



# Universal Health Coverage in the New Development Era

Toward Building Resilient and Sustainable Health Systems

## Conference Report

December 16, 2015

Tokyo, Japan



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Layout and design: Kiyoko Shiromasa

Printed in Japan

Conference Report  
**Universal Health Coverage in the New Development Era**  
Toward Building Resilient and Sustainable Health Systems

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# Abbreviations

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AIDS	acquired immune deficiency syndrome
AU	African Union
G7	Group of Seven
G20	Group of Twenty
GHIT Fund	Global Health Innovative Technology Fund
GHRF	Global Health Risk Framework
HIV	human immunodeficiency virus
IHR	International Health Regulations
JCIE	Japan Center for International Exchange
JICA	Japan International Cooperation Agency
MDGs	Millennium Development Goals
MSF	Médecins Sans Frontières
NCD	noncommunicable disease
NGO	nongovernmental organization
OECD	Organisation for Economic Co-operation and Development
PPP	public-private partnership
R&D	research and development
SDGs	Sustainable Development Goals
TB	tuberculosis
UHC	universal health coverage
UN	United Nations
WHO	World Health Organization

# Preface

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It gives me great pleasure to share this report on a December 16, 2015, international conference on “Universal Health Coverage in the New Development Era: Toward Building Resilient and Sustainable Health Systems,” which was organized by the Japan Center for International Exchange (JCIE) with the cooperation of the Government of Japan and the Japan International Cooperation Agency. We were honored to have many experts who are well versed in the global health agenda join us in Tokyo to discuss this important topic, and I appreciate their willingness to share their time and insights with us. I would like to express my heartfelt gratitude to the partners who provided generous funding for the conference, the Bill & Melinda Gates Foundation, the China Medical Board, the Global Health Innovative Technology Fund, the United Nations Foundation, and the World Health Organization. I am also grateful to our other collaborating organizations for their many contributions in organizing the conference, including the Global Fund to Fight AIDS, Tuberculosis and Malaria; the Japan Anti-Tuberculosis Association; Rockefeller Foundation; and the World Bank Group.

Our meeting in December was the first conference of its kind subsequent to the adoption of the 2030 Agenda for Sustainable Development at the UN General Assembly in September 2015, where the international community committed to the Sustainable Development Goals (SDGs) as a follow-up to the Millennium Development Goals that expired at the end of the year. I was thrilled to be present at this critical moment in history, and to see the productive synergy between this conference and the Global Fund’s Fifth Replenishment Preparatory Meeting that was held in Tokyo the following day. The Global Fund was established with Japan’s leadership at the 2000 G8 Kyushu-Okinawa Summit, an event that marked the start of the Government of Japan’s accelerated efforts in the field of global health. Fifteen years later, not only has Japan not lost steam in its commitment, but political momentum in support of global health continues to rise. Gathering more than 300 experts from around the world, this conference marked an important milestone in global health with its timeliness and quality, and I hope that it will go on to have a positive impact on the field at this important juncture.

As demonstrated by the in-depth discussions at this conference, I am convinced of the power of maintaining a public-private platform to galvanize political momentum in support of universal health coverage as a key mechanism for achieving the full breadth of development objectives that the SDGs seek to accomplish. I also believe that this will prompt the world’s leaders to commit to concrete actions when they meet in May of this year at the G7 Ise-Shima Summit.

Akio Okawara

President and CEO  
Japan Center for International Exchange



# Executive Summary

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## Universal Health Coverage in the New Development Era Toward Building Resilient and Sustainable Health Systems

On December 16, 2015, the Japan Center for International Exchange (JCIE) partnered with Japan's Ministry of Foreign Affairs, Ministry of Finance, and Ministry of Health, Labour and Welfare, as well as the Japan International Cooperation Agency (JICA), to organize one of the most prominent global health meetings of the year. More than 300 attendees came together to discuss what our priorities need to be to make the world healthier and more secure, including top government officials, the heads of most of the major multilateral global health institutions, prominent civil society leaders, health experts, and medical researchers from around the globe. The conference demonstrated Japan's political commitment to addressing global health challenges in an integrated and collaborative manner, as three key government ministries and the Cabinet Office worked closely with JCIE, an independent, nongovernmental policy research institution, to convene this high-level dialogue.

The conference came at a critical point in the debate over the next steps needed to advance global health. It was the first high-level meeting on global health since the international community agreed upon the 2030 Agenda for Sustainable Development at the UN General Assembly in September 2015, which resulted in the adoption of the Sustainable Development Goals (SDGs), building on the Millennium Development Goals (MDGs). Moreover, the memory of the Ebola crisis was fresh in people's minds, and multiple reports recommending steps to better prepare for the next potential pandemic were being released in the months surrounding the conference. Meanwhile, political momentum was growing to support the promotion of universal health coverage (UHC) throughout the world.

