

Advisory Committee of the WHO Center for Health Development (ACWKC) | November 16 & 17, 2017

21st Meeting Summary

WHO CENTER FOR HEALTH DEVELOPMENT (WHO KOBE CENTER)

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Executive Summary

The WHO Centre for Health Development (WHO Kobe Center—WKC) was established in 1995 with the support of the Kobe Group and endorsement by the WHO Executive Board. The WKC's strategy for 2016-26 is to conduct research and synthesize evidence about health systems and innovations, particularly in light of population ageing, to accelerate progress towards Universal Health Coverage (UHC).

The 21st Meeting of the Advisory Committee for the WKC (ACWKC) met on 16-17 November, 2017, in Kobe, Japan. Established in 1996, the ACWKC meets annually to discuss the research program of the WKC and strategic priorities. Membership is comprised of representatives from each of the WHO Regions, the host country, the local area, and the Kobe Group.

The meeting discussed progress on the Center's strategic objectives for 2016-17; research achievements to advance UHC, ageing related metrics, innovations, capacity building activities and the knowledge hub. A special lunch session was organized to present the Center's dementia research project. At the end of the meeting, a technical discussion was held on monitoring UHC in light of population ageing.

At the conclusion of the meeting, the ACWKC Chair, Professor Dame Sally Davies, presented the Committee's conclusions and recommendations. The ACWKC was pleased to note the progress over the past year and to discuss the strategy for the next period. It welcomed the new Director and the positive relationships and progress. Specific recommendations include:

- Developing a research plan aligned with the Center's Strategy for 2016-26, taking advantage of the WKC's strengths and comparative advantage, particularly to convene public and private stakeholders, while cognizant of the budget and human resource constraints. They noted the importance of closing the old agenda.
- Further advancing the cross-cutting theme of ageing in the context of UHC and innovations. Delivering this agenda will require collaboration and a strong focus on research quality and multi-sectoral action. The planned research goals should be reviewed to form a planned program of work rather than fragmented projects.
- Maximizing impact by taking advantage of key international events to align WKC products and programs to best leverage WKC's work.
- Developing a process to ensure sound research quality and methodology, including calling on the ACWKC to support the WKC and supply expertise on an ad hoc basis.

The ACWKC also made detailed recommendations for each of the Center's main technical areas (UHC, ageing and innovation) as well as recommendations for the dementia project and knowledge hub. The next meeting will take place in November 2018.



(left to right)

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

Dr Atsuko Uchinuno, Vice President, University of Hyogo, Japan

Dr Viroj Tangcharoensathien, Secretary General, International Health Policy Program Foundation, Thailand

Dr Irene Akua Agyepong, Public Health Specialist, Ministry of Health/Ghana Health Service, Ghana

Professor Dame Sally Davies, Chief Medical Officer (England) and Chief Medical Advisor to UK Government; Chief Scientific Adviser, Department of Health, United Kingdom

Mr Toshizo Ido, Governor, Hyogo Prefectural Government, Japan

Mr Kazuo Kanazawa, Vice Governor, Hyogo Prefectural Government, Japan

Dr Sarah Louise Barber, Director, WHO Kobe Centre

Professor Maged Elsherbiny, Senior Adviser, Higher Education in Direct Aid International, Kuwait

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

Dr Hiroyuki Hori, Senior Coordinator for Global Health, International Affairs Division, Minister's Secretariat, Ministry of Health, Labour and Welfare, Government of Japan

Opening

The Honorable Governor Toshizo Ido, Hyogo Prefecture, and the WHO Assistant Director-General for UHC and Health Systems, Dr. Naoko Yamamoto, opened the meeting with inspirational statements and guidance for the meeting. The participants concurred with the nomination of the Chair, Professor Dame Sally Davies, Chief Medical Advisor to the U.K. Government, and Rapporteur, Professor Maged Elsherbiny, Senior Adviser, Higher Education in Direct Aid International, Kuwait.

