

## Meeting Report

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

## A Policy Discussion Meeting

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*

A Policy Discussion on Leading Health Reforms in the 21<sup>st</sup> Century - Universal Health Coverage (UHC), Ageing and Health Systems in ASEAN Countries was 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 in Yokohama, Kanagawa Prefecture, Japan, 17-18 July 2017. The writer was part of the WHO Centre for Health Development (WHO Kobe Centre, WKC) delegation to facilitate the event.

This technical consultation followed on the ASEAN-Japan Health Ministerial Meeting on Universal Health Coverage and Ageing Populations, Tokyo, Japan, 14-15 July 2017.

The Policy Discussion had the following objectives:

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.



Photo caption: Participants of the WHO Kobe Centre and Kanagawa Prefecture co-organized Policy Discussion Meeting on UHC and Population Ageing – Leading Health Reforms in the 21<sup>st</sup> Century joined by Kanagawa Prefecture’s Governor, Mr Yuji Kuroiwa, 17 July 2017.

Day 1 (17 July 2017) was dedicated to technical updates and discussions. In their deliberations, 19 participants in technical delegations from all 10 ASEAN member countries met with representatives of Kanagawa Prefectural Government, Japan’s Ministry of Health, Labour and Welfare, the ASEAN Secretariat and the World Health Organization (WHO Kobe Centre and Department for Ageing and Life Course). Two discussion sessions were framed by a panel of technical presentations made by the ASEAN delegations, academic experts from Japan, Kanagawa’s Prefectural Government and the World Health Organization. For the event, the WHO Kobe Centre had prepared two briefing papers – on Sustainable Universal Health Coverage for Ageing Populations in ASEAN Countries and Promoting Integrated Care Services for Older Populations in ASEAN Countries.

Session I focused on the Impact of Population Ageing for Achieving UHC. There is considerable political support for progressively realizing Universal Health Coverage under conditions of rapid population ageing in the region. However, ASEAN countries are at different stages of realization of UHC, and a great number of promising innovations (technological, social, systems innovations) are currently ongoing in ASEAN countries.

The session concluded that UHC realization is context dependent and needs to be tailored to the specific health and social systems as well as the larger economic, social, political and cultural aspects of each country. An important case model from Japan presented in Session I is Kanagawa Prefectural Government’s Healthcare New Frontier Initiative, a bundle of healthcare and industrial policies based on the concept of “Curing ME-BYO.” (citation?)

Session II addressed Innovation for Health and Care Services for Ageing Populations. Many ASEAN countries and Japan have adopted international conventions, strategies and action plans, e.g., the WHO Global Strategy and Plan of Action for Healthy Ageing, and international networks, e.g., the Age-Friendly City network. The presentations and discussions indicated that the process of UHC can in fact be leap-frogged through technological (and other forms) of innovation, ideally in combination with programmes focusing on health literacy and community engagement. Systems innovations can help optimize people-centred health care.

Big data, evidence and empirical research are much needed. Preliminary discussions focused on research themes to be addressed in the imminent WHO Kobe Centre call for Letters of Intent (LoIs) for ASEAN-led descriptive and implementation research.

- Service delivery configurations that promote quality of life, and address coordination between health and social sectors
- Funding UHC, and models in diversifying public funding for health service in light of population ageing
- Scenario planning: identification of different policy options and their impact on health ageing
- Private health care sector: size and scope in delivering health care services to older populations
- Age-specific health spending (i.e., 65 year+), and how spending is allocated across the health system
- Country-focused study: “rapid assessment” or country-specific study of issues in preparing for the “health system of the future”
- Applicability of program/social/technological innovations across different country settings

#### Future implementation research

- Human resources: evaluation of the impact of innovations on access and quality, particularly for older populations:
  - deployment and retention
  - “task shifting”
  - right balance “specialists” vs generalists
- Evaluating the impact of strategies to integrate care on quality of life/functional ability
- Assessment of financial protection mechanisms and their effectiveness in reducing OOP payments
- Evaluation of the impact of innovations and technologies:
  - extending the reach of the health and social system
  - promoting empowerment and participation
  - improving quality and efficiency

Day 2 (18 July 2017) allowed participants to conduct field visits to Kanagawa Prefecture’s Life Innovation Center (LIC) in Kawasaki City and other health institutes in Kawasaki City’s



Tonomachi International Strategic Zone. This was also an opportunity to see the almost finished construction of Kanagawa Prefectural Government's future Medical Innovation School which will aim at inviting ASEAN health policy makers to participate in its future Master of Public Health (MPH) program.



Photo caption: Participants of the WHO Kobe Centre and Kanagawa Prefecture co-organized Policy Discussion Meeting on UHC and Population Ageing – Leading Health Reforms in the 21<sup>st</sup> Century - visiting Kanagawa's Life Innovation Center in Kawasaki City, 18 July 2017.

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