

IMAGINING THE FUTURE

Innovations for sustainable universal health coverage

WKC STRATEGY, 2016-2026



**World Health
Organization**

Centre for Health Development

(Part of the WHO Headquarters, Health Systems and Innovation Cluster)

KOBE, JAPAN

BACKGROUND

The World Health Organization (WHO) Centre for Health Development (a.k.a. WHO Kobe Centre, WKC) was established in 1995 following a decision by the WHO Executive Board. Fully a part of WHO's Headquarters' Health Systems and Innovation Cluster, WKC has a global mandate **to conduct research into the health consequences and relationships between social, economic, demographic, epidemiological, environmental and technological change, and their implications for health policies.**

For the past 20 years, WKC conducted leading edge implementation and multi-disciplinary research into issues that reflect significant demographic, epidemiologic, social and health system transitions. Through its research WKC helps to demonstrate the place of health systems in society that assesses health needs from broader development perspectives, using intersectoral action to analyse and solve health problems, and to translate these into policy options for decision-makers to act.

WKC's strength is to be strategic and catalytic, reinforced by its mandate and emphasis on working across sectors and disciplines, by investigating the social, economic, political and environmental determinants of health, integrating equity considerations, and a commitment to promoting innovation. (Annex 1).

As a hallmark of its work, WKC focuses on anticipated emerging health and development issues, often not at the forefront of international or national attention. In its first decade, WKC drew lessons from the remarkable recovery and reconstruction of Kobe and Hyogo following the 1995 Great Hanshin Awaji Earthquake, and explored issues such as ageing, women's health, and urbanization. In its second decade, WKC led WHO's work on understanding the health and equity implications of urbanization and health, promoted new paradigms of intersectoral work in health and development, and launched new work on innovation for healthy ageing.

Recognizing the decision by its core supporters, the Kobe Group¹, to extend the WHO-Kobe Group original agreement supporting WKC, for an additional ten years, and grounded on a new assessment of emerging priority issues for health and development, WHO/WKC developed a new ten year research strategy for 2016 to 2026.

CONTEXT FOR WKC'S STRATEGY

EMERGING GLOBAL TRENDS AND NEEDS:

Understanding the present and building for the future

The Agenda 2030 Sustainable Development Goals (SDG), 2015-2030 provides an extraordinary opportunity for countries to further improve the health and welfare of populations, ensure inclusiveness and equity, to increase synergy of action across sectors, and to sustain progress. Progressively attaining **Universal Health Coverage (UHC)** in countries (a Target within the SDG for

¹ Since its inception, the Centre has benefited from the significant commitment and contribution of the Kobe Group (Hyogo Prefecture, Kobe City, Kobe Steel, Ltd., and the Kobe Chamber of Commerce and Industry).

Health²) requires action and transformation of health system design and implementation to achieve equity in health outcomes, and to ensure that all people and communities can access comprehensive health services of sufficient quality, without financial hardship. The foundation for UHC is health systems strengthening along with approaches for working across sectors (and SDG areas) according to each country's socio-economic context. Countries will equally need to develop their benefits coverage inclusive of health promotion, prevention programmes, treatment, rehabilitation, and palliative care services according their local need.

Past experience indicates the fragility of sustainably maintaining health systems, and at times, health outcomes. Consistently evolving demographic, epidemiologic, environmental, governance, and socio-economic trends further influence planning and development of new policies and programmatic approaches. Achieving UHC thus requires innovative financing strategies, emphasis on engaging communities and to be responsive to populations' needs, engagement across sectors of government and society, and attention to political-economy dynamics. Transforming systems, along with social values, and professional norms and mindsets, requires novel approaches to guide decision-makers at all levels to achieve desired health goals, based on demonstrated effective interventions and programmes.

Rapidly changing contexts for health influence countries ability to plan for and attain UHC

Recent major outbreaks (e.g. Ebola, Zika, and MERS-CoV) and natural disasters have further undermined already poorly resourced and/or functioning health systems highlighting the need for resilient health systems that benefit the entire population regardless of any crises. Such systems are the key to broader economic growth, productivity, and social stability. Resilient health systems share several characteristics: information, surveillance and preparedness; ability to change/adapt to changing conditions; diversity and breadth to adapt through broad based primary care systems; and are integrated across levels of government and with non-health sectors.¹ Such approaches also transform planning, including ways to enhance more integrated systems of care (e.g. health and social) and build systems for UHC that ensure that they are resilient to various shocks, along with the rest of society.

Several unprecedented trends are influencing the health of populations in the 21st century: rapid ageing of the population (where persons over 65 outnumber children under 5), low fertility in a number of countries, a marked shift to the burden of noncommunicable diseases (NCD); many face a double burden of communicable diseases and NCDs; continued urbanization; significant migration of populations; and increasing impacts of climate change and disasters. New issues constantly emerge, such as an increasing prevalence of dementia and cognitive decline.