Strategic directions

Following the opening, the WKC Director, Sarah Louise Barber, provided a strategic overview of the Center's progress in 2016-17, and responded to the ACWKC's 2016 recommendations. An overview of the WKC's history was presented, including the evolution of WKC strategies since 1995, and the objective of the 2016-26 strategy to conduct research and synthesize evidence about health systems and innovations in light of population ageing to inform policy options and accelerate UHC. Key achievements in 2016-17 include support to the 2016 G7 Health Ministers' Meeting in Kobe, the 2017 ASEAN-Japan Health Ministers' Meeting, the WKC Forum on Assistive Technology, and the youth lecture series. Important progress was made on increasing research collaborations with both Japanese and international academia. The Center currently manages a research portfolio of US\$ 2.8 million, of which approximately half is dedicated to domestic research projects. Following the ASEAN-Japan Ministers' Meeting, the WKC launched a call for research proposals for 2018-19 on health systems responses to population ageing. The WKC established collaborations with Kanagawa prefecture to carry out three technical meetings per year, and it has made good progress on improving communications.

Resources available for 2016-17 include US\$ 8.5 million, of which 70% is dedicated to staff. Funding sources include the Kobe Group (94%), Japan Voluntary Contributions (3%), and other sources (3%). The Kobe Group also provides in-kind contributions including office facilities, utilities and equipment. The WKC receives no WHO Assessed Contributions or Core Voluntary Contributions.

In 2016, the ACWKC advised the WKC to focus and take a strategic perspective, expand research and partnerships, strengthen its role and functions, and improve the quality of its work. As a result, the WKC made progress in strengthening its core work as a research center. It has been proactive in strengthening its local and international partnerships, and initiated local capacity building and dissemination activities. For 2018-19, the WKC proposes to further prioritize by shifting toward UHC as the overarching framework for its research; phase out projects that are no longer in the current strategy (i.e., urban health), normative work, or work that duplicates other WHO units (i.e., age-friendly cities); move towards more coherent programs of research vs funding individual projects; strengthen the role of WKC staff in carrying out their own research programs, synthesizing evidence and maintaining knowledge hubs; and establish systems to improve the quality of research outputs.

The discussant, Mr. Kazuo Kanazawa, Vice Governor, Hyogo Prefecture, stressed the importance of local research collaborations, particularly the Kobe Dementia Study, highlighted the G7 meeting and follow-up events, and emphasized the importance of collaboration with local academia, businesses, and dissemination of the research in Japanese. The ACWKC members discussed the challenges and capacities needed to become a research center; the balance between supporting local and global academia; the

unique model of the WKC, which involves global experts, national and local government and the business community; the importance of establishing metrics to measure success; and the need to synthesize knowledge as a core part of WKC work. The WKC could also maximize impact by taking advantage of important international events, including the Rugby World Cup 2019 and Tokyo Olympics 2020, to increase WKC visibility.

Overview of technical sessions

Universal Health Coverage in light of population ageing

The WKC introduced two objectives for their research program in UHC: how service delivery systems can adapt continuously, and evidence about innovations that can accelerate health systems expansion to achieve functional ability, quality of life and a dignified end-of-life. Notable achievements in 2016-17 include the launch of several new projects: a global rapid scoping review on service delivery for end-of-life care; the creation of an assessment instrument to evaluate care skills training amongst Japan's migrant long-term care workers; and the development of care strategies for disaster survivors. A special supplement of the journal *Health Policy and Planning* was also launched in 2017 under the theme of innovations for the enhancement of health, social, policy and financing systems and human capital to accelerate UHC in light of population ageing.

In 2018-19, the WKC's research will encompass work on sustainable financing, the private sector's role in UHC, end-of-life care, technological innovations for ageing populations, non-communicable diseases and long-term mental illnesses as well as research into the context and systems for UHC in ASEAN countries in light of pressures brought about by population ageing. A knowledge hub for the dissemination of this research knowledge will be initiated in 2018.

The discussant, Dr. Viroj Tangcharoensathien, Secretary General of the International Health Policy Program Foundation, Thailand, emphasized the importance of improving program coherence by concentrating on specific cross-cutting topics so as to maximize impact with limited funding and building on existing projects rather than launching new small projects. With this focus, the WKC's research and dissemination strategy could target research areas that would offer the greatest policy potential and leverage for change. The discussions also included how to maximize collaborative partnerships with local and international academia, such as comparing the end of life care in Japan with the situation in low and middle income countries (LMICs), better disseminate research results for policy-makers and the public, and developing a long term plan.

