしょうか？

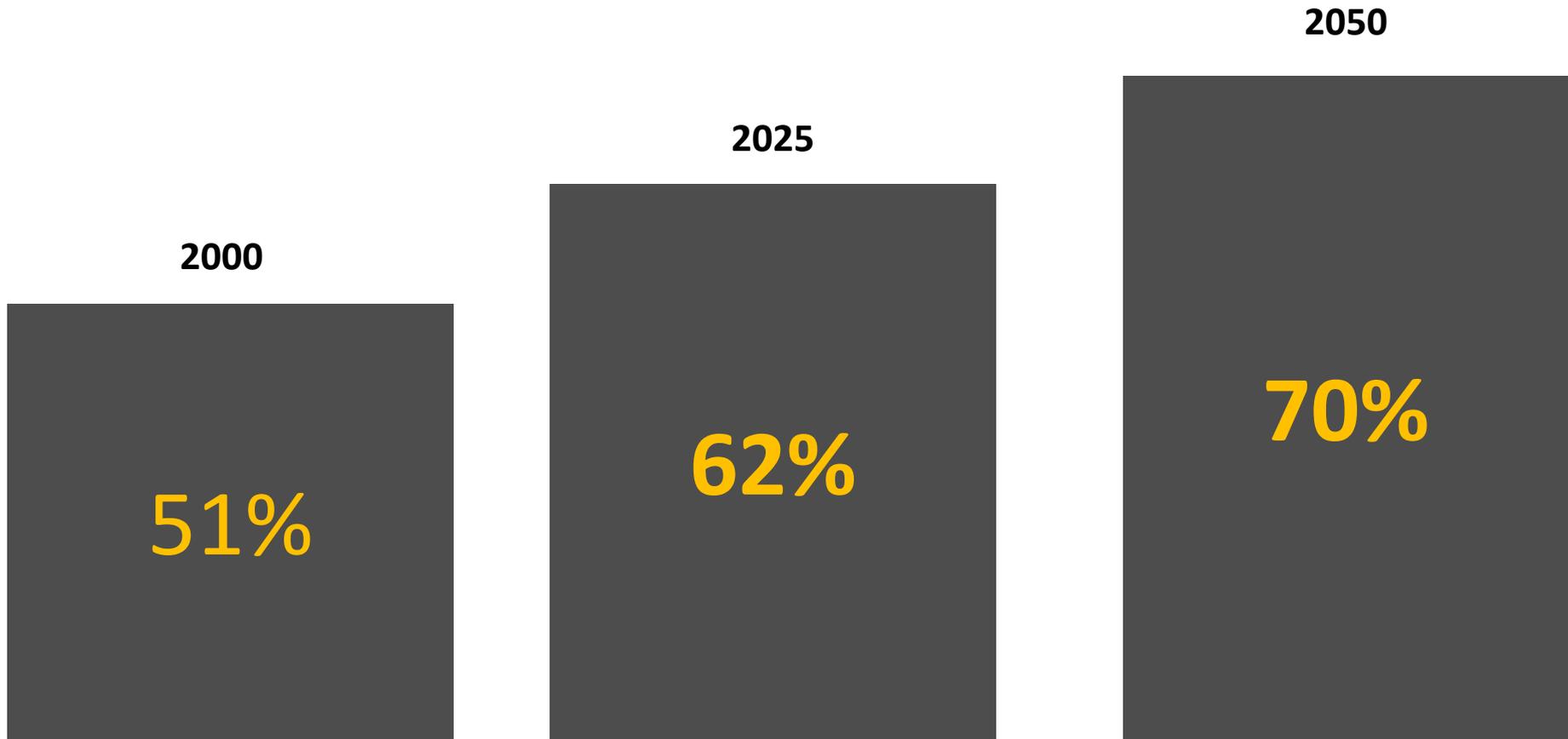
(3) 情報共有システムの構築



機関やサービス種別を越えた情報共有のシステムを構築し、在宅医療・ケアに関わる多職種チーム形成を容易にする

《都市化+人口高齢化》への対応：
WHO Age-friendly City

Proportion of Older Adults Living in Urban Areas



Ageing is increasingly an **urban** phenomenon

Source: UNDESA 2012, as reported in the *GCIF Policy Snapshot No. 2 Cities and Ageing*, September 2013, by the Global City Indicators Facility, University of Toronto in collaboration with Philips.