Success in creating more operational, effective, responsive and resilient health systems require actions across sectors that respond to different determinants of health. Living in a highly technological world introduces many opportunities to enable health and social service support, personal health, and health care delivery. However, many countries and communities are ill prepared to plan for these changes, and to design responsive health systems and broader community engagement strategies, that promote UHC. Nor are they always equipped to make the reforms necessary to achieve longer term sustainability of their systems. WHO, and WKC, are well placed to build the evidence base and to translate it into guidance for countries, particularly those with limited resources.

² SDG Goal 3: "Ensure healthy lives and promote well-being for all at all ages"

Leveraging lessons from Japan and Asia

WKC's location in Japan and Asia provide strategic opportunities to expand international cooperation and knowledge deriving from the many innovations, as well as challenges, Japan and other countries face. Japan leads the world as a super-ageing society, followed closely by a number of countries in Asia, Europe, and in many low and middle income countries. Japan instituted UHC in 1961 when it was not a wealthy country, contributing to its economic vitality later. It launched long term care insurance in 2000 recognizing the increasing ageing of the society reflected in having the world's longest life expectancy. With the speed of ageing accelerating, the planning window for many countries is now 15-20 years compared to a hundred years as experienced by developed countries such as France. This dynamic coincides with countries also planning for and implementing UHC. Japan's experience in increasing longevity, reducing certain NCDs, in pioneering UHC and long term care insurance, and in technological innovation is of great interest to all nations and communities, as is their advances in health technologies. Similarly, Japan has had to struggle with frequent and severe natural disasters, providing lessons for all countries.

BUILDING ON PAST SUCCESS AND LESSONS

WKC's past work, networks and collaborations, achievements and strengths provide a strong foundation for its future role. WKC's previous concentration on urbanization and health demonstrated how it applied various research approaches to a new, previously under-appreciated global trend. WKC combined research, synthesis of best practice, development of tools and policy options, as well as capacity building and dissemination to increase core understanding among decision makers and implementors of the impacts of urbanization on health, in particular health inequities, and how to redress these.

Over the past 10 years, global appreciation for rapid, often unplanned urbanization and its impact on and contribution to health, has increased steadily. In 2015, the SDGs will have an urban settings Goal for the first time reflecting this greater understanding. Urban settings and local government offer a microcosm of broader dynamics at national level, and thus serve as a good bridge and transition to WKC's future research directions.

Several lessons can be derived from three exemplary impacts the Centre has had in this area:

1. Influencing the global agenda in understanding and acting on health inequities in urban settings.

WKC developed practical and feasible measures to help cities document inequities (e.g. through a core set of health and non-health indicators thus measuring determinants of health), engaging the community through person-centred approaches, as well as guiding its other work on novel measurement and for understanding and developing actions across sectors (intersectoral action). WKC's Urban Health Assessment and Response Tool (Urban HEART), has been used in over 100 cities in 70 countries worldwide, and provides a unique and practical approach/tool for cities.

WKC served as the only WHO "knowledge hub" for the Commission on Social Determinants for Health that provided a template for organizing many academic and research collaborators. WKC effectively convened different expertise that aimed to "bridge the silos" to develop research agendas, conduct research, develop tools to assist implementation, build capacity, translate research into policy options, and disseminate knowledge and information to promote attention to priority health issues. WKC applied

the same approach to launching work on identifying the need and opportunity for technological and social innovation for ageing populations.

2. Translating research into policy options and action

In 2016 and in 2010, WKC synthesized knowledge and data analysis for urban health into Global WHO-UN HABITAT reports on Urban Health. Examples of the Centre's ongoing efforts to translate knowledge into action and policies included: organizing a 2010 global campaign for World Health Day on urban health; as well as organizing and convening a Global Forum on Urbanization and Health leading to the endorsement of the *Kobe Call to Action*. These efforts supported the Centre's effectiveness in translating and synthesizing research findings into practical policy options for countries and municipalities.

3. Cross-disciplinary research and working across government and sectors

In addition to its work on developing measurement tools, WKC has conducted research into practical solutions to support cities and countries to pursue working across sectors. Synthesizing a number of case studies and learning across many countries, WKC develop a short booklet on Intersectoral Action for Health was used to support governments' inclusion of "whole of government" and "whole of society" responses to NCDs in the UN Political Declaration on Prevention and Control of NCDs. WKC also produced practical guides and a model ordinance on smokefree cities.

WKC's past work and orientation, coupled with its position in the WHO Headquarter's Health Systems and Innovation Cluster, strongly position it to increase the evidence base for innovations and practical solutions to improve health and have transformational impact for health and social delivery systems, in particular for ageing populations in the context of UHC.