Ageing: Metrics, Tools, and Learning from Japan

The WKC presented an overview of three research topics on ageing: metrics and tools development, equity assessment, and lessons learned from Japan. Notable achievements in 2016-17 include the initiation of the three-year Kobe Dementia Study and the Japan Gerontological Evaluation Study Knowledge Management Project, and dissemination of the final outcomes of the WKC's Age-friendly City Indicators Project. Plans for the next biennium include a joint project with the OECD on a global analysis of disability among older people, and two projects led by Japanese research institutions: "big data"

analysis to evaluate health care provision for older people, and strengthening hepatitis C detection and treatment.

The discussant, Professor Soonman Kwon, Department of Health Policy and Management, School of Public Health, Seoul National University, Korea, stressed the importance of linkages with other organizations including the OECD, World Bank, and IHME. Other key issues raised include examining health equity among older adults, with attention to different vulnerability profiles (e.g., poverty, disability), the effects of lifetime exposures, and the social determinants of health. The group mentioned a very wide range of possible research questions on various aspects of current health systems and their responsiveness to the demands that emerge through population ageing. They also noted that research on global comparisons of health financing and expenditures in older age groups is an important but particularly challenging area due to the data requirements and the diversity of health and social care contexts for older people across countries.

Innovations

The WKC presented its progress report for 2016-17, highlighting the objective to research and scale-up policy, social and technological innovations that accelerate UHC. The main projects pursued in 2016-17 included: drafting a book chapter on Technological and Social Innovations in ageing Asia, establishing prioritization criteria for horizon scanning in health technology assessment, carrying out ten case studies and a systematic review of Community-based Social Innovations for older adults, and commissioning research about assistive technologies to improve functional ability in Japan. In 2018, the WKC intends to identify possible research strategies to advance innovation for UHC.

The WKC Director presented innovations as defined within the context of the WHO's General Program of Work 2019-23, as new ways of addressing problems to accelerate the progressive realization of UHC, particularly in LMICs. She emphasized the relationships between Healthy Life Expectancy (HLE) and the strength of the health system. For example, for the 59 countries where HLE is below 60 years of age, the main health barriers to HLE are child mortality and infectious diseases. In these settings, innovations are being developed to extend the reach of the health system. Some key research areas could include identification of the critical needs for innovative solutions and priorities, documenting inequalities, evaluations of impact, operational research, and learning from other countries.

The discussants were Dr. David Lindeman, Director of the Health Center for Information Technology Research in the Interest of Society, University of California, Berkeley, and Professor Maged Elsherbiny, Senior Adviser, Higher Education in Direct Aid International, Kuwait. They stressed the importance of leadership in the area of low cost high quality technology; screening some types of technology; the evaluation of scalability, sustainability; and generating evidence. They noted the importance of co-design with older populations, their families and caregivers; cultural barriers especially in LMICs; the health impact of non-health technologies, such as autonomous vehicles; public private collaborations; and matching Japanese universities with other countries. Other issues raised during the discussion included the importance of maximizing the WHO's convening authority to pull together different stakeholders; addressing both low and high cost innovations; addressing the outcomes of quality of life and functional autonomy; scaling up existing cost-effective technologies; and recognizing facilitating factors within the health system.

Capacity building and knowledge hub

The WKC presented its progress in capacity building activities, partnerships and the knowledge hub in 2016-17. Two capacity building programs were successfully implemented in collaboration with Kanagawa Prefecture in March and July 2017, and three programs will be carried out in 2018. The WKC expanded its partnerships with academia through new research on UHC, Innovation and Ageing. More than 200 international researchers joined the launch meeting of new research in 2016. Some 22 local academic institutions are currently engaged under the WKC implementation research scheme, and 46 academic institutions submitted proposals under the WKC ASEAN research call for proposals, which was launched at the ASEAN-Japan Health Ministers Meeting on UHC and Population Ageing in July 2017. In addition, the WKC has started collaborative research with international partners such as Rand Europe, the OECD, the ADB, Oxford Press, Kings College and University of Singapore. The WKC is now considering how to disseminate its research outcomes and create a “Knowledge Hub.”