In fact, UHC—which aims to ensure that every person around the globe can access a basic set of quality health services without financial hardship—has become a top priority for Japan's global health diplomacy. Japan took over the G7 presidency in January 2016 and the next G7 Summit is scheduled to be held in Ise-Shima in May 2016. Discussions at the conference thus reflected expectations that Japan could translate its political commitment to addressing global health challenges in an integrated and collaborative manner into concrete

proposals for the 2016 G7 Summit agenda. Accordingly, this report summarizes the key messages that came out of the conference and highlights next steps for Japan and other G7 countries to consider as they seek to advance global health in the new era of development and international cooperation.

### Key Messages

- *The Ebola crisis highlighted the need for better preparedness to deal with health security threats.*

Lives were lost unnecessarily as a result of confusion, delayed responses due to the lack of mechanisms and a clear line of command, and the lack of incentives to recognize the severity of the crisis. This highlighted the urgent need for the international community to reform the way it tackles global health and prepares for health security crises. Countries also urgently need support in strengthening national health systems, particularly in their capacity to fulfill their commitments under the WHO's International Health Regulations (IHR). Preparing for future crises also requires more robust accountability mechanisms and resources that can be mobilized quickly in order to avoid unnecessary delays in responding at the first indication of a crisis, before it spirals too far out of control.

- *The focus on preparing for large-scale crises should not deter from the everyday goal of strengthening health systems and ensuring that all people have full access to health services.*

Funding for global health expanded rapidly throughout much of the first decade of the 21st century, but growth has since stopped. As needs in the health field continue to grow, it is important to focus on using existing resources more efficiently and effectively, which includes building more synergy among global health priorities and supporting global public goods in the health sector. Major epidemics like Ebola, HIV/AIDS, tuberculosis, and malaria create unnecessary human suffering and tend to afflict the most vulnerable populations among us and, therefore, require consistent attention and financing. At the same time, more pervasive suffering resulting from a lack of access to basic health services tends to be overlooked until it culminates into a major health crisis. Stronger health systems are essential to achieving both goals.



- *UHC has gained ground as a mechanism for achieving equity in health and for making health systems more resilient to crises.*

Along with other countries, the Government of Japan has made UHC a central pillar of its global health diplomacy. In addition to the benefit to every individual who gains access to health services, UHC has important collective benefits and contributes to the development of more resilient health systems. As Prime Minister Abe explained in his opening remarks, UHC has the potential to “strengthen national capacities to prevent, detect, and respond to epidemic and endemic infectious diseases, thereby contributing to better preparedness against public health emergencies.”

- *UHC requires an inclusive process.*

SDG 3—“ensure healthy lives and promote well-being for all at all ages”—takes health to the next level by emphasizing that the ultimate goal is not just improved physical and mental health but improved human wellbeing. As such, UHC requires the engagement of multiple sectors, not just the health sector, so that other threats to people’s wellbeing that affect and are affected by health are addressed in an integrated manner.

Diseases start out as community-level problems before they spread to become epidemics. Engaging communities helps to identify threats before they turn into crises, and giving communities greater ownership over their health systems helps to ensure that responses are targeted at real needs on the ground and are carried out in ways that are more acceptable and appropriate to those they affect the most. Furthermore, civil society organizations that enjoy the trust of local communities and can reach the most vulnerable segments of the population are essential partners in any efforts to strengthen health systems to expand UHC.

These issues of inclusiveness are central elements of human security, which Japan has made a defining pillar of its foreign policy. Given its political leadership in this area, the global community is looking to Japan for help defining health security in a way that maintains focus on the needs of individuals and communities and is integrated with other salient security concerns—e.g., poverty, migration, conflict, natural disaster, and environmental degradation—under the rubric of human security.

- *UHC also requires strong political will at the highest levels.*

The mechanisms and resources needed to expand access to health services to every human being are

already in existence. What is needed now is the political will at the national level to prioritize UHC and allocate sufficient financial and human resources to achieve it. One step toward garnering such political will involves changing decision makers’ mindsets about health spending so that they can recognize it as an investment rather than as a financial burden. The Ebola crisis laid bare the financial cost of not investing in health systems: the three worst-hit countries saw their economies come to a virtual standstill, while those countries in Africa with stronger health systems were able to stop infections from spreading and escaped relatively unscathed.

- *Domestic resources should ultimately support the bulk of financing for UHC, but external assistance is still crucial in many countries.*

Ultimately, domestic financing for health is the ideal way to ensure that programs are sustainable and respond to the unique needs of the target population. Increasingly, national governments are recognizing the importance of investing in the health of their people and making tough political decisions to allocate more resources to the health sector. But all countries face competing demands for resources, and external financial assistance is crucial, especially in countries with low incomes and weak systems. Multilateral health funding mechanisms should help build domestic financing capacity while continuing to provide external assistance for as long as it is needed. They can also make the transition to domestic financing smoother by aligning their support with existing national programs and focusing on building strong institutions for health service delivery, management, and policymaking.

## Next Steps

The international community has a full agenda in front of it if it is to make good on its pledges to expand UHC and create health systems that are more resilient to crises. Conference participants highlighted the following steps that can help achieve that goal.