A VISION FOR THE FUTURE: A RENEWED MISSION

Coinciding with the Sustainable Development Goals, the mission of WKC's new Strategy provides a framework for articulating context-specific, cross-sectoral, feasible, and evidence-based solutions that promote UHC research, and innovation for transforming health systems

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

RESEARCH STRATEGIC OBJECTIVES: 2016-2026

Over the next ten years, WKC will **mobilize research, generate knowledge, syntheses, and enabling innovations that strengthen health and social delivery systems, improve health, and sustainability of UHC, especially considering rapidly expanding ageing population cohorts, where health inequities persist, and ensure that services, technologies, and delivery systems are available, affordable, accessible, and acceptable.**

The impact (beyond just WHO's actions) would be more sustainable and resilient health and social service systems that enable and support all older persons to live at home for as long as possible, to receive appropriate health and social services that help them manage functional and cognitive decline, to use cost-effective technologies responding to their specific needs and demand, and to have better

health for longer periods of time, with quality of life and dignity; while also ensuring that the health system remains viable, responsive, and ultimately sustainable.

Deriving from the Mission, the WKC Strategic Directions below are fully aligned with the WHO Leadership Priorities (Annex 2) for: Universal Health Coverage; increasing access to essential, high quality and affordable medical products; addressing social, economic, environmental determinants of health; and addressing the challenge of Non-communicable diseases. Most importantly, WKC research will contribute to shaping how WHO, Member States and other UN agencies design, implement, assess, and monitor health systems, and work across sectors, to implement UHC goals.

Priorities for the first five years: 2016-2020

WKC will focus its research in the first five years of this Strategy to maximize sharing of knowledge that document aspects of UHC, notably helping countries plan for rapidly ageing populations and to stimulate innovation. WHO and WKC will further refine the research strategic objectives in 2020 to ensure the best possible alignment with experience to date, the WHO Leadership Priorities, global health trends and needs, WKC's comparative advantage within WHO, and local/national needs and interest.

STRATEGIC OBJECTIVES

The Strategic Objectives presented here, and subsidiary exemplary priority areas, have been formulated in response to needs and contexts to guide WKC action and collaboration to:

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

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

Both UHC and ageing demographic trends (inclusive of life-course issues) are highly context specific, and planning for both requires longer term horizons that are based on information and evidence, as well as deriving from past lessons. Supporting country and community decision makers to understand, design, implement and monitor reforms for UHC policies and programmes requires approaches that investigate the political-economy of different settings, pressures on decision makers and the public sector, as well as helping to manage difficult choices in response to limited resources.

For countries that have accelerated ageing profiles, understanding its impact on longer term sustainability of UHC and health/social delivery systems, and developing various policy and programmatic responses is a priority. A common challenge confronting decision makers globally, and as a consequence of rapid demographic and epidemiological transitions, are difficult decisions and trade-offs for resource allocation, the most cost-effective and efficient solutions, and ensuring equitable access/coverage. Such decisions, and the information/evidence base required, guide public sector budgeting, design of health and social insurance, government regulations and governance; lead to sustainability of and adequate funding for health and for UHC, and development of cost-effective models of care and support that achieve universal access. Ageing populations further introduce issues of inter-generational support and fiscal transfers.

Responding to rapidly ageing populations, their families and caregivers, requires a number of new approaches and definition of services. They often do not yet exist; access is restricted or is insufficiently available. There are needs for innovation in service design and delivery: either by identifying new types of services and their implementers, or identifying improved systems to enhance the quality and access of such services.

Key long term research priorities, include:

Priority 1: Enabling countries to plan for sustainable UHC through enhanced policy development and coherence

Through use of various research methods, such as implementation science and testing of scenarios, and in collaboration with WHO entities, WKC supported research can help analyse the potential impact of rapidly ageing populations, their needs in order to remain home for as long as possible, as well as a variety of political economy issues surrounding advancing a country's sustainability of its UHC programme. Much of this work requires inter-disciplinary approaches to understand the different levers and arguments that can engage other sectors' participation in and support for UHC. It also requires the ability of countries to tailor the design and implementation of their UHC programmes for their different socio-economic and epidemiological contexts, and to pay attention to underlying dynamics affecting equity. This is a complex arena, where evidence of effectiveness of different interventions and technologies are not always conclusive nor transferable from one country setting to another. Similarly, the impact on costs of health and social care, and to public financing, needs to be

carefully considered. However, better use of various research approaches can help countries plan more effectively.

Working with partners, WKC can support systematic country reviews and lessons from planning for sustainable UHC, inclusive of political-economy dynamics, assessments of impact of ageing populations on longer term sustainability of UHC, solutions to overcoming equity gaps.

Measurement is a critical policy tool. Based on WKC's long history of developing metrics (based on social determinants and equity measurement), the Centre will support research and application of metrics on UHC as it relates to ageing populations, inclusive of indicators for age and dementia friendly initiatives; investigating equity patterns; healthy life expectancy as an indicator, and strategies to translate information for policy makers.

Translating research findings through policy analyses, inclusive of local/national capacity to do this, dissemination, and targeted capacity development is part of this work.

Possible key questions include:

- A. What evidence will support countries to plan for sustainable UHC and health and social delivery systems? In the context of the impact of caring for older populations? To balance different public health needs across the population?
- B. What are salient examples of country models (based on various socio-economic contexts) of integrated health and social delivery systems, service mix, financing models, human resource for health, and health system functioning, to achieve sustainable UHC? What aspects of political-economy influence successful UHC?
- C. What are the factors influencing the gap between healthy life expectancy and increased longevity, and strategies to help reduce this gap?