The discussant, Dr. Irene Agyepong, Public Health Specialist, Ministry of Health in Ghana, and the group discussed the need to have clear objectives, a plan, and a means of evaluation for the knowledge hub. They recommended that capacity building activities in particular need to be linked into the longer term research plan and program of work rather than isolated trainings and meetings. The WKC should consider carefully the establishment of the knowledge hub and the implications for financial investments and human resources required for sustainability and maintenance.

The Kobe Dementia Study

The WKC organized a special lunch session to follow up on the ACWKC 2016 recommendations about the Kobe Dementia Study. Dr. Yoji Nagai, Professor, Kobe University and the Principal Investigator of this study, was invited to present progress, including the study design, amendments from 2016, and the approval of the local and WHO Research Ethics Review Committees. The WKC also developed a point by point response to 12 questions and recommendations from the 2016 ACWKC meeting.

The discussion focused on the complexity of the research, with four overlapping projects that have slightly different end-points, making it difficult to disentangle the outcomes and to publish the findings. There was significant concern about the fourth study regarding a multimodal intervention, small sample size, and the measurement of impact without a control group or valid comparison group. It was felt that non-responders could be a valuable source of data. In addition, the cognitive functioning instrument needed to fit the Japanese cultural context.

Special session: UHC in light of population ageing

This special session was informed by a discussion paper prepared by the WKC, which highlighted considerations for global and country monitoring of UHC in light of trends in population ageing. Presentations by the WKC and by Dr. Somnath Chatterji and Dr. John Grove, Department of Information, Evidence and Research (IER) in WHO Headquarters, elaborated on several key issues. These include the relevance of the tracer conditions, health system capacities and financial protection measures currently included in the global UHC index, the appropriateness of the specific indicators, the measurement of effective coverage across multiple conditions; and implications for country level monitoring.

The ACWKC members emphasized the perspective of low-income countries for whom expanding data collection specifically on older adults would not be an immediate priority. Rather, insights from data-rich countries, i.e., Japan and the UK, could be useful in identifying the most appropriate measurement strategies to accurately capture data needs for countries facing population ageing, including routine administrative data and household surveys. Such work could usefully inform other countries as they invest in data infrastructure. Country specific surveys could provide critical information to address such measurement challenges. The WKC project on the Japan Gerontological Evaluation Study as well as the Thai health survey on older adults could provide useful starting points.

The group raised some important considerations for future research, including defining the desired endpoints of UHC in ageing populations (e.g., functional status, post-acute care, access to medicines and assistive technology); addressing aspects of health care that are particularly important for older adults (e.g., home care, social support); expanding the notion of health expenditure to include the costs of social care (and considering how to account for informal care); redefining thresholds for determining care-related financial hardship for older people; measuring unmet needs for care (due to financial hardship); analyzing equity in healthcare utilization and outcomes; measuring the social determinants of health in older age; and examining the life course to identify early intervention points for ensuring healthy ageing. The WKC and IER agreed to work together in this area of research starting in 2018.

Conclusions and recommendations

The ACWKC Chair, Professor Dame Sally Davies, presented the conclusions and recommendations. The ACWKC was pleased to note the progress over the past year and discuss the strategy for the next period. They welcomed the new Director and the positive relationships and progress.

In summary, the ACWKC supported WKC's new directions and the cross-cutting theme of ageing in the context of UHC and innovations. They recommended developing a research plan aligned with the Center's Strategy for 2016-26, taking advantage of WKC's strengths and comparative advantage, particularly to convene public and private stakeholders, while cognizant of the budget and human resource constraints. They noted that it is important to close the old agenda. Delivering this agenda will require collaboration and a strong focus on research quality and multi-sectoral action. The planned research goals should be reviewed to see if they can be a planned program of work rather than fragmented projects. The ACWKC also recommended maximizing impact by taking advantage of key international events to align WKC products and programs to best leverage the WKC's work. They also recommended developing a process to ensure sound research quality and methodology, including calling on the ACWKC members to support the Center and supply expertise on an ad hoc basis.