- *Draw on Japan’s experience promoting human security.*

Human security has been a pillar of Japan’s foreign policy for more than two decades. Several principles of human security—particularly its focus on engaging individuals and communities in all stages of programming, on building synergy between protection and empowerment functions, and on addressing sources of vulnerability in a comprehensive manner—should drive the discussion of global health governance reform at the G7 Summit and beyond.

- *Address both the individual and the collective security dimensions of health.*

The collective security threat of epidemics that cross national borders is easily understood and has been demonstrated repeatedly. But the failure of West African countries with weak health systems to contain their Ebola epidemics exposed the need to also safeguard the security of individuals—ensuring universal access to prevention, early diagnosis, and treatment, as well as addressing individuals’ fears and concerns and protecting their rights—to secure public goods such as disease eradication and pandemic preparedness. G7 countries have the opportunity to take the lead in ensuring that the best balance between individual and collective security is reached in the evolving global health security framework.

- *Go beyond the financing aspects of UHC to include the supply side of health systems.*

One of the biggest bottlenecks in health systems is a shortage of health workers and an inefficient distribution of the existing health workforce. One key to the successful “last-mile extension” of healthcare services is training community health workers who are on the frontlines of the health system. Training, supporting, and paying community health workers not only increases the number of professionally trained providers at the community level but also provides gainful employment, particularly of young women, in rural areas, contributing to social stability and economic development.

- *Focus more attention on women and health.*

Women are important as both providers and users of health services. Men and women often have different health needs, and their contributions to healthcare—both as health professionals and as informal caregivers—tend to differ. Still, men dominate in health policy discussions, so deliberate steps need to be taken to bring women from diverse backgrounds into discussions at all levels.

- *Improve monitoring and evaluation systems.*

Tracking progress against goals, holding actors accountable to their commitments, and learning what does and does not work require strong monitoring and evaluation mechanisms. The importance of effective monitoring and evaluation has particular relevance now given the momentum around building IHR core capacities and holding governments accountable to their commitments. But those mechanisms need to take into account individual country contexts rather than taking a one-size-fits-all approach.

- *Promote innovation, not just in research and development but also in approaches to financing, procurement, and service delivery.*

The international community needs to strengthen the research and development pipeline so that new drugs and diagnostics can be developed for pressing, but often overlooked, health challenges before they become crises. But innovation is needed in other areas as well, including mechanisms to increase financial resources available to health systems, structures for procurement and supply chain management, and service delivery.

- *Provide incentives to countries to fulfill their commitments pertaining to the IHR.*

The majority of WHO member states are not meeting the requirements of the IHR, but so far there have been no direct implications for their failure. Where health systems are weak, countries may need technical assistance to develop the capacity to implement the IHR. At the same time, global funding mechanisms should develop financial incentives for countries that improve their IHR implementation as well as disincentives for those that continue to fall short on their commitments.

- *Improve coordination among global health initiatives.*

Multiple institutions in the global health arena already have mandates to fulfill many of the roles that are needed to strengthen global health security. As the G7 and other donor countries make commitments to supporting new institutions to fill remaining holes, they should leverage their influence to ensure that all of the existing and newly created institutions place priority on developing effective coordination.

- *Don’t abandon successful global health initiatives.*

In the rush to advance UHC and improve the infrastructure for global health security, the international community should be careful not to abandon those programs that have successfully improved health around the world during the first decade and a half of the 21st century, including those that have been instrumental in battling AIDS, eradicating polio, and expanding access to vaccines. Instead, contributions to global health security and expanded access to health services should be recognized as complementary to any new initiatives, and focus should be placed on integrating those initiatives into efforts to expand UHC.

## Universal Health Coverage in the New Development Era

Toward Building Resilient and  
Sustainable Health Systems

December 16, 2015 | Tokyo, Japan

*Co-organized by:*

Japan Center for International Exchange (JCIE); Ministry of Foreign Affairs of Japan; Ministry of Finance of Japan; Ministry of Health, Labour and Welfare of Japan; and Japan International Cooperation Agency (JICA)

*In collaboration with:*

Bill & Melinda Gates Foundation; China Medical Board; Global Fund to Fight AIDS, Tuberculosis and Malaria; Global Health Innovative Technology Fund (GHIT); Japan Anti-Tuberculosis Association; Rockefeller Foundation; United Nations Foundation; World Bank Group; and World Health Organization (WHO)

### Opening Session

OPENING REMARKS:

**Shinzo Abe**, Prime Minister, Government of Japan

OVERVIEW OF THE CONFERENCE

**Keizo Takemi**, Member, House of Councillors, Japan; Senior Fellow, JCIE;  
Chair, Global Health Working Group for the 2016 G7 Summit

GLOBAL LEADERSHIP ADDRESS:

**Margaret Chan**, Director-General, WHO

GLOBAL LEADERSHIP ADDRESS:

**Jim Yong Kim**, President, World Bank Group

KEYNOTE SPEECH:

**Bill Gates**, Co-chair, Bill & Melinda Gates Foundation, USA

CO-MODERATORS:

