Lead speech by the Minister of Health, Labour and Welfare, Japan

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UHC in Africa

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Your excellencies, distinguished guests, colleagues in global health, ladies and gentlemen, good afternoon.

On behalf of the Government of Japan, let me express our great pleasure to co-host this side event, focusing on universal health coverage (UHC) at TICAD together with the Government of Kenya, the African Union Commission, the Global Fund, the African Development Bank, the World Bank and the WHO. In particular, I would like to sincerely welcome the launch of the “UHC in Africa: A Framework for Action” as well as commitment by World Bank and Global Fund of 24 billion US dollars to accelerate UHC in Africa. I also look forward to the first annual meeting, co-hosted by World Bank and WHO, on monitoring progress toward UHC in Japan next year.

Before starting the roundtable discussion, I would like to share with you, honorable African leaders and colleagues, my view on the matter as Health Minister directly involved in our version of UHC. I would be satisfied if it serves as a food for discussion in this session.

The essence of UHC boils down to a system, where “all people can receive the basic quality services they need, and are protected from health threats with an affordable cost”, which embodies the very notion of human security, ensuring that no one will be left behind.

Japan introduced a public health care insurance scheme that covers whole population in 1961. Retrospectively, it was not a goal but just a milestone of a long journey. Besides the insurance, we needed a wide range of policy interventions in nutrition, water and sanitation and health education among others.

Our experience clearly indicates that UHC requires constant revision and evolution responding to the changing demography and evolving socio economic environment. As Health Minister still struggling to improve and sustain our UHC system, I would like to share three points that would hopefully be of relevance.

First, we should pay a due attention to the resilience of health system, given that it could be exposed to external shocks from the natural disasters to the pandemics. The governments are required to minimize their negative impacts on the population, by providing health services even in emergency situation. The health system should be responsive to this demand.

Second, we should focus on patients’ value rather than inputs. The system needs to be designed to manage any excess of demand or supply which results in increase of cost while undermining patients’ outcome.

The prevention is also priority in this regards. Evidence based interventions, such as immunization, smoking cessation, and cancer screenings, should be introduced to the national health strategies.

And last point is that the health system should reflect, well ahead of the time, the change of health needs resulting from life-style variation and demographic transition. The population ageing of our society brought an increasing demand for health care services, for which the Japanese government introduced long-term care insurance in 2000. Africa is not yet faced with extreme aging, but will undoubtedly confront the issue in a shorter space of time.

Hence, UHC and national health promotion have no ending, but is worth of quest. In the past 70 years, Japan’s life expectancy increased by more than 30 years and the health outcomes has consistently been top ranked. These favourable health outcomes contributed to boosting economic growth, social stability, equity and solidarity.

Africa is still faced with challenges, ranging from maternal and child mortality, HIV/ AIDS, malaria, tuberculosis to increasing burden of non-communicable diseases (NCDs), as well as public health emergencies. It is required to design a holistic health system responsive to any of these issues, taking full advantage of disease specific programmes. I would also like to emphasize that such health systems also enable countries to better prevent, prepare for, and respond to health emergencies. The task is enormous. However, progress can be achieved by firm leadership commitment and with proper assistance.　　In this May, Prime Minister Abe pledged approximately 1.1 billion US dollars for global health institutions including 50 million US dollars to WHO’s emergency activities and World Bank’s Pandemic Emergency Financing Facility (PEF) respectively as a testament to Japan’s commitment to address global health challenges. For this 50 million US dollars to WHO, we are happy to contribute the half of it by the end of this year to respond to urgent needs especially in Africa.

Finally, let me reiterate my sincere welcome of the “UHC in Africa: A Framework for Action” and appreciate the efforts made by the World Bank, World Health Organization, the Global Fund and relevant partners. It serves as a policy framework that will be a reference for African countries to make a dynamic progress towards improving population’s health, as well as towards enhancing equity, solidarity and even boosting economic growth.

I look forward to an active discussion today with powerful tool, “UHC in Africa: A Framework for Action” that guides us in the journey of achieving UHC. Japan is well prepared to accompany you, Africa, throughout this rewarding journey ahead of us.

Thank you.