Priority 2: Developing comprehensive service/benefit packages for older populations under UHC

Key to the success of UHC will be the need to for countries and communities to develop specific comprehensive benefit packages of services (promotion, prevention, care, rehabilitation, palliative care) that correspond to their socio-economic-political and cultural contexts. For certain populations (older persons) and for certain health issue areas (e.g., environmental health), health services must be coordinated with other sectors' services (e.g., social care) and planning (e.g., urban planning). As populations age, and functional and cognitive decline accelerates, there is a great need for countries to understand and act upon increasing multiple NCD (physical and mental health) co-morbidities. Differentiated services and benefits would be required for varying functional and cognitive decline, their contributing risk factors, and to respond to different inequitable situations in society—all leading to additional efforts to help prevent NCDs earlier in the life course. The needs of cognitively impaired persons, and their caregivers, are quite different than for those persons with a functional decline, or with both. Increasing incidence and prevalence of dementia, still without a cure, presents great need and opportunity to identify specific community-based services that are not clinical in nature.

Any services, or benefits, should be aligned with WHO's goal of increasing the opportunity for older populations to live in their homes/community for as long as possible, to maintain their health, wellbeing and quality of life, and to be socially active, productive and to have their dignity.

Special attention is required to consider mental health needs. These include greater prevalence of depression, suicide (particularly in some cultures), as well as the consequences of rapidly increasing rates of dementia and related cognitive impairments. With no cure for dementia, supportive health and social services are essential, including respite care for family caregivers.

As benefit packages are designed, attention to the patterns of health inequities, and their causes, and acting to increase equity, is required.

Priority 3: Supporting practical approaches to integrated/coordinated health and social delivery systems, and community-based (non-institutional) systems

Support for healthy ageing requires the input and actions of both the health and social delivery systems. Yet, there are many cultural, professional, bureaucratic, language, and practical issues that often prevent effective linked or integrated or coordinated health and social delivery systems. The same is often true for community-based delivery systems. Research is needed to better understand the dynamics among stakeholders and sectors, as well as to document best practices that maximize the opportunity for different professional groups and sectors to work together in delivering services to care for and support older persons, as well as to prevent further deteriorations in their functional or cognitive capacity. An overriding aim is to maximize the person at the centre of planning and care delivery. An example of such lesson learning will emerge from collaborative work undertaken by WKC with other WHO entities (e.g., Essential Medicines and Health Technologies Department, and the Disability Team) to investigate commonalities between the ageing community and the disabled community, and to draw from the strengths of both, inclusive of community-based rehabilitation systems and the long history of working on assistive health technologies in the disability community.

Human resources for health: Concomitant with identifying services and public health interventions is a critical need to identify the various needs for human resources for health: which cadres of workers, with what levels of training, how they are certified, accredited, licensed, how they are financed, and how is quality of service maintained. In coordination with WHO entities and partners, WKC could explore the special human resources for health needs relevant to older populations.

Priority 4: Increasing local preparedness and resilience of health systems in context of health emergencies.

Japan is a country prone to emergencies and disasters due to several natural hazards inclusive of earthquakes, tsunamis, typhoons, floods, landslides, etc. Following the Great Hanshin-Awaji Earthquake (GHAJ) in 1995, Kobe City and Hyogo Prefecture documented many relevant lessons that can be applied to other countries and contexts across the health emergency management continuum. However, many of these lessons and experiences are only available in Japanese.

In addition, the literature points to evidence that functioning health systems increase the resilience of a community in the face of health emergencies (outbreaks of infectious diseases and natural disasters), and equally support the resilience of affected individuals (whether physically or psycho-social) during and after a disaster. Whereas there is increasing attention to various aspects of health systems strengthening following the Ebola crisis and recent outbreak of MERS-CoV, understanding the psycho-social needs of older persons and long term survivors of emergencies requires greater attention and guidance, including development of vulnerability risk assessment tools. Similarly, the field of community and individual resilience is new requiring additional research.

Given its location in Japan, WKC maintains a focal point for health emergencies who can facilitate communication and provide strategic information; and to share lessons from emergencies occurring in Japan (e.g., as it did during the SARS and H1N1 pandemic; Great East Japan Earthquake). To the extent possible, WKC will contribute to disaster preparedness during non-event periods, as well as to support promotion of the Sendai Framework for Disaster Risk Reduction 2015-2030.