**Shinichi Kitaoka**, President, JICA

**Akio Okawara**, President and CEO, JCIE

## Session 1: Defining Opportunities and Health Challenges in the Changing Development Landscape (panel discussion)

MODERATOR:

**Peter Piot**, Director and Professor of Global Health, London School of Hygiene & Tropical Medicine, UK

SESSION KEYNOTE:

**Babatunde Osotimehin**, Executive Director, United Nations Population Fund

PANEL:

**Christopher J. L. Murray**, Professor of Global Health and Director of the Institute for Health Metrics and Evaluation, University of Washington, USA

**K. Srinath Reddy**, President, Public Health Foundation of India; Member, Commission on Global Health 2035

**David L. Heymann**, Head and Senior Fellow, Royal Institute of International Affairs (Chatham House); Chairman, Public Health England, UK

**Tedros Adhanom Ghebreyesus**, Minister for Foreign Affairs, Ethiopia

**Mark Dybul**, Executive Director, The Global Fund to Fight AIDS, Tuberculosis and Malaria

## Session 2: National Strategies to Achieve Resilient and Equitable UHC

MODERATOR:

**Anne Mills**, Deputy Director and Provost and Professor of Health Economics and Policy, London School of Hygiene & Tropical Medicine, UK

PANEL:

**James Wainaina Macharia**, Cabinet Secretary for Ministry of Health, Kenya

**Mushtaque Chowdhury**, Vice-Chairperson, BRAC, Bangladesh

**Hideki Hashimoto**, Deputy Director, Global Health Working Group for the 2016 G7 Summit;

Professor, Department of Health and Social Behavior, School of Public Health, University of Tokyo, Japan

**Lucica Ditiu**, Executive Secretary, Stop TB Partnership

**Seth Berkley**, CEO, Gavi, the Vaccine Alliance

**Takao Toda**, Director General, Human Development Department, JICA

DISCUSSION

### Lunch Session

#### Health Policy Challenges toward Achieving UHC

MODERATOR:

**Peter Piot**, Director of the School and Professor of Global Health, London School of Hygiene & Tropical Medicine Health Policy Challenges toward Achieving UHC

KEYNOTE ADDRESS:

**Yasuhisa Shiozaki**, Minister of Health, Labour and Welfare, Japan

**Piyasakol Sakolsatayadorn**, Minister of Public Health, Thailand

#### Innovations as Catalysts for Better Access to Health: GHIT Fund as Japan's Flagship R&D Initiative

OPENING REMARKS:

**BT Slingsby**, Executive Director and CEO, GHIT

PANEL:

**Tachi Yamada**, Venture Partner, Frazier Healthcare Partners, USA

**Peter Piot**, Director and Professor of Global Health, London School of Hygiene & Tropical Medicine

CLOSING REMARKS:

**Kiyoshi Kurokawa**, Representative Director and Chair, GHIT; Adjunct Professor, National Graduate Institute for Policy Studies; Chairman, Health and Global Policy Institute, Japan

### **Session 3: Whither Governance for Global Health? Ensuring a Seamless Approach to Health Security and Resilient Health Systems**

MODERATOR:

**Michael Reich**, Taro Takemi Professor of International Health Policy, Harvard T. H. Chan School of Public Health, USA

PANEL:

**Ilona Kickbusch**, Director, Global Health Programme, Graduate Institute of International and Development Studies, Switzerland

**Victor Dzau**, President, National Academy of Medicine, USA

**Bart Janssens**, Director of Operations, Operational Centre Brussels, Médecins Sans Frontières

**Marie-Paule Kieny**, Assistant Director-General for Health Systems and Innovation, WHO

**Timothy G. Evans**, Senior Director of the Health, Nutrition and Population Global Practice, World Bank Group

DISCUSSION

### **Session 4: Role of G7 in Promoting Effective and Innovative Responses to Global Health Challenges**

MODERATOR:

**Lincoln Chen**, President, China Medical Board, USA

PANEL:

**Mustapha Sidiki Kaloko**, African Union Commissioner for Social Affairs

**Kenji Shibuya**, Director, Global Health Working Group for the 2016 G7 Summit; Professor and Chair, Department of Global Health Policy, Graduate School of Medicine, University of Tokyo, Japan

**Simon Wright**, Head of Child Survival, Save the Children

**Mark Pearson**, Deputy Director, Employment, Labour and Social Affairs, Organisation for Economic Co-operation and Development (OECD)

**Hans-Peter Baur**, Deputy Director General, Federal Ministry for Economic Cooperation and Development, Germany

### **Closing Session**

**Richard Horton**, Editor-in-Chief, *Lancet*, UK (wrap-up)

**Yasumasa Nagamine**, Deputy Minister for Foreign Affairs, Japan

### **Joint Reception for the Conference on Universal Health Coverage in the New Development Era and the Global Fund Fifth Replenishment Preparatory Meeting**

Co-sponsored by Ministry of Foreign Affairs, Japan; Global Fund to Fight AIDS, Tuberculosis and Malaria; and JCIE/Friends of the Global Fund, Japan

Speeches



Excellencies, distinguished guests, ladies and gentlemen, I would like to begin by thanking you sincerely for coming to today's International Conference entitled "Universal Health Coverage in the New Development Era: Toward Building Resilient and Sustainable Health Systems."

