

Topics: Recent topics in public health in Japan 2020

< Practice Report >

Workforce development for strengthening of social health protection is essential to achieve Universal Health Coverage

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Abstract

Universal health coverage (UHC) is the core driver of SDG 3. However, UHC cannot be attained unless health services are accessible, affordable and acceptable and financial risk protection systems are in place.

Currently, there are few mutual learning platforms to share experiences and exchange ideas or best practices among countries tackling similar challenges on the pathway to UHC. At the same time, there are significant lessons from the various aspects of Japan's experience in achieving and maintaining UHC that are of growing interest globally. In this paper, we analyze the contribution of the National Institute of Public Health (NIPH) in supporting UHC around the world through the annual training course supported by the Japan International Cooperation Agency (JICA), "Strengthening social health protection towards UHC." We present lessons learned from this training course over the past few years and discuss what works for whom under what context to make progress towards UHC.

The course participants learned about Japan's experiences in establishing and maintaining UHC and presented their own proposal (Discussion Notes) for implementing solutions to move forward to achieve UHC in their context. We hope that they will be able to contribute to the strengthening of social health protection to achieve UHC in all of their countries.

keywords: universal health coverage (UHC), mutual learning, training course, health services, financial risk protection

(accepted for publication, December 13, 2019)

I. Introduction

Progression towards UHC has been highly variable, both across and within countries and across different dimensions of UHC [1-3]. In support of UHC, there has been growing recognition that human resources for health (HRH) are central to improve and promote health [4]. HRH-related issues are complex and components arguably include health education, the pool of qualified health workers, the competent health workforce equipped to provide quality health services, maldistribution of health workers, and so on [5,6]. Many different pathways towards the development of a health workforce have been created such as short-term

training on UHC.

Okamoto reported how the short-term training course on "Sharing Japan's experiences in the development of universal health coverage (UHC): a practice report from the UHC leadership course for Asian countries" was developed and conducted [7]. The first-phase course organized by the Japan International Cooperation (JICA) in collaboration with the National Institute of Public Health (NIPH), Japan, was carried out for two weeks every year from 2013 to 2015, before adoption of UHC as one of the targets under the Social Development Goals (SDGs) by the UN Summit in 2015[8].

The second-phase training course on "Strengthening So-

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cial Health Protection towards Universal Health Coverage (UHC)” was also organized and implemented by JICA with technical support by the NIPH. This two-week course has been conducted annually from 2016 through 2018. This is the fourth time that we implement the same training course through mutual learning in January, 2020.

The course aims to contribute to the establishment of a healthcare system that provides access to all people who need healthcare services without causing extreme financial hardship for the individual or family. The program is designed for participants from government agencies that are responsible for policy formulation and management in the areas of health insurance and healthcare provision [9]. By sharing the experience of Japan and Thailand and analyzing health policy issues in each country, it is hoped that participants will gain knowledge and skills for the development, management and sustainability of a health system to provide appropriate UHC in the context of their own country. However, UHC cannot be attained unless both health services and financial risk protection systems are accessible, affordable and acceptable [2].

In this report, we describe the second-phase course including content, results and feedback related to learning processes and activities, and assess the overall course to improve this training course to more effectively prepare participants to improve progress towards the achievement of UHC in their country.

II. Outline of the Training Course

1. Participants in the Course

First, we introduce the composition of participants in the course from 2016 to 2018. The total numbers of partic-

ipants who attended the course and came from Asian and African countries were 16, 14 and 14, respectively. They were mainly administrative officials in charge of health policy planning. As shown in Table 1, participating countries in 2016 were Indonesia, Cambodia, Sri Lanka, Bangladesh, Philippines, Vietnam, Myanmar, Mongolia, Laos, Egypt, and South Africa. Only two participants from Africa joined in 2016. The number of participating countries from Africa had increased from two to six countries by 2018.