STRATEGIC OBJECTIVE 2:

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

Health technologies, and the surrounding systems required to ensure their development, production, financing, distribution and use, are key to enabling older persons to remain healthy, autonomous, in their homes, and to ensure their quality of life and dignity. Innovations cover several domains: products (e.g., assistive technologies) and services, delivery systems (institutional, community-based, integration of health and social care, intersectoral action, etc.), and policy development. Similarly, it is important to define what is appropriate utilization and demand of/for technological innovations for health. Underlying this work is a need to undertake a comprehensive analysis of the state of technology application as it relates to health and ageing. This should identify missing links and gaps for promotion of research and applications tailored to different country situations, taking into account all relevant variables, including availability of human and social capital and infrastructure, affordability, other necessary resources, economic relevance to countries, equity, and socio-cultural and ethical factors.

Research is required for strategies to include active engagement of older persons in design of technologies, as well as to identify their needs for social innovations that increase community engagement, support and social inclusion. The latter types of innovation is inextricably linked to both use of assistive technologies, and for their integration into health/social service delivery systems. Innovations in health system design, and strategies to enhance integration or linkage across sectors (health, social welfare, disability, ageing, etc.) are common to both strategic objectives. Social innovations are also essential to addressing obstacles such as stigma that interfere with service delivery or use of helpful technologies, as experienced by persons with dementia or persons using hearing aids.

Given the rapid growth of older populations in low and middle income countries, and the continued fiscal stress on families, communities and countries in developed countries, emphasis will be placed on ensuring affordability of any innovation, and to assess impacts on equity of access and coverage, and to identify opportunities for reverse innovation.

However, many innovations never go to scale or are not translated for broader use. WKC has a unique niche in bridging a number of enabling functions with the health system, in close coordination with several WHO entities and external partners, to increase the chances for scalability. For example, simultaneously and holistically addressing issues of inclusive design, assessment and evaluation/assessment methods for new products or services, understanding the needs of regulators, industry and innovators, and linking the latter to financiers (insurance, government programmes, etc.), and to the community of users, are required if any product or service can be scaled up or translated across or within country settings.

Key long term research priorities, include:

Priority 1: Defining holistic home-based care systems to support older persons living at home/in their community for as long as possible

To achieve the goal of enabling older persons to remain at home or in their community for as long as possible, requires a better understanding of the entire “ecosystem” of support and care, as well as small area planning (whether urban or rural). Thus, research is needed to better understand the needs and preferences of older persons and their families, as well as to develop home-based or home-supportive care. This further involves research regarding the nature of services, where and when they are delivered, referral patterns, and the use of various health technologies, as appropriate, affordable, acceptable, available and useful. In urban settings, experience to date further demonstrates how urban planning (including transport, housing, safety, etc.) can facilitate social inclusion and participation, as well as prevention of further health complications (e.g., lack of exercise). Under this priority, research can look at the home setting from a broader perspective that seeks to integrate many systems, services, and technologies. WKC also recognizes that integrating a person-based approach can be challenging given the heterogeneity of needs across a population.

Priority 2: Investigating promising innovations

A starting point for encouraging innovation is to understand “what specific innovations are needed?”, “does demand exist”, and “will it actually be used” from the users perspective. WKC will conduct continuous forward looking landscape analyses for new technologies and approaches. Initial examples include the emergence of self-care diagnostics, technologies, as well as a greater focus on informal care givers. Another is the cross cutting issue of increasing medical adherence in the home, and the need for more structured approaches to understanding the scientific evidence underlying use of a variety of information, communication technologies (ICT) and the emerging array of digital information technologies to support older persons in non-institutionalized settings, and how best to adapt and scale them up. As the landscape is constantly changing, WKC will work with WHO colleagues and partners to identify new promising, cross-cutting innovations that would need to be scoped out, and in collaboration with WHO institutional entities, would identify ways to support their greater development, development, distribution and use.

Priority 3: Conducting research on health and social system enablers and strategies for translating/adapting/scaling up use of new innovations

Prior work by WKC unveiled a number of obstacles to scaling up of promising innovations that involve various components of the health system, as well as broader governmental policy and lack of interaction amongst various stakeholders (e.g., government, innovators, academia, NGOs, industry, health and social service providers) and/or policy coherence. For example, these can include issues surrounding assessment, regulation, and financing, and the linkage among them and with ageing populations (e.g. how to engage communities in inclusive design and to identify the needs and gaps for innovations?). WKC’s specific contribution would be to convene multiple disciplines, WHO colleagues, and partners to conduct multi-disciplinary based research into identifying the enabling factors, obstacles and solutions. An example is helping to identify new evaluation methods relevant to the nature of medical and assistive health technologies that can be used by regulators and government financing agencies.

Priority 4: Identifying ways to increase community engagement in design, development and use of innovations

A specialized, yet often overlooked or misunderstood, area of work is how to increase community engagement in the innovation cycle. This ranges from inclusive design to community engagement in the design and delivery of health and social services. Through use of examples from across multiple disciplines and sectors, WKC can synthesize different strategies and approaches used to increase such community engagement that can also respond to different country contexts. Actions under other Priorities in this strategy can inter-link and benefit from this area of work, such as relevance to supporting families and informal care givers, along with governance-related issues, and the need to understand, measure and respond to health inequities.

