

Remarks by the Minister of Health, Labour and Welfare, Japan
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Universal Health Coverage in the New Development Era:
Towards Building Resilient and Sustainable Health Systems

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Health Policy Challenges toward Achieving UHC

His Excellency Dr. Piyasakol Sakolsatayadorn, distinguished guests, colleagues in global health, ladies and gentlemen, good afternoon.

First of all, I would like to thank Professor Peter Piot for moderating this session today. As you know well, Professor Piot has dedicated himself to tackle infectious diseases such as Ebola virus and HIV. I am proud that he serves as an external advisor of our advisory panel on global health in our Ministry.

It is also a great honor to welcome Dr. Piyasakol, Minister of Public Health of Thailand. Thailand is one of Japan's closest partners in mainstreaming Universal Health Coverage (UHC) and ageing issues.

Peter is originally from Belgium, which is known for its excellent cuisine - together with the flavor of Thailand, I am sure that you will enjoy the world's best mixture of excellent cuisine from Belgium, Thailand and Japan during this session.

Over twenty years, I have been serving, as a legislator, engaged in the area of global issues ranging from financial crises to national security. However, I believe no issue is more pressing, nor has more serious global implications, than health care. Today, I would like to tell you why, and what Japan will do.

At this crucial juncture for the future of global health, Japan hosts a series of events starting today at this conference on UHC, followed by the first G7 summit after adoption of SDGs in Ise-Shima, TICAD first-time in Africa and the

G7 Health Ministers' Meeting in Kobe, to demonstrate our firm commitments to create an environment, in which each individual enjoys healthy longevity, both here in Japan and around the world.

Japan achieved its system of universal health coverage in 1961, by introducing a public health care insurance scheme that covers the whole population. In the last 70 years, Japan's average life expectancy has extended by more than 30 years, now the world's longest.

Yet Japan's health care system has come under immense fiscal stress in the rapidly aging society with low birth rates. Moreover, our system was structured not necessarily to maximize patients' value and outcome, but instead to induce overuse of health care resources. In fact, social security spending now accounts for about a third of the government expenditure in 2015.

Last January, I joined discussions at the World Economic Forum Annual meeting in Davos. I had many opportunities to converse and exchange ideas with many of prominent figures in health policy including those sitting here today. Through the dialogue, I could tell that everybody had a strong interest in the way Japan is trying to overcome the challenges of aging population.

Dr. Richard Horton, who is also here today, once wrote, "Japan is a mirror for our future". That is to say, the success and perhaps challenge of Japan's health system can be referred to by the whole world. I feel exactly the same.

Ladies and gentlemen, Japan, as the fastest aging country, is at a crossroad in overcoming healthcare challenges in aging societies. In this endeavor, with global implications, we need a long-term commitment. This is exactly the reason why I established the "Health Care 2035" Advisory Panel this year to shape policies to resolve short-, medium- and long-term vision. You will find a "green" copy of its report on your table.

This report essentially calls for a "paradigm shift" that allows the system to fundamentally transform into a new health framework in a new era. We must shift our attention from inputs to value for patients with an emphasis on outcomes.

With this new paradigm in mind, let me now explain the three key challenges facing our country in line with today's themes of UHC and health care systems.

The first challenge is to maximize patients' value.

While our medical system has generously provided equitable access to basic health care, combined with fee-for-service payment system and insufficient use of information technology, it also induced overuse such as polypharmacy, which resulted in increasing cost while undermining patients' outcome.

To establish a sustainable health care system with the highest attainable outcomes, we have to utilize our limited resources to maximize patients' value. This means that we must provide high value services at a reasonable cost. "Lean Health Care"- the ability to provide better health care with less resources - is a key concept, relevant not only to Japan, but also to the world.

To maximize value attainable through the current resources, however, all stakeholders in health care, including patients, providers, the central government, payers and manufactures, must realign their functions around patients' needs.

Payers of health care insurance should take on even more responsibility as critical partners in prevention and health management by ensuring integrated care to improve both quality and efficiency of health care.

Providing evidence-based care with abundant data analysis will add a new dimension of quality of care to our conventional UHC system in a measurable form.

"What gets measured gets done." This is absolutely true - accountability is a cornerstone of any health policy debate. Measurement and accountability require good data and monitoring systems.