高齢者の健康と社会参加を促す都市環境の整備

Age Friendly Cities

Global Age-friendly Cities:
A Guide



Civic
participation
and
employment
市民参加・雇用

Respect and
Social
Inclusion
尊敬・社会的包
摂

Outdoor
spaces and
buildings
公共スペース・
建物

Housing
住宅

Social
participation
社会参加

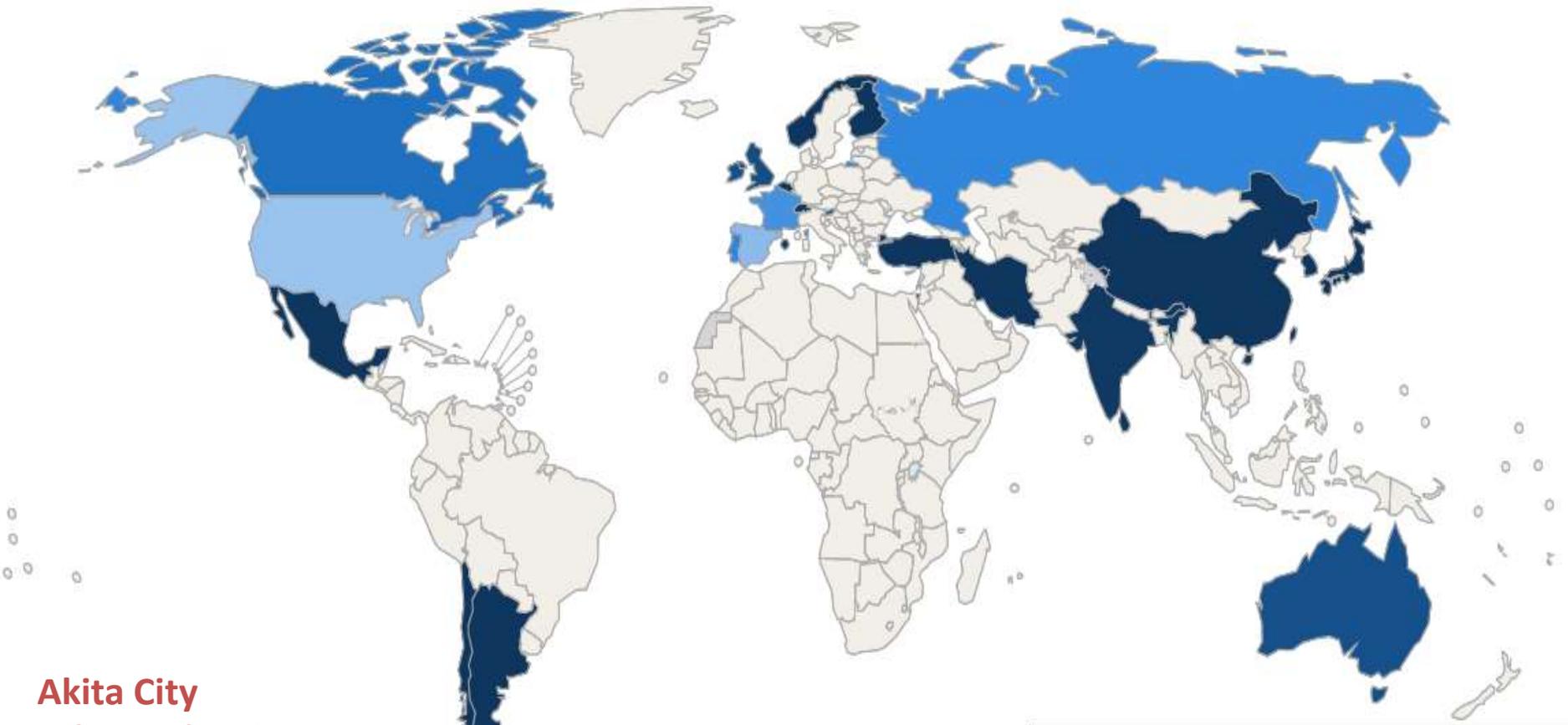
Transportation
交通機関

Community
and health