PRINCIPLES UNDERLING WKC's WORK

These principles reflect WHO's Research Strategy:

1. Inclusiveness & Equity

- WKC's research will ensure that understanding of equity considerations and factors, and that solutions promote equity for the benefit of all
- Build on the strengths and resources within countries
- Increase the voice of communities (including older persons), and engagement of researchers, universities and research institutions in countries in setting the research agenda

2. Impact

- Priority for research and innovation that has greatest potential to improve public health, accelerate health-related development, and redress health inequities
- Use multisectoral approaches to research for health
- Identify and address strategic knowledge gaps
- Harness innovation to improve health in low- and middle-income countries
- Integrate research aims and translation of research into policy to achieve broad impact

3. Collaboration

- Build and strengthen effective partnerships, collaborations and coordination
- Create platforms to convene and build consensus among organizations and researchers across countries, in an inclusive and participatory basis.
- Integrate research and knowledge dissemination, and facilitate knowledge sharing and networking

4. Quality

- Maintain excellence in research outputs
- Use cross disciplinary and systems approaches to research and analysis
- Promote standards of good practice and ethical conduct in research
- Efficiently and transparently manage resources, to ensure health returns for investment in research
- Act with respect and open communication in all endeavours

CRITERIA

There is a long list of potential research topics and needs relevant to this strategy. In consultation with the Advisory Committee for WKC, the WHO Senior Management, and other stakeholders, WKC will take a well-defined approach to mapping and adjusting our priorities. For the initial period of 2016-2020, all activities will need to satisfy general criteria before being considered, followed by further review against more specific criteria.

General Criteria

1. Where a positive impact can be made in addressing the unmet needs of rapidly ageing populations in the context of UHC, and/or to help countries plan for sustainable UHC (particularly in light of rapid ageing dynamics)
2. Where the activity is a priority of countries that in the midst of implementing UHC and are expected to have rapid ageing populations in the next 20 years
3. Where there is a gap in research attention to multiple or cross-cutting variables across sectors or within the health system required for scaling up of innovations.

4. Where WKC has specific advantages in address the research issue, and does not duplicate other WHO work.

Specific Criteria

1. Emphasize low and middle income countries, and low resource environments in higher income countries
2. Fills a critical knowledge gap for many countries,
3. Benefits from bringing together different WHO entities, and a range of external partners (universities, researchers, etc.).
4. Maximizes leveraging of partnerships and collaborations
5. Promotes equity and prioritizes vulnerable groups
6. Has novelty and innovation
7. Encourages multi-disciplinary, multi-sectorial approaches and solutions
8. Encourages community engagement and interaction with users
9. Has strategic benefit to more than one WHO Region and to more than one WHO Department
10. Demonstrates feasibility, potential sustainability, and value for money
11. Ensures varying opinions and inputs (across countries, disciplines).

HOW WE WORK

1. Collaborative research

WKC cannot do all of the research on its own, and thus catalysing and leveraging collaborative research and building on existing networks is key to WKC's success. WKC will act as a convener to stimulate systematic research with a range of stakeholders, including: universities, research institutes, WHO Collaborating Centres, multi-lateral and bi-lateral development agencies; regional economic organizations, development partners, health care organizations, and civil society and communities with shared public health-related interests.

Expanding our historic collaborations, WKC will:

- Build alliances and communities of practice on UHC, ageing populations and innovation
- Develop and manage a set of collaboratives including universities, WHO Collaborating Centres, research institutes, non-governmental organizations and experts to take forward specific research streams. These will also be organized in coordination, as appropriate, with other networks and entities within WHO (e.g., AHSPR, TDR, EVIPNet, HQ and Regional Offices, and externally (e.g. ASEAN+3 UHC initiative, APEC, World Bank and regional development banks, OECD, EU, Health Systems Global, think tanks, etc).
- Guide these collaboratives by convening experts to establish research agendas, and define new research directions/issues/needs. Establishing common research designs, evaluation protocols, and facilitating relationships among stakeholders will facilitate work.
- Maintain periodic "landscape analyses" to explore new issues.
- Identify key research directions.
- Commission research to further develop the knowledge base for the strategic directions. It will rely on a set of research methods, including for example those in Box 2:

1. Integrative and interdisciplinary research methods.
2. Participatory action research that is stakeholder focused.
3. 'Implementation Science' - applied, translational and operational research.
4. Focused policy studies and systematic policy reviews.
5. Case studies
6. Forecasting and scenario analyses.
7. Systematic reviews of evidence.
8. Capacity building integrated into its research activities.
9. Collaborative research studies

In pursuing this work, an underlying question we will consider is: what are the effective models that link research, policy and practice? Why are they effective?

WKC will develop a platform enabling greater collection and sharing of lessons for innovations, providing an opportunity to maximize the interaction between stakeholders to advance innovations. Such a platform, developed in coordination with other WHO institutional entities, will follow up to the WHO Global Forums on Innovation for Ageing Populations (2013 and October 2015).