Japan has long contributed to global health challenges by mobilizing expertise, taking actions and producing tangible results. The reason why Japan prioritizes health comes from our conviction that it is among the most important elements in the concept of human security, which strives for the protection and empowerment of all individuals, and the fulfillment of their potential.

One of the overarching goals of my tenure as Prime Minister has been to make a "Proactive Contribution to Peace" based on the principles of international cooperation. This means that contributing to world peace and prosperity is a fundamental principle and aim of Japan's foreign policy. To this end, I believe that playing a major role in the effort to meet global challenges including global health, based on the concept of human security, is nothing less than the implementation of our "Proactive Contribution to Peace."

The 2030 Agenda for Sustainable Development was adopted at the United Nations this year. The 2030 Agenda includes numerous health related targets to

be achieved including the achievement of Universal Health Coverage (UHC)—which Japan has long been promoting—as well as a wide range of countermeasures against diseases, including infectious diseases. Next year, Japan will be the first country to assume the G7 Presidency after the adoption of the new Agenda and will also serve as one of the co-organizers of the Sixth Tokyo International Conference on African Development (TICAD VI), which is to be held for the first time in Africa.

I intend to take up health as a priority agenda at the G7 Ise-Shima Summit, and I would like to lead the discussion on the health challenges that the world faces in close cooperation with the other G7 countries. With this mind, I published an article, "Japan's Vision for a Peaceful and Healthier World," in the *Lancet* last week outlining Japan's position and efforts on global health.

What are the health challenges that the world is currently facing? As I see it, there are two key areas:

First, we need to strengthen the response to public health emergencies. During the recent Ebola outbreak, we lost many lives due in part to slow detection and reporting of the emergence of the disease in each country and to an inadequate response by the international community. In this globalized world, we need to proactively implement global measures that can respond swiftly and effectively to the emergence of an

epidemic of infectious disease or other public health emergency. For example, the Pandemic Emergency Financing Facility (PEF) proposed by World Bank and the Contingency Fund for Emergencies (CFE) established by WHO are important tools to mobilize necessary financial resources when a public health emergency occurs. Japan also supports the Global Health Security Agenda (GHSA) to strengthen each country's capacities to fight against infectious diseases.

Second, we need to provide basic health services to all individuals throughout the entirety of their life course in order to cover various challenges ranging from maternal and newborn health to malnutrition, non-communicable diseases and ageing. I believe that Universal Health Coverage, which is the provision of basic health services to every individual at an affordable cost, is necessary to the stable development of society. At the same time, UHC will also strengthen national capacities to prevent, detect, and respond to epidemic and endemic infectious diseases, thereby contributing to better preparedness against public health emergencies.

In order to address these two issues simultaneously, I believe that health systems need to be resilient, sustainable, and inclusive. To develop such health

systems in accordance with the unique circumstances of each respective country, strong political will, clear plans, and the mobilization of adequate financial and human resources on a global scale, including among developing countries, are indispensable. It is also important that relevant international organizations and donors share a common vision and strengthen their collaboration.

For its part, Japan will continue the discussion on antimicrobial resistance (AMR) taken up by the current G7 president, Germany. The "one health approach," which addresses both human and animal health together, is necessary to respond to the rise of AMR. Furthermore, it is also important to encourage research and development of drugs, including drugs for the treatment of AMR and neglected tropical diseases (NTDs), through public-private partnership.

Excellencies, distinguished guests, ladies and gentlemen, I believe that this conference can be a concrete step forward on global health issues including the strengthening of health systems, towards the G7 Summit next year. I look forward to frank and fruitful discussions in the coming year.

Thank you for your kind attention.





First, I would like to thank Prime Minister Abe for his remarks and for his commitment to global health. This is a welcome assurance that Japan's contributions to global health, which began in earnest with the 2000 Kyushu-Okinawa G8 Summit, will continue. I would also like to express my sincere appreciation to Margaret Chan, Jim Kim, Bill Gates, and all of the other leaders in the global health community who have gathered here from around the world.

I am very pleased and honored to be here at the opening session of this conference. This conference is co-organized under a public-private endeavor that has been fostering partnership since the lead up to the Toyako G8 Summit in Japan more than eight years ago. That partnership was spearheaded by the Japan Center for International Exchange, or JCIE, founded by the late Tadashi Yamamoto, as a part of its Global Health and Human Security Program and is working closely with key global health figures from around the world. In addition, this Global Health and Human Security program launched a Global Health Working Group last year, which is tasked with making recommendations to the Japanese government for the health portions of the agenda for next year's G7 Summit, which Japan will host. We will have an opportunity to hear from the working group members—its director and deputy director, Professors Shibuya and Hashimoto—later today, and a more in-depth discussion

of their preliminary recommendations will continue at the roundtable tomorrow morning.