For the technical area of UHC, the ACWKC supported the focus on UHC from a global perspective in alignment with the WHO's priorities, with an emphasis on regional priorities and ageing. They endorsed the priority areas proposed by the WKC that could be built into a long-term research plan including assistive technology, disabilities, intersectionality (overlap of different vulnerability profiles), end-of-life care, and the role of local government. The ACWKC recommended that the Center should emphasize horizon scanning, evidence-based outcomes, and rigorous but appropriate metrics in selecting and evaluating program areas.

For the technical area of ageing, the ACWKC recognized the global importance of ageing and demographic change, and the lack of other global champions of research on population ageing and their implications for UHC. Thus, they commended the WKC for this area of research as its highest priority. They encouraged studies into equity (over the life course, rural vs urban), health governance (especially local level), global comparisons on disabilities, and the continuum of care from prevention/wellness, management of multiple comorbidities, right through to the end-of-life. They noted that on many of these issues, Japan's experience can offer valuable insights. They also recommended that the Center consider the Availability, Accessibility, Acceptability and Quality (AAAQ) framework in measuring unmet needs of older adults in health, social care and other welfare support, as well as effective coverage. Specifically in regard to the proposed project using big data analysis, they emphasized the importance of examining healthcare outcomes.

For the technical area of innovations, the ACWKC commended the Center for its focus on frugal innovations, including digital health. They emphasized that scaling, replication, technology transfer, and sustainability are central to success. They recommended that the focus of innovation should be considered through a series of lenses and conceptual models that would address issues such as co-design by end users to maximize access and efficiency based on local contextual factors, e.g. culture, behaviors, convenience, and costs. The ACWKC suggested that the WKC consider establishing a series of grand challenges based on global priorities for ageing innovations and technologies. They also recommended policy and social innovations as a priority for LMICs and, therefore, a key focus for WKC. In terms of the Kobe Dementia Study, the ACWKC commends Kobe City and Kobe University for their leadership and involvement in this project. They recognize dementia as a very important issue globally, and the project has the potential for regional and worldwide impact. The ACWKC would like the study to be the best that it can be. Therefore, it recommends a further expert review to strengthen the methodology for study 4.

In terms of capacity building, the ACWKC welcomes the continuing support from the Kanagawa prefectural government. To further the work of the WKC, it will be important to review the goals and audiences for this program in the future design. The Committee also welcomed the renewed focus on dissemination and communication, and look forward to seeing the objectives, plan and evaluation for the knowledge hub. They recommended maximizing the use of ongoing case studies on Community Based Social Innovations and access to innovation by older people from the *Health Policy and Planning* journal special supplement to consider the medium of dissemination, e.g. podcasts or regular briefings. Regarding the knowledge hub, important decisions will be needed about the level of interactivity. Consideration should be given to having private sector partners. The budget and human resource needs will have to be appropriate to the model and its ongoing maintenance.