services
医療・保健・
福祉サービス

Communication
and information
コミュニケーショ
ン・情報

WHO Global Network of Age-friendly Cities and Communities

258 member cities in 28 countries covering over 100 million people worldwide



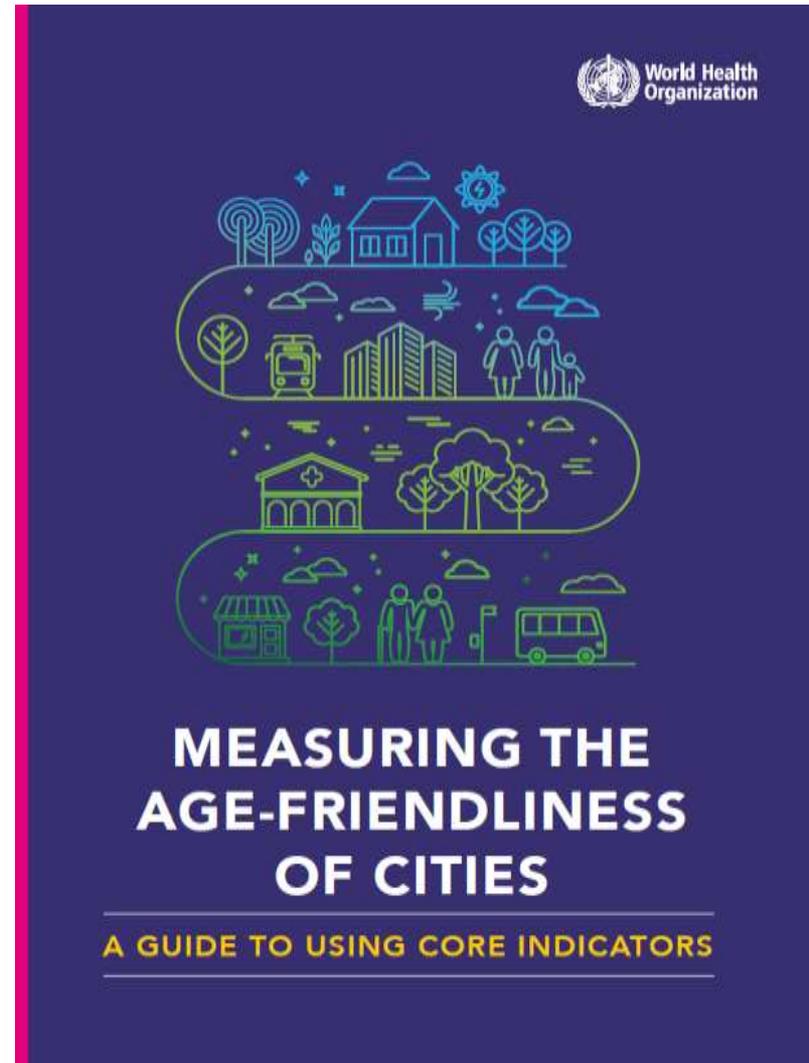
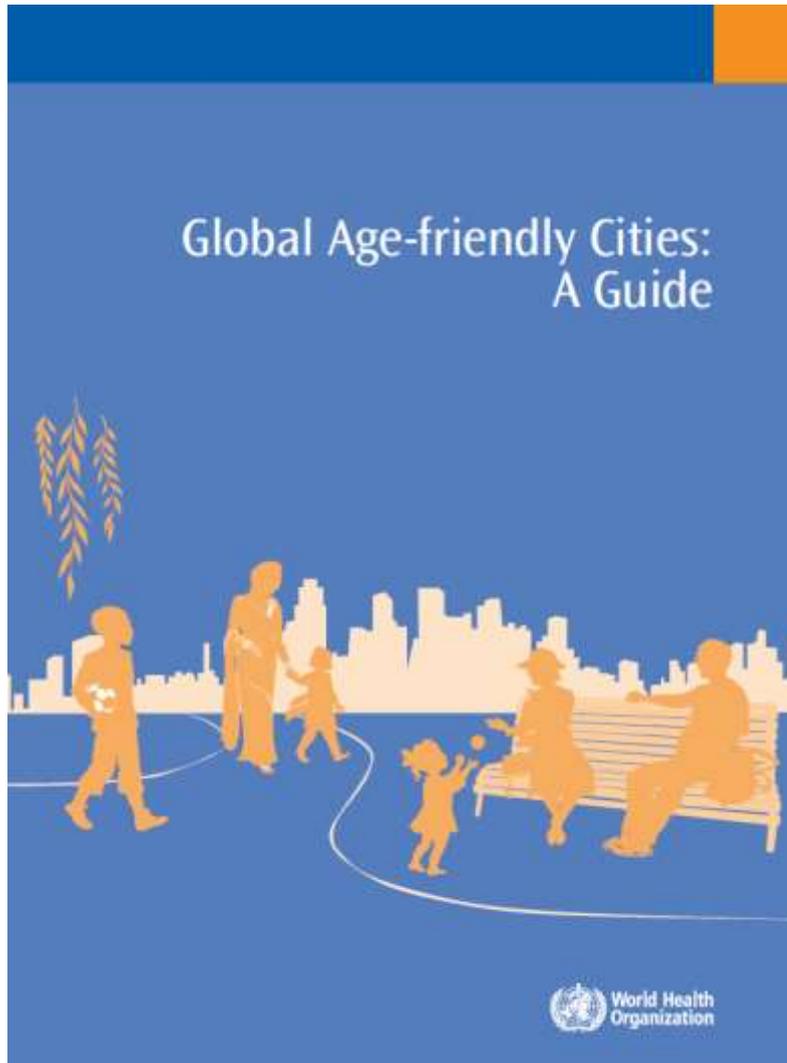
Akita City
Takarazuka City
...more coming