I would like to thank all the co-organizers and collaborating organizations for making this conference happen and for gathering such a great group of experts from across the globe. Global health challenges require collective action beyond borders of all kinds, including not only national borders but also the boundaries we often find between ministries, administrative levels, sectors, disciplines, and organizations. This conference is part of Japan's endeavor to pursue such interdisciplinary collective action, and I hope that this exercise will create the underpinnings for further action going forward.

Through this conference, we aim to explore the role of UHC in the transition from the MDGs to the SDGs and in enhancing preparedness and responses to health crises based on lessons learned from the recent Ebola crisis. As Prime Minister Abe mentioned in his comment in the *Lancet* last week, "Japan's global health priorities are to construct the global health architecture that can respond to public health crises and to build resilient and sustainable health systems."

In today's discussion, I would like to emphasize three points related to global health architecture for all of us to keep in mind.

First, the Ebola crisis has made it clear that we need to redesign the global health architecture to respond to

future health crises more effectively and more quickly. I would like to emphasize that it is important to encourage each and every country to enhance its preparedness for crises. Countries need to strengthen their capacity to implement the International Health Regulations as part of their efforts to achieve UHC. We need to develop better coordination mechanisms among relevant organizations at the outset of crises. It is critical for us to come up with concrete ideas for incentivizing preparedness in any mechanisms for responding to crises.

Second, the Ebola crisis has clearly demonstrated the point that the global health architecture must also contribute to community resilience and take a community-centered approach. When we discuss strategies, we should remind ourselves that the community is the target level where universal access to social services should be achieved and resilience to health crises should be strengthened. Today, we should discuss how the global community is able to help each country pursue this kind

of community-centered approach. And I am sure that human security, of which Japan is a major proponent, can offer a good example.

Third, the global health architecture should use the SDGs to help countries design and implement their own policies along with their priorities, taking into account different national realities, capacities, and levels of development. The role of the global community is changing now that we are transitioning from the era of the MDGs, and further coordination and cooperation among donor agencies and programs should be enhanced.

I very much look forward to today's discussion and believe that today's conference will drive global collective actions for pursuing health and wellbeing for all, and ultimately for achieving the SDGs. Thank you very much for your wonderful collaboration with us. I really hope that this discussion will be meaningful to achieve UHC for all people in the global community.

Thank you very much.





Professor Takemi, distinguished participants and guests, ladies and gentlemen, I thank the Japanese government for hosting this event. Japan is a most appropriate venue. This country has long promoted universal health coverage as part of its strategy for global health diplomacy. The strategy will again receive prominence when Japan hosts next year's G7 Summit and the sixth Tokyo International Conference on African Development.

As the year comes to an end, we face an important moment in history. After decades of neglect, the world is finally focused on the need for equitable, inclusive, and resilient health systems that can withstand shocks, whether these are caused by a changing climate, a natural disaster, or a runaway virus.

I thank Prime Minister Abe for his 12 December *Lancet* commentary, which underscored the importance of health for human security and a peaceful world.

The Ebola outbreak in West Africa dramatically demonstrated what can happen when a lethal virus gains a foothold in countries with fragile health systems. The absence of a sensitive surveillance system, with laboratory support, allowed the virus to circulate, undetected, off every radar screen, for three months. The failure to provide basic health services fed public preference for care from traditional healers, which contributed to the exponential increase in cases.

The first core capacity set out in the International Health Regulations is an ability "to detect events involving disease or death above levels for the particular time and place in all areas within the territory."

Guinea, Liberia, and Sierra Leone had programmes for HIV, tuberculosis, malaria, maternal and child health, and the neglected tropical diseases, but they did not have this core capacity to prevent, detect, and respond to an unusual disease event.

In a *Lancet* commentary in 2013, Prime Minister Abe referred to what he called the "glorious" era of the MDGs, but added an important warning. As he wrote, "If the world follows the existing disease-focused vertical pathway for development assistance in the coming years, the disparity between resource allocation and actual disease burdens will widen.

Fortunately, the world changed course.

The inclusion of universal health coverage as a target under the health goal for sustainable development expresses the very spirit of the new agenda, with its emphasis on poverty alleviation, equity, and social inclusion that leaves no one behind.

UHC, based on primary health care, serves the health goal well as a unifying concept, a platform for the integrated delivery of health services, and one of the most powerful social equalizers among all policy options. It is the ultimate expression of fairness. People



who cannot pay for health care are not left to stay sick, get sicker, or die of a preventable or treatable condition.

It contributes to efficiency. Schemes for financial protection encourage people to seek care early, when the prospects of successful treatment are greater and the costs much lower.

UHC is a desirable outcome in its own right, a foundation for reaching other health goals, and a re-

liable measure of how well sustainable development is progressing. On that, let me welcome the Bill & Melinda Gates initiative on vital signs performance indicators, which has stimulated discussion on data systems and primary health care.

In short, UHC is a pro-poor strategy for sustainable development that has great and growing appeal.