Annexes

Annex 1. Meeting program

Annex 2. Participants

Annex 3. Technical briefs

UHC

Ageing: Metrics and lessons from Japan

Innovations

Annex 4. Concept notes

Innovation on UHC and population ageing

Monitoring UHC in light of population ageing

Annex 5. Project briefs

Kobe Dementia Study

Community-Based Social Innovations

Japan Gerontological Evaluation Study

Long-term Psycho-social Impact of Disaster Survivors

Annex 1: Meeting Program

16 November 2017

09:00–09:30	<p>Opening of the meeting</p> <p>Welcome address</p> <p>Welcome remarks</p> <ul style="list-style-type: none"> – Representative from the Kobe Group – Representative from WHO 	<p>(Agenda item 1)</p> <p>Dr Sarah Louise Barber Director, WKC</p> <p>Hon. Toshizo Ido Governor Hyogo Prefecture</p> <p>Dr Naoko Yamamoto Assistant Director-General WHO (Video message)</p>
09:30–09:45	Group photo	
09:45–10:00	<i>Coffee and Tea</i>	
10:00–10:15	<p>Introduction of ACWKC members & statutory business</p> <ul style="list-style-type: none"> – Remarks by Chairperson, ACWKC – Appointment of rapporteur – Adoption of Agenda 	<p>(Agenda item 2)</p>
10:15–11:15	<p>Strategic Overview of the WKC in 2016–2017 & update on 2016 ACWKC Recommendations</p> <ul style="list-style-type: none"> – Questions and discussion 	<p>(Agenda Item 3)</p> <p>Dr Sarah Louise Barber</p> <p>Lead discussant Mr Kazuo Kanazawa</p>
11:15–12:30	<p>Research Topic 1: UHC</p> <ul style="list-style-type: none"> • Progress report • Proposed programme 2018–19 • Questions for discussion 	<p>(Agenda item 4)</p> <p>Dr Paul Ong Technical Officer, WKC</p> <p>Lead discussant Dr Viroj Tangcharoensathien</p>
12:30–13:00	<i>Lunch</i>	

13:00–14:00	<p><i>Special lunch session: Kobe Dementia Project</i></p> <ul style="list-style-type: none"> • Follow up for the comments from ACWKC 2016 • Progress of research project 	<p>Prof Yoji Nagai Professor Kobe University Hospital</p> <p>Dr Ryoma Kayano Technical Officer, WKC</p>
14:00–15:15	<p><i>Research Topic 2: Ageing</i></p> <ul style="list-style-type: none"> • Progress report • Proposed programme 2018–19 • Questions for discussion 	<p><i>(Agenda item 5)</i> Dr Megumi Rosenberg Dr Ryoma Kayano Technical Officers, WKC</p> <p>Lead discussant Prof Soonman Kwon</p>
15:15–15:45	<p><i>Coffee and Tea</i></p>	
15:45–17:00	<p><i>Research Topic 3: Innovation</i></p> <ul style="list-style-type: none"> • Progress report • Proposed programme 2018–19 • Questions for discussion 	<p><i>(Agenda item 6)</i> Dr Sarah Louise Barber Mr Loic Garcon Technical Officer, WKC</p> <p>Lead discussant Dr David Lindeman Prof Maged Elsherbiny</p>
17:00–17:30	<p>Wrap up Day 1</p>	<p>Chairperson</p>
17:30	<p>Meeting adjourned</p>	
18:00	<p>Reception</p>	

17 November 2017

09:00–09:15	Recap Day 1/Programme	Chairperson
09:15–10:15	Capacity Building, Knowledge Hub and Partnerships <ul style="list-style-type: none"> • Progress report • Proposed programme 2018–19 • Questions for discussion 	(Agenda item 7) Mr Shinjiro Nozaki External Relations Officer WKC Lead discussant Dr Irene Agyepong
10:15–11:00	<i>Coffee Break</i>	
11:00–11:45	Conclusion/Recommendations	(Agenda item 8)
11:45–12:00	Other matters – Dates of 22 nd meeting of ACWKC (2018) – Any other business	(Agenda item 9) Chairperson
	Close of the meeting	(Agenda item 10) Chairperson
12:00–13:30	<i>Lunch</i>	

15:00–17:00	Special session: Brain storming for measurement for UHC in light of population ageing <ul style="list-style-type: none"> • Overview of Global Monitoring of UHC • Reflections on current Global Monitoring framework from a population ageing perspective • Discussion and brainstorming 	Dr Sarah Louise Barber Dr Megumi Rosenberg Dr Somnath Chatterji, WHO/HQ Dr John Grove, WHO/HQ

Annex 2: Participants

ACWKC Members

Dr Irene Akua Agyepong, Public Health Specialist, Ministry of Health/Ghana Health Service, Ghana

Professor Dame Sally Davies, Chief Medical Officer (England) and Chief Medical Advisor to UK Government;
Chief Scientific Adviser, Department of Health, United Kingdom

Professor Maged Elsherbiny, Senior Adviser, Higher Education in Direct Aid International, Kuwait