2. Policy analysis and dissemination for change management

Information and evidence on their own will not lead to refined country policies, programmes, or performing systems. This is more acute with rapidly emerging new issues, and those involving multiple sectors. WKC strives to support translation and dissemination of findings into practical 'know-how,' supported by dissemination and communication strategies. To accomplish this requires greater attention to implementation research and science that works with a broad array of programme managers and decision makers to increase demand and use of research.

Working collaboratively with WHO institutional entities and networks (e.g., HQ Departments and Regional Offices, EVIPNet, AHPSR, TDR, WHO Collaborating centres, etc.) and various external institutions, WKC can identify emerging research agendas and further delineate priority actions and policy options, and test and validate mechanisms and tools – with the aim to ultimately produce change. WKC will respect and enhance local knowledge, implementation research "learning by doing" in the research process, using existing capacity and resources in the most effective and judicious manner, as well as emphasizing the use of programme managers conducting the research to contribute to greater use of findings. WKC will also collaborate with several other WHO programmes (AHPSR, TDR among others) to leverage WKC research with their capacity building efforts.

Dissemination activities encompass several target audiences and strategies. WKC will continue to publish its research with its collaborators to the scientific community through peer reviewed journals (English and Japanese), and WHO publications. It will also reach out to a wider audience with tailored communication products through appropriate media. "Best practices" will be identified, assessed and promoted in ways that inform policy, practice, and further research.

In particular, WKC has convened several global meetings and conferences in the past to varying scales. WKC will plan to convene a regular Global Forum on Research on UHC, Innovation and Ageing (most likely in Kobe) on behalf of WHO. This will be an opportunity to disseminate research findings, connect different actors, and shape future research agenda on various aspects of UHC, Innovation and Ageing. There are also opportunities for WKC to convene research meetings in support of large scale efforts (e.g., G7 meeting) and specific issues.

Examples include:

A: Communication -- Local awareness building

- WKC Forums
- WKC website and social media (English/Japanese)
- Targeted media outreach
- Hosting visitors and providing lectures

B: Increasing research uptake and translation of evidence into policy and practice

- Develop research agendas with country programme managers and decision makers to reflect their needs and demands
- Working with WHO departments and offices, maximize use by programme managers and decision makers of information and research findings
- Develop policy briefs and use of novel information technologies and methods to communicate policy options.

C: Communication/Advocacy/capacity building for research, policy and practice

- Supporting LMIC researchers in their documenting and collecting country practices;
- Leveraging these experiences to support transformations across Member States;
- Developing new approaches to supporting policy development and analytical capacity at country level.
- Identifying emerging research agendas
- Testing, evaluating and validating new tools and approaches
- Training research, policy and practice team on the use of tools.
- Providing technical advice to policy-makers on how to manage interventions that impact positively on UHC, ageing populations and innovation
- Promoting a basic package of technical and communication inputs to increase and maintain awareness on UHC, ageing populations and innovation at the global level.

D: Dissemination--Increased peer reviewed journal articles, publications, global reports

- Commissioning special supplements to journals (e.g. WHO Bulletin, others)
- Submission of journal articles (by WKC and its collaborators)
- WHO publications

E: Convening of research forums and presentations at international conferences

- WKC organized Global forum on UHC research, and/or Global Forum on Innovation for Ageing Populations
- WKC contribution to global meetings, such as the 2016 G7,
- Presentations at international conferences/workshops
- Seeking opportunities to present at international conferences or to host dissemination/capacity building workshops

DEFINING SUCCESS

WKC is committed to tracking its work and results in a manner that consistently enables revisions and improvements or adjustments as necessary. WKC's ultimate success will be outcomes in countries' ability to plan and implement sustainably for UHC in light of ageing populations, to transform their health and social delivery systems, and changes in policy and practice. However, this is a difficult task for which WKC will seek to increase its ability monitor, in collaboration with others in WHO and internationally. On a biannual basis, WKC develops and monitors a limited set of monitoring indicators that are part of the WHO Results Framework and Programme Budget, and will use an overarching performance measurement framework to monitor the progress of WKC's work over the next 10 years.

ANNEX 1 – Selected sections from Memorandum of Understanding between WHO and the Kobe Group (1995, amended 2005)

“Preamble 2

WHEREAS WHO, on the invitation of the Kobe Group, intends to establish a project office in Kobe City, Japan, having an initial duration of operation of ten years, in order to undertake multisectoral research in health development and its determinants with a view to improving scientific knowledge on the interrelationships among social, cultural, economic, demographic, epidemiological and environmental variables and their effect on health in order to support policy decisions”

“Section 2.4 Scope of Activities

The Office will focus on issues relating to health development, particularly with respect to the relationships among social, cultural, economic, demographic, epidemiological and environmental factors and health, with a view to:

- demonstrating the place of the health system in society and the need for intersectoral action in analysing and solving health problems;
- assessing health needs from development perspectives and indicating the process of translating these development needs to political demands and action;
- highlighting the ways that health improvements contribute to increased economic and social productivity and the mechanisms involved in breaking the “ill-health-poverty-ill-health” cycle;
- providing an improved understanding of the linkages between population, economy, environment and health and developing new ways of integrating health into overall international and national development strategies; and
- translating WHO's global mandates into concrete local actions, and identifying local best practices for global application, and among others, not limited to but including, enhancing collaborative research, disseminating information and strengthening human capacity, in the local communities.”