Since 2010, more than 100 countries have approached WHO seeking support in moving their health systems towards UHC. This likewise tells us that UHC is the most powerful concept that public health has to offer.

Ladies and gentlemen, the challenge now before us is implementation, as you will be exploring during this conference. UHC cannot provide access to all health services. Resources in every country fall short of what is required to meet all needs, especially as the costs of new medicines and technologies continue to rise. In other words, priorities must be set and choices must be made.

Making fair choices is challenging, but fully worth the effort. The evidence is now overwhelming. Providing quality health services free at the point of delivery helps end poverty, boosts economic growth, and saves lives.

I wish you every success during a conference that is certain to be uplifting. The political will to achieve UHC is there. It is our job to illuminate the pathway to that goal.

Thank you.



Good morning. I'm extremely grateful to Prime Minister Abe, Professor Takemi, and the Government of Japan for the honor of addressing you today.

Prime Minister Abe and the Japanese government's strong leadership on our shared commitment to universal health coverage has been critical in advancing the freedom, fulfillment and capabilities of all people, especially the poor and the vulnerable.

I'm so encouraged to see all of you here for this important conference. I'm also grateful for Japan's dedication to this issue because we must acknowledge that the journey to this point for universal health coverage has been difficult.

At Alma Ata in 1978, world health leaders committed to provide health for all by the year 2000, emphasizing the needs of the poorest countries. But we all know that we have fallen far short of those expectations.

After Alma Ata, many organizations, including the World Bank, believed this comprehensive approach was too expensive and unfocused. The international community turned instead toward targeted campaigns and initiatives, including increasing childhood vaccinations and treating some of the world's most deadly infections, often with very positive results, such as those shown by the Global Fund to Fight AIDS, Tuberculosis, and Malaria. While some developing countries built stronger health systems, many

others remain unable to provide these basic health services that are critical to people's well-being.

Today, the support and commitment for universal health coverage has never had such momentum. Several organizations, including the World Bank Group, are working with countries to strengthen their health systems. Research couldn't be clearer about the benefits of investments in health—the Lancet Commission for Investing in Health found the economic return in developing countries could be as high as 10 to 1.

We would not be in this position today without Japan's leadership. In 1961, Japan established universal health coverage, or UHC—a remarkable achievement for a post-conflict country. Ever since, Japan has shown the world the importance of universal health coverage to peaceful and healthier societies. Japan's advocacy was a major reason that UHC is a target of the Sustainable Development Goals.

Japan also has played an important role in the progress we're making on two fundamental challenges to UHC—affordability of care and access to basic services. Two years ago here in Tokyo, I announced that the World Bank Group and the World Health Organization would collaborate to pursue two ambitious targets:

- First, by 2030, no one would fall into poverty because of out-of-pocket health care expenses.
- Second, also by 2030, 80 percent of the population would have access to basic health services.

These targets will be difficult to reach, but I'm confident we will succeed. We and other development partners are already working together in important ways to make progress toward UHC.

The Primary Health Care Performance Initiative, with strong support from the Bill and Melinda Gates Foundation, will help developing countries track key performance indicators for primary health care, identifying parts of the system that are working well and ones that aren't.

The Global Financing Facility for Every Woman Every Child will accelerate efforts to end preventable maternal and child deaths by 2030. This country-driven partnership will catalyze greater investments in frontline health services and preparedness by increasing grants and low-cost financing. The facility also will help countries access additional private financing and World Bank loans at very low interest rates.

The Global Financing Facility also links to IDA, the World Bank Group's fund for the poorest countries, helping to make even more funding available for health system strengthening. IDA is already our largest source of support for health in developing countries—with \$4.9 billion dollars in new IDA financing for health in the last three years alone. Leaders from developing countries tell us that IDA financing is one of their most effective sources of donor assistance. Generous contributions to IDA from Japan and other countries have brought

quality, basic health services to the world's poorest people and improved their resilience to crises.

The international community also can greatly accelerate progress toward universal health coverage by rebuilding our global health architecture to ensure a faster, more effective response to public health crises. But after the H1N1 pandemic, as in past pandemics, we followed a traditional pattern of panicking during a time of emergency—and then neglecting the problem once it had passed.

This cycle of panic and neglect is deadly. The failure to build strong health systems in Guinea, Liberia, and Sierra Leone led to the world's largest ever Ebola epidemic, killing more than 11,000 people and causing billions of dollars in losses to the rapidly growing economies of these West African nations.

We hope to mark the end of Ebola in these countries sometime soon, but we must not forget what happened—we must prepare for future pandemics now. Experts predict that it's very likely that sometime over the next 30 years we will face a severe pandemic like the 1918 Spanish Flu, which would have the potential to kill as many as 30 million people in 250 days—and reduce global GDP by roughly 5 percent, or close to \$4 trillion dollars.

The UN High Level Panel report on Ebola and other expert reviews will help us improve pandemic response and preparedness. At the request of the G7 and G20,



the World Bank Group, the WHO, and other partners are building a comprehensive response.