Dr Chieko Ikeda¹, Senior Assistant Minister for Global Health, Minister's Secretariat, Ministry of Health,
Labour and Welfare, Japan

Mr Kazuo Kanazawa, Vice Governor, Hyogo Prefectural Government, Japan

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

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

Dr Viroj Tangcharoensathien, Secretary General, International Health Policy Program Foundation,
Thailand

Dr Atsuko Uchinuno, Vice President, University of Hyogo, Japan

Guests

Hon. Toshizo Ido, Governor, Hyogo Prefecture, Kobe, Japan

Dr Yoji Nagai, Professor and Director, Clinical and Translational Research Center, Kobe University Hospital

Dr Hiroyuki Hori, Senior Coordinator for Global Health, International Affairs Division, Minister's
Secretariat, Ministry of Health, Labour and Welfare, Government of Japan

Kobe Group

Dr Mitsuaki Yamamoto, Chief Executive Officer, Health and Welfare Department, Hyogo Prefectural
Government

Mr Norihiro Yabumoto, Director General, Public Health Bureau, Health and Welfare Department,
Hyogo Prefectural Government

Dr Wakiko Ajiki, Director, Medical Affairs Division, Public Health Bureau, Health and Welfare
Department, Hyogo Prefectural Government; Secretary General of the WKC Cooperating
Committee

Mr Koji Yamamoto, Group Leader, Policy Planning and Coordination Group, Medical Affairs Division,
Public Health Bureau, Health and Welfare Department, Hyogo Prefectural Government

Mr Yukihiro Fujita, Policy Planning and Coordination Group, Medical Affairs Division, Public Health
Bureau, Health and Welfare Department, Hyogo Prefectural Government

Ms Tomoko Miyagawa, Secretariat of the WKC Cooperating Committee (JCC)

Mr Masao Imanishi, Chief Operating Officer, Biomedical Innovation and New Industry Headquarters,
City of Kobe

Mr Masafumi Mieno, Director, Biomedical Innovation Cluster Department, Biomedical Innovation and New Industry Headquarters, City of Kobe

Mr Kenichi Tamiya, Director, Biomedical Policy, Biomedical Innovation and New Industry Headquarters, City of Kobe

Mr Yasuyuki Suda, Manager, Biomedical Innovation Cluster Department, Biomedical Innovation and New Industry Headquarters, City of Kobe

Ms Yumiko Kodera, Assistant Manager, Research Division, Biomedical Innovation Cluster Department, Biomedical Innovation and New Industry Headquarters, City of Kobe

Ms Mizuki Kitano, Research Division, Biomedical Innovation Cluster Department, Biomedical Innovation and New Industry Headquarters, City of Kobe

Mr Kazuya Obe, Vice Chairman of International Business Committee, Kobe Chamber of Commerce and Industry

Mr Yasutoshi Hiraoka, Director, General Manager of Industry Division, Kobe Chamber of Commerce and Industry

Mr Tetsuji Kojima, Principal Planner, Primary Care Business Development, Business Strategy Development, Sysmex Corporation

Mr Tetsu Miyazaki, Industry Division, Kobe Chamber of Commerce and Industry

Mr Koichi Mizukami, General Manager, General Administration Department, Kobe Steel, Ltd.

Mr Kenji Nasada, Manager, General Administration Group, General Administration Department, Kobe Steel, Ltd.

Mr Takanobu Emura, Manager, General Administration Group, General Administration Department, Kobe Steel, Ltd.

WHO Kobe Centre

Dr Sarah Louise Barber, Director

Mr Loïc Garçon, Technical Officer

Dr Ryoma Kayano, Technical Officer

Mr Shinjiro Nozaki, External Relations Officer

Dr Paul Ong, Technical Officer

Dr Megumi Rosenberg, Technical Officer

Dr Johannes Sommerfeld, Scientist ¹

Ms Mamiko Yoshizu, Communications Officer

WHO Headquarters (participation via video conference)

Dr Somnath Chatterji, Scientist, Information, Evidence and Research, UHC and Health Systems

Dr John Grove, Director, Information, Evidence and Research, UHC and Health Systems

1. Unable to attend