WHO Global Network
List of cities and communities (click on hyperlink to see city page)
City
Andorra la Vella
La Plata
Boroondara
Canberra
Clarence
Lane cove
Melville



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

エイジフレンドリーシティ:高齢者にやさしいまち



AFC評価指標

アクセシブルな物的環境	インクルーシブな社会環境		インパクト
街の歩きやすさ・移動のしやすさ	高齢者に対する肯定的態度	情報の安定供給	生活の質(QoL)
公共のスペースや建物のアクセシビリティ	ボランティア活動	保健、医療、社会福祉サービスの安定供給	
公共の交通車両のアクセシビリティ	有償の職業活動	経済的安定	
公共の交通機関の停留所のアクセシビリティ	社会文化活動		
住宅の価格の手ごろさ	地域の政策決定への参加		

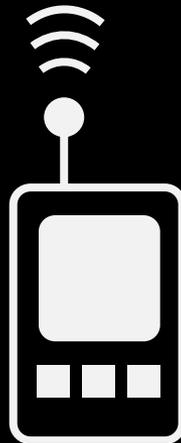
公平性(Equity)評価



**World Health
Organization**

Centre for Health Development

THE ROLE OF TECHNOLOGY



WHO/ WHO Kobe Centre work

- Assistive health technologies, medical devices, information communication
- Promote innovation, its financing and use by the public
- Support older persons living at home/in the community
- Inclusive design



Summary Report:
Consultation on
Advancing Technological Innovation
for Older Persons in Asia



20-22 February 2014
World Health Organization
World Health Centre
2000 Road Corridor
Jeddah, Saudi Arabia

**SURVEY OF NEEDS FOR ASSISTIVE
AND MEDICAL DEVICES FOR OLDER
PEOPLE IN SIX COUNTRIES OF THE
WHO WESTERN PACIFIC REGION**

China, Japan, Malaysia, the Philippines,
the Republic of Korea and Viet Nam



Commissioned by Melbourne Australia and the Royal Australasian College of Surgeons
by the World Health Organization (WHO)

**Systematic review of needs for
medical devices for ageing population**

Commissioned to the Australian Safety and Efficacy Register of New International
Procedures - Surgical (ASERNIP-S) by the World Health Organization (WHO)



Report WHO Global Forum on Innovations
for Ageing Populations

10-12 December 2013 Kobe, Japan



REPORT ON THE 2ND WHO GLOBAL FORUM ON
INNOVATION FOR AGEING POPULATIONS

**IMAGINE
TOMORROW**

KOBE, JAPAN | 7-9 OCTOBER 2015



**MEASURING THE
AGE-FRIENDLINESS
OF CITIES**

A GUIDE TO USING CORE INDICATORS

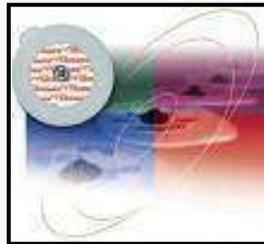
Ecosystem of Patient-Centered Technologies

