

## **Policy Discussion Meeting on UHC and Population Ageing**

**Leading Health Reforms in the 21<sup>st</sup> Century  
Universal Health Coverage (UHC), Ageing and Health Systems in ASEAN countries**

**17-18 July 2017**

**Yokohama, Kanagawa Prefecture, Japan**

*hosted and co-organized by Kanagawa Prefecture, Japan and  
WHO Centre for Health Development, Kobe, Japan,  
in collaboration with the Ministry of Health, Labour and Welfare, Japan*

### **Background**

The Sustainable Development Goals, agreed upon by all 193 member states of the United Nations, sets out an ambitious agenda for a safer, fairer and healthier world by 2030. The goals included a broad array of targets across different sectors. But one target in particular stands out across all SDGs as a unifying force for a healthier world: the target to achieve universal health coverage (UHC).

UHC is based on the principle that everybody, i.e., all individuals and communities, should receive the quality health services they need without suffering financial hardship. Making this a reality requires ensuring all people can access appropriate health services, skilled health workers and quality-assured medical products. Such services should be tailored to the populations that they serve, enabling people access while ensuring financial protection. Underpinning UHC are the concepts of resilience, quality, and equity, and functioning health systems imply strong primary care to ensure access.

Attaining UHC presents great opportunities for a new generation of health system reforms. Reforms to ensure the achievement of UHC focus on the organization and financing of health services and systems, understanding and addressing health inequities and their determinants, increasing the voice of end users of health services and communities, and adapting/responding to major new demographic, epidemiological, and environmental trends. One such trend is the rapid ageing of populations in many low, middle and high income countries worldwide. Central to all of these efforts is the ability to effectively work across and with many sectors and actors; focusing on strategies for governance; and mobilizing communities and stakeholders.

In this context, countries and communities must balance many competing demands and manage allocation of limited resources. UHC is a unique platform for moving towards all other health SDG targets. It is the ultimate expression of fairness and one of the most powerful social equalizers among all policy options. However, managing and implementing national and local reforms leading to desired results requires participatory leadership that recognizes and unifies around upon these values.

Rapid population ageing is a universal phenomenon. Countries need to consider the implications for designing their health and social delivery systems to meet current and future needs, modifying their environments to promote healthy ageing, and developing a set of coherent health/social policies to support older populations, with the ultimate goals of attaining UHC for all vulnerable groups. This presents important opportunities for

transforming health and social delivery systems, as well as ensuring that reforms to attain UHC are sustainable in the long run.

Political support for addressing the needs of ageing populations under the SDG agenda has grown with the Statements of the 2015 and 2016 G7 Summits, the 2016 G7 Kobe Health Ministers meeting Communique, the Roadmap for Healthy Systems, Healthy Lives initiative, TICAD VI, resolutions of the World Health Assembly, and initiatives such as the new Japanese Asian Health And Wellbeing Initiative, and supported by the Shanghai Declaration.

Planning for health and social delivery systems to support ageing populations towards UHC includes exploration and action on a set of interrelated issues. These include identifying a range of appropriate services; reviewing innovative models for such services (including community based integrated/coordinated services); discussing who and how such services can be structured (according to local context); financing options (public, private mix); the implications for required health (and social) workforce; promoting the design and use of technological innovations as part of the service delivery models; strategies for multisectoral action to enable functioning of older populations in their homes/communities; and strategies for enabling governance (e.g. community engagement, managing political economy, working with legislatures, etc.) for these services.

### **Lessons learned from Japan**

Over the past six decades, Japan has demonstrated to the world the possibility of living long and healthy lives. Japan's life expectancy increased from approximately 60 years of age in 1960 to 83 years in 2016 – the longest life expectancy in the world. Japan achieved universal insurance coverage for UHC in 1961 when it was not a wealthy country; it launched national long term care insurance in 2000; and it is a world leader in technological and social innovation. By 2050, the proportion of Japan's population over 60 is expected to exceed 40% -- including one million people over 100 years of age. However, along with success comes many new challenges. As a number of countries are catching up to Japan's rates of older populations (including China, Korea, Germany, Finland, and many others), the opportunities for sharing lessons and developing innovative solutions are great.

### **Leading Health Reforms in the 21<sup>st</sup> Century: Universal Health Coverage (UHC), Ageing and Health Systems in ASEAN countries –**

This meeting will be held with technical delegations of ASEAN countries, jointly hosted by Kanagawa Prefecture and the World Health Organization. The technical focus of the discussions will be UHC and rapid ageing in Asia. We hope to share evidence and good case models on UHC and rapid ageing among ASEAN countries to consider future regional cooperation.

Within Japan, Kanagawa Prefecture has the country's fastest growing older population, and has led many technological and social innovations to support older people. Kanagawa Prefecture and WHO jointly conducted 1<sup>st</sup> UHC Leadership Capacity Building Programme with several ASEAN countries in Kanagawa Prefecture (Yokohama and Shonan Village), in March 2017. This Programme was a step to assist them develop trajectories (or roadmaps) for health system design, service delivery and financing in their contexts.

**Objectives of the meeting**

1. Advance the discussions at the technical level
2. Share national/local decision making to lead, advocate, advance, design and implement reforms and programmes to transform health/social service delivery systems for ageing populations to attain UHC.
3. Share lessons and insights from Japan and among ASEAN countries for systems to respond to the needs of ageing populations
4. Provides lessons and examples from leading countries (e.g., Japan, Singapore) and from WHO synthesized knowledge for major components of health and social service systems design to support ageing populations: a) identifying a wide set of potential required services (coverage) b) models of delivery systems (and tailoring to each country needs); c) financing strategies d) health workforce implications e) use of technology and f) related enabling governance strategies.
5. Share information and experience among countries to enable countries to develop initial trajectories (or roadmaps) for pursuing actions in their countries.