This was due to two important events in 2016; the G7 Ise-Shima Summit and the Tokyo International Conference on African Development (TICAD) VI, which were held in Japan and Kenya, respectively. The Japanese Government announced the Ise-Shima vision for global health, which concerns political support for the essential principles of UHC 2030[10]. The Nairobi Declaration of TICAD VI also promotes movement towards the achievement of UHC: “UHC in Africa” [11]. African countries urgently need the relevant evidence, experience and knowledge to accelerate progress towards UHC.

2. Program of the course

The second-phase course applied the conceptual framework from phase one such as:

- Introduction of the history of Japan’s UHC
- Enabling factors to realize UHC in Japan; and
- Practical elements to achieve, administer, and maintain UHC [7]

We also shared the experience of such countries as Japan in 1961 and Thailand in 2002, the years when these two countries respectively established their UHC systems. This was intended to improve mutual learning about the challenges and issues involved in the establishment and

Table 1 Characteristics of Participants in the UHC Training Course

Country/ Year	2013	2014	2015	2016	2017	2018
Indonesia	2	1	1	2	1	
Cambodia		1	1	2		1
Sri Lanka	2	2	2	1	2	1
Thailand	1	1	2		1	1
Bangladesh	1	1	1	1	1	
Philippines	1	1	2	1		
Vietnam			2	2	1	1
Myanmar	1	2	2	2		1
Mongolia				2		
Laos	2	2	2	1		1
Egypt				1	1	1
Kenya					2	2
Zambia					1	1
Senegal					2	2
Nigeria					1	1
South Africa				1	1	
Ghana						1
Total	10	11	15	16	14	14

maintenance of UHC so that the participants could examine future health and medical policies to achieve UHC in their countries.

3. Course contents

The course program consists of lectures, exercises, group discussions, field visits and presentations by participants of inception reports and discussion notes related to their country contexts.

The main lectures on Japan's experience in the 2018 course were as follows:

- Japan's medical supply system;
- Japan's medical insurance system;
- The diagnostics fee score table and Diagnosis Procedure Combination (DPC) as a comprehensive payment system;
- Diagnostics fee request to medical institutions;
- Factors involved in the realization of UHC in Japan; and
- The economic evaluation of Japan's health services.
- To share the achievements of UHC in a different country, we also included one lecture on "UHC system in Thailand: achievements and challenges."

In addition to these lectures, field visits were organized to Kyoto Prefectural Office, Fukuchiyama City Office, and the Municipal Hospital to observe practical aspects of administration, management, and financial processes sustaining UHC.

A visit was also made to the Kanagawa branch of the Health Insurance Claims Review & Reimbursement Services, where participants received a detailed explanation about the screening system for medical fee claims in Japan's health insurance as well as a demonstration of the computer processing system for screen review of receipts. Participants asked many questions and staff at the branch explained in an easy-to-understand manner. The participants were thus able to clearly understand the flow of the examination payment processing of medical fee remuneration; a very important component of the management of UHC in Japan.

We also included presentations on the current situation of UHC in participants' countries and group discussions on problem-solving related to the establishment and maintenance of UHC.

4. Planning and implementation of the course program

The General Information (GI) prepared by JICA [9] offered eligible participants information on "Strengthening Social Health Protection towards UHC," including (1) concept, (2) description, (3) conditions and procedures for application, (4) administrative arrangements, (5) other

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1. Self introduction
 2. Key health indicators (incl. coverage and OOP ratios)
 3. Healthcare expenditure
 4. Structure of health system
 5. Public/private mix in service delivery
 6. Financing mechanism
 7. Recognised challenges to achieve UHC
 8. What you expect to learn from Japan's experience
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Source: JICA General Information on "Strengthening of Social Health Protection Towards Universal Health Coverage," 2018[8].

Figure 1 Topics Covered by Inception Report

information; and (6) annex with instructions on the preparation of inception reports of participants' countries including items shown in Figure 1 and lists of recommended reading before participating in the course.