Patient Education and Support



Remote Patient Monitoring

Medication Management



Social Networks



Apps and Gaming



Personal Health Records

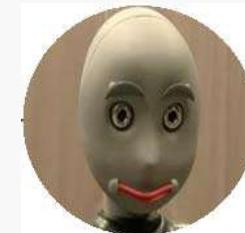
Provider and Caregiver Communications

Sensors



mHealth

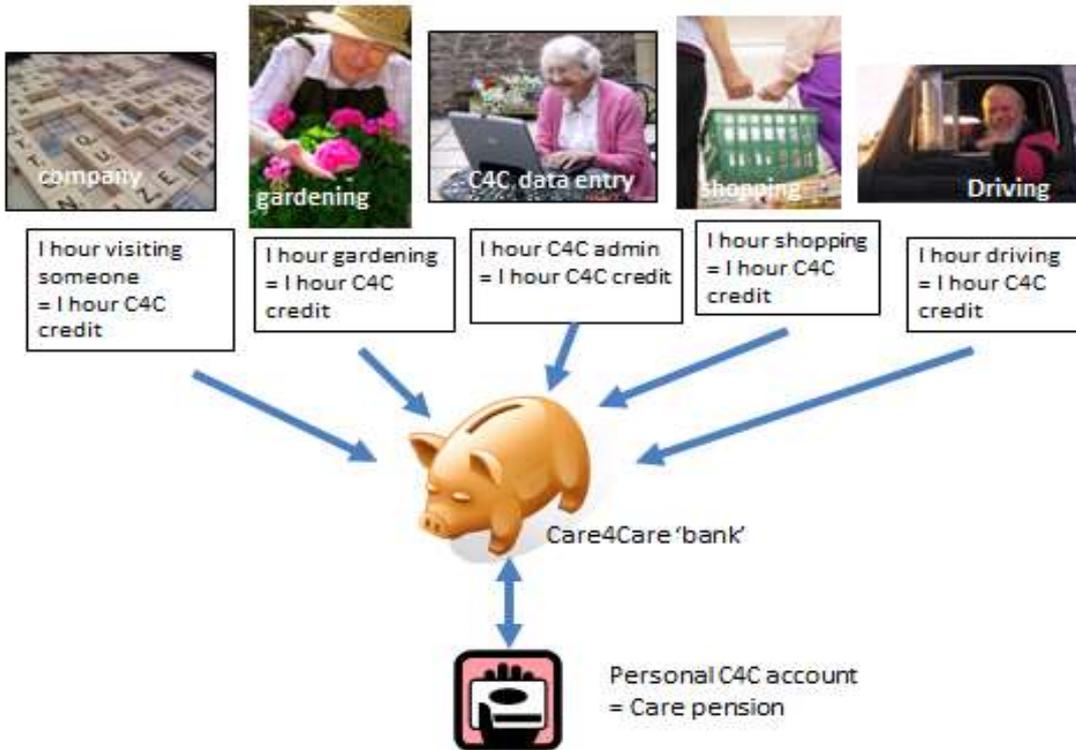
Mood and Depression Scanners



Assistive Technologies



Portable Clinic
One Community One Clinic





Form 1
Commencing
(起式)



Form 2
White crane spreads its wings
(白鶴亮翅)



Form 3
Brush knee and twist step
(左右擦膝步)



Form 4
Hand strums the lute
(手揮琵琶)



Form 5
Step back and waist arms
(倒卷肱)



Form 6
Work at shuttles on both sides
(左右穿掌)



Form 7
Needle on the sea bottom
(海底針)



Form 8
Wave hands as clouds
(雲手)



Form 9
Push down and lift one leg
(金雞獨立)



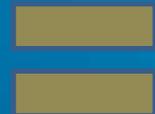
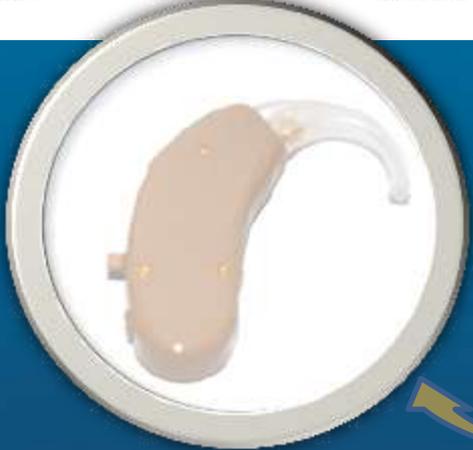
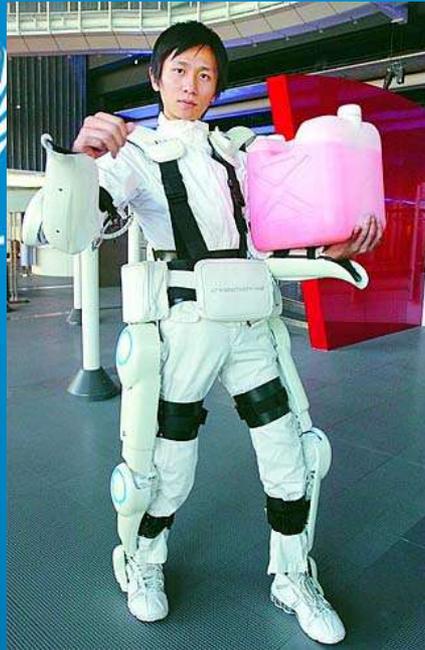
Form 10
Turn and kick with heel
(左右蹬腳)