**Technical updates and sharing of lessons**

- a. Tactics/strategies for designing policies and programmes for ageing populations towards UHC (policy environment)
- b. Identifying benefit/services needed in each country to support ageing populations, leading to a package for coverage (public sectors) to attain UHC (including linkage to NCDs)
- c. Exploring health and social integrated service delivery models; social innovations (including place of long term care services; engaging across sectors)
- d. Implications for health workforce development
- e. Options for health care financing
- f. Use of health technologies

Above include discussions of optimized governance (including community engagement, political economy factors)

From Japan, contributions to the above, as well as:

- Introduction of Japanese Integrated Community based Care System for the Elderly
- Kanagawa Health Care New Frontier Initiative- ME-BYO concept
- Technological innovations
- High level strategies for health systems strengthening, and securing commitment and resources.
- Design of health/social services linked to achieving UHC

**Date and time**

Monday, 17 July 2017, 09:00 to 17:00 and Tuesday, 18 July 2017, 09:00 to 14:00

**Venue**

Hotel Mielparque Yokohama, Kanagawa Prefecture, Japan

<https://www.mielparque.jp/yokohama/en/>

## Draft Agenda

**Monday, 17 July 2017 (Venue: Kohaku, Hotel Mielparque Yokohama)**

- 09:00-09:30    Opening and Welcome  
                     The Representative of Kanagawa Prefecture  
                     The Representative of WHO  
                     The Representative of Ministry of Health, Labour and Welfare of Japan
- 09:30-10:00    Group Photo
- 10:00-12:00    **Session I: Impact of Population Ageing for achieving UHC**  
                     Chair and lead by Mr Hiroyuki Yamaya, MHLW, Japan and Dr Hidechika Akashi, NCGM, Japan
- Presentation:  
                     “Sustainable Universal Health Coverage in the context of population ageing” by Dr Sarah Louise Barber, WKC/WHO  
                     “Thai experience on UHC” by Dr Eakchai Piensriwatchara, Ministry of Public Health, Thailand
- Panel Discussion: WHO, NIPH, JICA, ASEAN country representatives
- General Plenary Discussion
- Focus:  
                     The Asia-Pacific region is among the most rapidly ageing parts of the world. The achievement of Universal Health Coverage (UHC) has implications beyond the health sector. In this context, intersectoral collaboration and integrated care are key component of systems reforms in a context of ageing population. Developing sustainable systems that respond to the needs of older populations will also require planning ahead to promote health at all ages; financing systems that protect older populations from catastrophic health care spending; and paying health care providers and systems to align payments with quality continuous care as well as linkages with communities.  
                     This session aims to discuss how countries can better plan ahead for the major demographic and social challenges they will face in the foreseeable future.
- 12:00-13:30    Lunch Seminar  
                     Presentation and demonstration "Technological Innovation"  
                     - By Dr Shinichi Tokuno, The University of Tokyo  
                     - By Dr Taro Yokoyama, Yokohama Municipal Citizen's Hospital
- 13:30-14:00    Keynote Speech “ME-BYO Concept and Medical Innovation School” by Mr Yasuo Otani, Special Advisor to Governor of Kanagawa Prefecture

14:00-16:00 **Session II: Innovation for Health and Care Services for Ageing Populations**  
Chair and lead by Prof. Shunsaku Mizushima, Yokohama City University and  
Mr Shinjiro Nozaki, WKC/WHO

Presentation:

"WHO new conceptualisation of Healthy Ageing and its implications for  
innovation" by Dr John BEARD, ALC/WHO

"Overview the University of Tokyo Center of Innovation 'Self-Managing Healthy  
Society'" by Dr Ung-il Chung (Yuichi Tei), The University of Tokyo

"Building Communities of Care for Singapore's Ageing Population" by  
Ms Nadine Chia En Hui, Ministry of Health, Singapore

Panel Discussion: NCGM, WHO, Kanagawa, ASEAN country representatives

General Plenary Discussion

Focus:

ASEAN nations span a broad range of demographic profiles, from relatively  
young to rapidly ageing societies. At the same time, demographics dividend  
require anticipating future needs of the health, social care and welfare systems,  
and planning for a more aged society is a policy essential for all ASEAN countries.  
Most of countries are struggling to integrate and harmonize health and care  
services for ageing populations in the community. There is a need to discuss the  
potential of social/system innovation, technological innovation and life design  
innovation to provide better integrated health and social services.

This session aims to discuss the need for countries to reform health and social  
systems, and promote integrated care services to support ageing populations.

16:30-17:00 **Session III: Summary and closing**  
Chair and lead by Mr Shinjiro Nozaki, WKC/WHO  
Key concluding points by: Director WKC/WHO, Director ALC/WHO,  
Representative of collaborators  
Interventions from ASEAN country representatives  
Closing by Dr Sarah Barber (WKC/WHO)

18:00- **Reception at "Hisui" at 1<sup>st</sup> floor of Intercontinental Yokohama Grand**

**Tuesday, 18 July 2017**

**\*We will leave the hotel by bus at 0930. Please come to hotel lobby at 0915.**

- 09:00-13:00 Site visit to Life Innovation Centre and related facilities for Health Care New Frontier Initiative in Kawasaki, Kanagawa Prefecture
- Tour of Central Institute for Experimental Animals CIEA, guided by CEO Dr Nomura, Director Hata & Deputy Director Ito
  - Life Innovation Center (LIC) : Briefing on Kanagawa Prefecture's Policies by Director Mr Ohki and Briefing on outline of CDIJ, LIC tenant company, by Senior Manager Tsuzuki
  - Tour of LIC (lounge, open labs)
- 13:00-14:00 Lunch and end of the meeting