The GI was sent to Ministries or government agencies responsible for UHC in selected countries through representative JICA offices. Candidates for the course were chosen in consultation with NIPH staff based on their application forms. Accepted candidates were requested to submit their inception reports before coming to Japan.

Six module outputs were set to achieve the course objectives in two weeks (Figure 2), and subjects involved in each module output were organized to achieve coherence between module outputs. As mentioned before, the course consisted of lectures, exercises, group discussions, field visits and presentations of Inception Reports and Discussion Notes related to their countries' contexts by participants. The Discussion Notes listed the topics participants had to present at the end of the course based on what they had learned and were relevant to their contexts as shown in Figure 3.

During the training course, sharing of information and exchanges of ideas among the participants was facilitated through the presentation of Inception Reports and group discussions about how to solve significant obstacles to the achievement of UHC.

We fundamentally followed the program sequence of the first-phase course. In the first half of the course, we focused on lectures to enhance learning about the experience with UHC in Japan and Thailand and the current situation concerning UHC in the participants' countries to address the issues and pathways to UHC. Through the presentation of Inception Reports by participants and the depiction of the current situation concerning UHC using the radar chart with the six aspects including major successes and barriers as shown in Figure 4, we found that there were significant gaps in achieving UHC in the participants' countries.

In the latter half of the course, we arranged site visits and the preparation of Discussion Notes. Participants were

Expected Module Output	Contents
1. Understand the basic concept of UHC and learn methods, strategies and necessary conditions to achieve it.	(1) Lectures on the meaning/implication of methods of UHC (All participants are expected to read all of the titles listed in the reading list prior to the course).
2. Describe and analyze the health care provision and social health protection system of the participant's country and share your understanding of it with other participants.	(1) Presentation of an Inception report and discussion of comparative analyses by all participants (Describe the present status of the health care provision and medical security of his/her country and discuss it with other participants). (2) Lectures and discussions on Japan's health care provision and health protection system from the viewpoint of international comparison. (3) Lecture on Thai experience of UHC. (4) Introduction of JICA's UHC Project.
3. Understand the social, economic, political and administrative conditions that make it possible for Japan to achieve UHC.	(1) Lectures on historical development of Japan's UHC: social, economic, political and administrative conditions that made UHC possible (which of these are similar to and which are different from present participants' countries?)
4. Understand the difficulties and challenges for Japan to sustain UHC and measures taken to tackle these issues.	(1) Lectures and discussion on Japan's experiences to maintain UHC. 1) Maintaining health insurance system (enrollment schemes; premium setting and collection methods; financing mechanism; medical assistance and other financial assistance programmes for the vulnerables) 2) Provision of health care services (balancing regional disparity) 3) Quality of care and patient safety 4) Benefit package and containment of health care expenditure (biennial fee schedule revision; DPC; health technology assessment, clinical guidelines). 5) Population ageing and integrated care (2) Field visit to municipal governments administering health insurance and welfare services as well as health care providers (a local hospital). Health Insurance Claims Review & Reimbursement Service
5. Understand characteristics of health care provision/financing of selected countries and their similarities/differences with Japan and participating countries.	(1) Daily wrap-up discussion summarizing what participants have learned at the end of the day, an interim summary to be presented at the end of the first week.
6. Compile a report (discussion notes) summarizing the policy agenda and how to address it in each country.	(1) Final discussion and question/answer session. (2) Presentation of the reports (discussion notes) they prepared by all participants.

Source: JICA General Information on "Strengthening of Social Health Protection Towards Universal Health Coverage," 2018[8].