KEY DEFINITIONS

Universal health coverage (UHC) is one of the most powerful ideas in public health. It combines two fundamental components: everyone has access to quality health services needed to achieve good health (promotion, prevention, treatment and rehabilitation, including those that address health determinants) with the financial protection that prevents ill health leading to poverty. It therefore provides a powerful unifying concept to guide health and development and to advance health equity in coming years. It is an area in which WHO's leadership, both technical and political, will be crucial to progress.

Rapidly **ageing populations** is a new phenomenon that reflects success of past socio-economic development and health programmatic efforts. Japan is emblematic of the opportunities and challenges to empower and support ageing populations. Globally, Japan today has the greatest proportion of its population over the age of 65. It also has developed many innovative solutions and health technologies. Yet, it is also where ageing poses a number of challenges to future sustainability of the UHC programme creating a need for new approaches. Many countries and communities have needs to manage a double burden of disease (communicable and non-communicable), widening gaps between longevity and healthy life expectancy, and increasing functional and cognitive decline with age. Whereas the greatest growth of older populations will occur in low and middle income countries, all countries need to plan appropriately to implement for UHC, with attention to protecting the poor and most vulnerable. Supporting countries to share, adapt and take innovations to scale is thus required.

Innovation involves finding and implementing solutions (i.e., processes, approaches, or technologies) that are either new or can be adapted and/or improved (within the health sector or from other sectors) to meet the needs, situations, or contexts of low resource environments. Innovations include: technologies, social, policy and for systems. WHO seeks to facilitate and accelerate innovations in health technologies as well as for social/health delivery systems that are frugal, available, accessible, appropriate to the user, and meet various safety and effectiveness criteria. Bringing innovations to scale requires attention to health systems (cohesive policies, financing, health and social workforce, assessment of needs and effectiveness, regulation, design of delivery systems), affordability, engagement of communities and individuals, and solutions that lie at the intersections of disciplines, sectors, and countries. This work also entails getting the most beneficial existing knowledge and technologies used appropriately; identifying existing gaps that technology and social innovation could address; and how to ensure the availability of economic, human and infrastructure resources to make the best use of these technologies relevant and feasible in developing countries. Social innovation lessons from other sectors and health issues can be adapted to overcome specific barriers faced by older persons (e.g., stigma, social isolation, community engagement, etc.)

Bringing innovations to scale. Building on its current strengths, WKC research can contribute to the evidence base on gaps in population and service coverage from a UHC perspective, barriers to improving UHC and to enabling the diffusion and adoption of innovations, and how to overcome those barriers at both local and national levels. Research on affordable innovations for ageing populations will enable older adults to lead healthy, productive lives and to remain autonomous in their homes with dignity. This research would contribute to defining which services and enabling technologies are to be covered, how they can be financed and delivered at scale, and by whom.

ANNEX 2 -- WHO Leadership Priorities, 2014-2019

The **WHO General Programme of Work (GPW), 2014-2019** identifies six leadership priorities for WHO. They give focus and direction to our work, state areas where it is vital for WHO to lead (the key issues which stand out from the body of our work):

1. **Advancing universal health coverage:** enabling countries to sustain or expand access to all needed health services and financial protection, and promoting universal health coverage as a unifying concept in global health.
2. **Health-related Millennium Development Goals** – addressing unfinished and future challenges: accelerating the achievement of the current health-related Goals up to and beyond 2015. This priority includes completing the eradication of poliomyelitis and selected neglected tropical diseases.
3. **Addressing the challenge of noncommunicable diseases** and mental health, violence and injuries and disabilities.
4. Implementing the provisions of the **International Health Regulations (2005)**: ensuring that all countries can meet the capacity requirements specified in the Regulations.
5. Increasing access to quality, safe, efficacious and affordable **medical products** (medicines, vaccines, diagnostics and other health technologies).
6. Addressing the **social, economic and environmental determinants** of health as a means to promote health outcomes and reduce health inequities within and between countries.

WHO Values

WHO has been at the forefront of improving health around the world since 1948. The WHO Constitution defines **health** as “a state of complete physical, mental and social well-being, not just the absence of disease or infirmity.

Core values of WHO are that health: is the fundamental right of every human being, everywhere; is crucial to peace and security; depends on the cooperation of all individuals and States; should be shared: and extending knowledge to all peoples is essential

WHO Core Functions:

WHO directs and coordinates international health by:

- 1, providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
2. shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
3. setting norms and standards, and promoting and monitoring their implementation;
4. articulating ethical and evidence-based policy options;
5. providing technical support, catalysing change, and building sustainable institutional capacity; and
6. monitoring the health situation and assessing health trends.