Form 11
Stake ears with both fists
(雙峰貫耳)



Form 12
Closing
(收式)

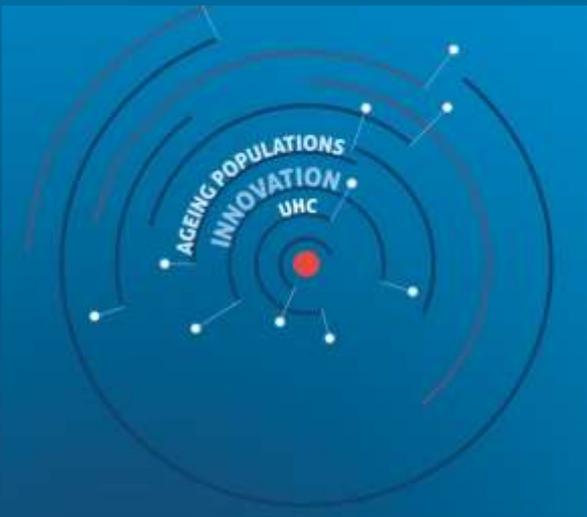




World Health
Organization

Centre for Health Development

WHO Kobe Centre's New Strategy, 2016-2026



WHO Kobe Centre WHO神戸センター



A WHO Global Research Centre
世界で唯一のWHOの研究センター

● *Our Mission*

To research and foster innovative solutions and translate them into policies and actions to achieve sustainable universal health coverage, in particular for ageing populations.



● *The Centre...*



Contributions of WHO Kobe Centre

- Information and evidence for change
- Collaboration with international and Japanese academia and organizations
- Lessons from Japan and to Japan
- Working across sectors and disciplines
- Health systems, UHC
- Focus on equity, governance, accountability
- Social values and inter-connectedness



Strategic Objective 1

Support cross-cutting research that leads to transformation of health and social delivery systems to enable the sustainability of UHC in light of the needs of older persons



Strategic Objective 2

Stimulate frugal social, technological and systems innovations that help older populations better manage functional and cognitive decline over time



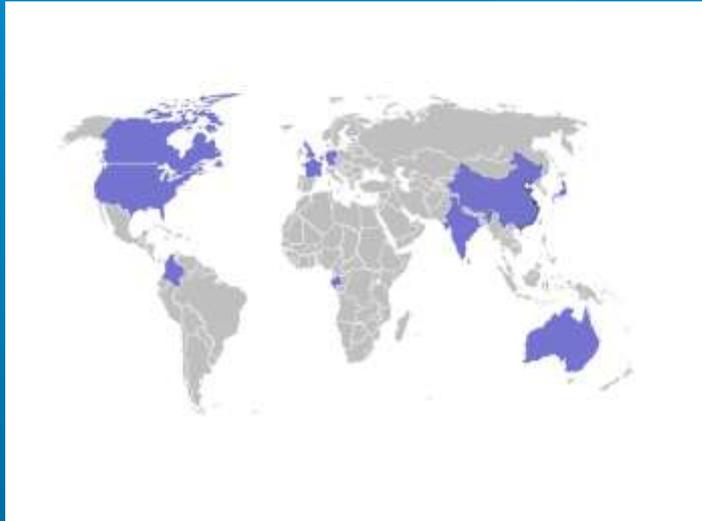
WHO Kobe Center Research

UHC, Innovation, Ageing

- ❑ **Government planning and policies for ageing societies + UHC: health and social system organization**
- ❑ **Community-based care and support models**
- ❑ **Health/social workforce**
- ❑ **Dementia: early diagnosis; social innovations**
- ❑ **Promoting technological innovations**
- ❑ **Emergency preparedness: older populations**



WKC Internship/Volunteer Programme



Purpose of the Programme:

- Providing opportunities for graduate school students and junior professionals to work at WHO Kobe Centre

Interns

Volunteers





Questions ?



WHO 健康開発総合研究センター

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Follow us on @WHOKobe

Thank you.