Figure 2 Module Output and Contents of UHC course

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1. Background of UHC
 2. Current situation of UHC
 3. Challenges/Issues of UHC
 4. Shared ideas through lectures, group discussions, and site observations
 5. Lessons learned that are applicable to the UHC system in your country
 6. Suggestions/Recommendations to moving towards UHC
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Figure 3 Contents of Discussion Notes

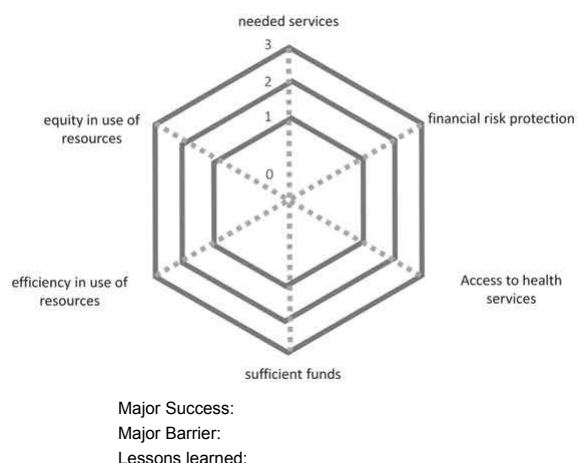


Figure 4 Current Situation of UHC in your Country

asked to evaluate the program using a post-evaluation questionnaire including the following items: 1) Output, including the course objective and the six module outputs, 2) Program design such as the structure of modules in the course; and 3) findings and learned content including “lessons learned in Japan are adaptable to participants’ countries. At the end of the course, an evaluation meeting was held with the participants to identify areas for improvement of the course program using the post-evaluation sheets.

III. Evaluation Results and Feedback

In this section, the appropriateness of the course objectives, the six module outputs, and the adaptability of the course material to participants’ countries are described and discussed. Concerning the course objectives and the six module outputs during 2016-2018 as in Table 2, the participants responded, “generally achieved the course objectives and six module units”; however, some of the respondents stated that, “module units four and five were not satisfactorily achieved.” This result may be because a better understanding of the Japanese system requires much more time to be able to make effective comparisons with their own systems.

We could also consider some of the other reasons why they have different pathways to adapt lessons learned in the course to achieve UHC in their specific context of the countries. Moreover, in the presentation of Inception Reports, most of the participants stated that they needed more time to clearly present and share their success factors or obstacles that needed to be tackled.

On the other hand, from the viewpoint of program organizers, it is necessary to review the sequence and arrangement of the program to improve it as much as possible. In the feedback about lectures, discussions, presentations, and field visits in the module units, most of the participants

Table 2 Evaluation of UHC Training Course

		2016 (n=16)	2017 (n=14)	2018 (n=14)
Course Objective	Fully achieved	9	10	6
	Achieved	7	4	8
	Not achieved			
	Not achieved at all			
Module Output 1	Well understood	10	10	7
	Understood	6	4	7
	Not well understood			
	Not understood at all			
Module Output 2	Fully achieved	9	8	4
	Achieved	7	6	10
	Not achieved			
	Not achieved at all			
Module Output 3	Well understood	8	9	5
	Understood	6	5	9
	Not well understood			
	Not understood at all			
Module Output 4	Well understood	10	8	6
	Understood	5	5	6
	Not well understood	1	1	2
	Not understood at all			
Module Output 5	Well understood	9	4	4
	Understood	5	10	9
	Not well understood	2		1
	Not understood at all			
Module Output 6	Fully achieved	8	4	5
	Achieved	8	10	8
	Not achieved			1
	Not achieved at all			

Table 3 Results of post self-evaluation of the training course
Do you think the knowledge and experience you acquired through the program in Japan is useful?

	2016 (n=16)	2017 (n=14)	2018 (n=14)
Yes, it can be directly applied to my work	5	6	3
It cannot be directly applied, but it can be adapted to my work	11	8	10
It cannot be directly applied or adapted, but I can use it as a reference	0	0	1
No, it was not useful at all	0	0	0

responded that it was necessary for all of them to recognize the pathways to achieving and maintaining UHC in Japan as well as the lecture on “UHC system in Thailand: achievements and challenges.” Therefore, it is not only necessary to reorganize the kinds of lectures and site visits, but also consider how the course facilitators should facilitate and help the participants to understand better.