In Japan we have been promoting the compilation of a large volume of databases and datasets, which enables us to establish an environment where all stakeholders are able to analyze the cost-effectiveness of services and maximize health care value on outcome basis. "National Clinical Database"

registers surgery cases in more than 90% of surgical institutions. We would like to expand this kind of database to all medical specialties.

To facilitate such a process, I launched in the Ministry an advisory group to me to address how to improve the quality, safety and values of health care services by setting more standardized infrastructure for utilizing the new IT system.

We encourage countries aiming to adopt UHC to design their system to improve the function of payers in health care and utilize the health care data analysis more in order to ensure sustainability and efficiency of health care.

The second challenge is to empower society and support personal choices.

With increasing number of “life-style related diseases” in the aging society, the health care system should empower people with adequate information to make choices to prevent diseases and live even healthier.

As for interventions with proven efficacy, such as smoking cessation, immunization and cancer screenings, we must actively promote these efforts in our society. Also, efforts should be made to encourage those who are at higher risk for diabetes to seek early medical attention through the use of health data and other prevention tools. I will mobilize health care professionals and payers in health care to create a momentum for a national movement in prevention.

As dementia has become a more significant global health issue, our Ministry, together with 11 other government agencies, adopted the “New Orange Plan”, a comprehensive strategy for dementia in January this year. This is to build an age- and dementia-friendly community and promote dementia care through research and development of diagnostics and drugs to overcome the disease, while promoting “Dementia Supporters Program”, so that choices by people with dementia can be facilitated.

Our final challenge is to responsively contribute to global health.

Recent Ebola outbreaks left us with numerous lessons in an indeed harsh way. We are determined to contribute to build a system, through which we can prevent and respond to the coming major outbreaks and emergencies.

Japan expects to work with all of you sitting here today to tackle major global health challenges by rebuilding a global health architecture. Japan expects the World Health Organization (WHO) to have the leading role in public health emergency preparedness and response. However, in order for WHO to play such roles and stay relevant, WHO needs to be reformed as follows:

First, WHO needs to establish a clear and rapid decision making process in emergency, with clear line of command involving relevant stakeholders, while securing coherence with existing governance body such as the World Health Assembly.

Second, WHO needs to comprehensively strengthen its own capacity for emergency preparedness. WHO must lead assistance to countries' core capacities to comply with the International Health Regulations (IHR) to prevent, detect and respond to outbreaks and emergencies.

In addition to necessary reforms, we need flexible financing mechanisms to allow WHO to quickly and effectively respond to public health crises. In light of such urgent needs, I hereby pledge 10 million USD to contribute to the WHO's Contingency Fund for Emergencies (CFE). I also would like to restate here Japan's full support for the World Bank's Pandemic Emergency Facility (PEF), and urge WHO and the World Bank to continue to coordinate their activities, in a mutually complementary manner, to ensure the CFE and PEF can increase the efficiency and effectiveness in their crisis responses.

Finally, I would like to discuss the issue of antimicrobial resistance (AMR), which is becoming one of the key global health challenges.

As confirmed by the G7 Elmau Summit, countries need to adopt the WHO's Global Action Plan for AMR, under the "One Health" approach covering human and animal health, agriculture and the environment.

Global economic integration is proceeding rapidly, and the Asia-Pacific region has been developing and integrating quickly in particular. As a sole

Asia-Pacific nation among G7 countries, we are determined to contribute in helping other Asian countries fight against AMR. We will therefore host a ministerial conference to discuss AMR issues in Asia-Pacific, in collaboration with both the Western Pacific and the South-East Asian regional offices of WHO, on the 15th and 16th April next year.

Furthermore, Japan is ready to be a lead country in coordinating multilateral efforts on AMR, as part of an action plan developed within the GHSA.

Ladies and gentlemen, the holistic approach in health care is essential to tackle the current challenges not only in Japan but globally - and not just in healthcare, but also in long-term care, community support and the other social determinants that matter in aging societies.

Today, we would like to reiterate our belief that providing universal health care for all people around the world is extremely valuable for every nation to enable their citizens to enjoy better health supported by quality health care. I would also like to emphasize that achieving UHC is a journey that never ends, since we must deliver a sustainable UHC system that responds promptly to peoples' evolving needs.

I, as Health Minister of Japan, will continue to make every effort to support the global health community in tackling our major challenges today with a clear vision for the future. With knowledge, passion and commitment, I am confident that we can altogether make a significant difference in global health.

I look forward to the active debates on UHC and wish this conference a great success.

Thank you.