

PS 2.2



| BACKGROUND

The global health landscape continues to evolve, presenting new challenges and opportunities due to demographic transitions and regime changes, including ageing populations, urbanization, and migration. The recent geopolitical context further complicates this scenario, influencing domestic resource allocation, financial and technical support from leading donor agencies, and the stability of multilateral systems worldwide. These shifts demand transformative approaches to sustainable financing to ensure that health systems remain robust and responsive to evolving health and care needs.

With only five years left until 2030, addressing the multifaceted aspects of health financing systems is imperative, ensuring that resources are effectively mobilized, allocated, and utilized to achieve universal health coverage (UHC), other health-related sustainable development goals (SDGs), and other global health commitments, including the UN Decade of Healthy Ageing. This session explores strategies for reorienting financing and service delivery around a life course approach, building systems that can equitably pool risks, improving resilience to external shocks, and aligning public investment with evolving population needs and social goals.

| OBJECTIVES

- Examining how demographic shifts, particularly ageing populations, changing employment patterns, and urbanization, challenge the sustainability of domestic health financing systems.
- To explore how a life course approach can inform strategic priority setting and resource allocation across diBerent age groups and the population's health needs.
- To identify country experiences and innovative strategies for core health financing functions (i.e., revenue raising, pooling, purchasing, benefit design) that enhance financial sustainability, equity, and responsiveness to health and care needs across the life course.
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Moderator

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Akihito Watabe provides technical assistance and guidance to bank-wide operations in health financing for universal health coverage (UHC), including digital health financing, health impact investment, and climate change and health financing. He also fosters partnerships to increase ADB's strategic engagement and collaboration with key stakeholders and initiatives in global health.

Before his tenure at ADB, Akihito held the esteemed position of program manager of the International Health Partnership for UHC 2030 (UHC2030). This multi-stakeholder partnership for UHC, co-hosted by WHO, World Bank and OECD, benefited greatly from his leadership. He spearheaded the partnership's advocacy, accountability, and knowledge management work, including the UN High-level Meeting on UHC, UHC Day and the State of UHC Commitment review. His technical advice to the UHC Movement Political Advisory Panel and his contributions to the organization of WHO's advanced courses and eLearning programs on Health Financing for UHC have been invaluable.

Akihito started his professional career as a medical doctor in Japan and a public health physician in the Republic of Vanuatu. He was also a health diplomat of the Ministry of Foreign Affairs, Japan, to serve former Prime Minister Abe in his flagship initiative on UHC before starting his UN career.

Akihito holds a medical license (Social Medicine) and a PhD (Public Health), a joint MSc (Health Policy, Planning, and Financing)) from the London School of Hygiene and Tropical Medicine and the London School of Economics and Political Science, and an Executive Master's in Change from INSEAD.