When assessing the “adaptability to their work” from 2016 to 2018 as depicted in Table 3, the majority of participants responded, “It cannot be applied directly, but it can be adapted to their work.” This level of response has not changed over the three years, or even compared with the responses to the first-phase course [7]. This can be interpreted that it is rather difficult for them to answer the question because they cannot actually consider their own work before they have not returned home, and thus how to “directly adopt the lessons learned.” To get a real response to this question, we probably need feedback from them six months after they have returned home to find whether they were able to apply some of the lessons learned through the course to their own work context. This may produce more realistic results and responses from the participants.

In addition to these matters, we believe that it is time to introduce Kirkpatrick’s Four Levels of Training Evaluation: Level 1: reaction (satisfied with training course); Level 2: Learning (acquire the required knowledge and skills); Level 3: Behavior (apply what learners have learned on-the-job); and Level 4: Results (change behavior and have an impact on the work) [12].

Although we have seen significant lessons from the various aspects of Japan’s experience in achieving and maintaining UHC, there were few available platforms to share experiences and exchange ideas and best practices among countries tackling similar challenges on the pathway to UHC. This training course can contribute to prepare more capable UHC professionals in the future.

IV. Summary

We described the course contents, results, feedback on activities, and examined these to improve this training course.

The status and progress of UHC in the participants’ countries were quite different, but there were also common issues for consideration such as sustainability of the UHC system, and addressing low-income earners and regional disparities in the healthcare delivery system.

The participants learned about Japan’s experience with the establishment and maintenance of UHC, shared experiences and discussed challenges and solutions to issues related to UHC in their respective countries, and presented their proposal (Discussion Notes) to implement solutions to move forward to achieve UHC in their own contexts. However, there is still room for improvement of the training course program to contribute to ongoing progressive pathways towards UHC. We hope that they will be able to contribute to strengthen social health protection and to achieve UHC in all of their countries.

Acknowledgments

With the writing of this paper, we would like to express our deep appreciation to JICA supported course participants for accepting the secondary use of the results of post-evaluation by the participants on the training course during the period of 2016 to 2018.

Conflicts of Interest

None to declare.

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ユニバーサル・ヘルス・カバレッジ (UHC) 実現に向けた 医療保障制度の構築を担う人材の育成について

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抄録

ユニバーサル・ヘルス・カバレッジ (UHC) は持続可能な開発目標 3 の中心的な推進要因である。しかしながら、すべての国民が大きな経済的負担なく必要な保健医療サービスへアクセスできる体制が整備されなければ、UHCの達成は困難である。

現在、経験を共有しながらUHC達成へ向けて共通する課題に取り組んでいる国々の間でアイデアや最善の方法を交換するための相互学習する場が少ないと言える。それと同時に、世界的に関心が高まっているUHC達成への経緯とその維持について日本の実践を多面的に学ぶことが重要であると考えられる。

そこで、本稿では、国際協力機構 (JICA) が企画運営する「ユニバーサル・ヘルス・カバレッジ (UHC) 達成への医療保障制度強化」研修を通して、国立保健医療科学院がこのUHC研修へ支援する取り組みについて述べる。そして、2016年以降2週間の期間で実施される研修から学んだ教訓を提示し、UHC達成に向けて何が誰に対してどのような文脈において機能するのかを検討する。

研修を通して、研修員が各国の将来に描くUHCのあり方を様々な方面から議論し、各国で実施可能な提案を行った。そして、研修員が、自国におけるUHCの達成に向けた医療保障制度構築に貢献できることを期待したい。

キーワード：ユニバーサル・ヘルス・カバレッジ, 研修, 相互学習, 保健医療サービス, 負担可能な費用