A critical part of the response we're developing is called the Pandemic Emergency Financing Facility. The facility aims to eliminate financial constraints for a swift and effective response to an outbreak, using pre-arranged public and private financing, including resources from insurance and capital markets. We are hopeful that once it's fully functional, this facility will save lives and protect economies.

This financing facility will be an essential piece to a much broader framework for managing pandemic risks. The international community must now increase investments in data reporting, disease surveillance, and outbreak preparedness. We must have a strong and well-funded WHO, and the reforms underway to strengthen its emergency response capacity are a great start. We must fully fund its Contingency Fund for Emergencies, which will complement the Pandemic Emergency Financing Facility. And the review of the International Health Regulations should result in a permanent shift from a voluntary, subjective, self-reporting assessment process to one that is mandatory, objective, and verifiable.

In addition, we need a way to hold all of us accountable. We must create a new international mechanism that will be apolitical, technical, and independent of countries, institutions, or funders. It should have the mandate, funding, and authority to evaluate the preparedness

and response plans of governments, international institutions, the private sector, civil society, and communities. This group of trusted experts—who would tell the unvarnished truth to the highest levels of the global system—must be empowered to call for action from the entire pandemic response community. Embracing full transparency and accountability may make us uncomfortable, but it's precisely that discomfort that will put us on the right path.

When I was young, thanks to my mother's influence, I often read the speeches of the American civil rights and anti-poverty hero Dr. Martin Luther King. In one of my favorite passages, Dr. King wrote: "We are confronted with the fierce urgency of now. In this unfolding conundrum of life and history, there 'is' such a thing as being too late." This is no time for apathy or complacency. This is a time for vigorous and positive action.

Japan's G7 Presidency and the Ise-Shima Summit next May is our moment for vigorous and positive action. It is our opportunity to finally act on the unfulfilled promise of Alma Ata, and move rapidly toward universal health coverage—and to prepare ourselves before the next pandemic hits. Accomplishing these twin goals will represent a quantum leap forward in people's health and economic wellbeing.

We have no time to waste. As Dr. King said, we only have the "fierce urgency of now." Let's seize this opportunity together.

Thank you very much.



## Introduction: Progress, Challenges, and Japan's Role in Global Health

Thank you, President Kitaoka, for that kind introduction. Prime Minister Abe—I want to extend my appreciation to you and to the Japanese government for hosting this conference. This gathering is an important milepost in the effort to improve global health and create a more equitable world.

If you look at the progress the world has made in the last 25 years, it's pretty amazing. We are on the verge of eradicating polio—one of the world's most infectious diseases. More than a billion people are no longer living in extreme poverty. And vaccines and other health innovations have cut child mortality by more than half.

The Millennium Development Goals played an important part in this progress. They focused the world's attention on the most urgent health and development problems. And they established universal consensus around a shared set of objectives.

As we embrace the broader framework of the Sustainable Development Goals, it's important that we not lose sight of the "unfinished agenda" on poverty and health.

More than 800 million people are still living on less than \$1.25 a day. Nearly 6 million children a year are

still dying before their fifth birthday—mostly from preventable causes. And the burden of disease and malnutrition still weighs most heavily on people in the poorest countries.

Yet, if I had to choose one period in time with the greatest opportunity to save and improve lives, I would pick today. Here's what makes me optimistic:

- We know more than ever about what works to lift the burden of poverty—things like primary health care, vaccines, and better drugs and diagnostics.
- Innovative public-private partnerships like the Global Fund and Gavi are enabling us to tackle problems that government and the business sector haven't been able to solve on their own.
- And scientific advances hold the promise of powerful new drugs and vaccines to help eradicate malaria, tame AIDS, and cut child mortality even further.

Japan has played an important part in this progress, laying the groundwork for the Global Fund at the G8 conference in Okinawa, backing the global polio eradication effort, and launching TICAD to refocus the world's attention on Africa's development needs.

When Japan hosts the G7 Summit and the TICAD conference next year, it has an opportunity to continue its leadership in advancing health equity and human security.

## Japanese Innovation and Global Health R&D

Global Health R&D is one area where Japan—with its scientific and technological firepower—can make a difference. The Global Health Innovative Technology Fund offers a glimpse of what's possible if we tap the innovative capacity of Japan's pharmaceutical companies, universities, and research institutions.

We joined with the Japanese government and the country's top pharmaceutical companies three years ago to create GHIT to accelerate development of new vaccines, drugs, and diagnostics for global health. The early results are encouraging:

- Scientists at Ehime University are working on a novel vaccine to block the transmission of malaria.
- Takeda Pharmaceutical Company is conducting clinical trials of an important new drug to protect and treat children infected with malaria.
- And researchers at Tokyo Medical and Dental University are conducting clinical trials on a potentially breakthrough vaccine to prevent TB infections in adolescents.

For the world, these new vaccines and therapies have the potential to help millions escape the shackles of poverty. For Japan, they can accelerate the growth of Japanese life-science companies and open new commercial markets.

## Global Fund Impact

Japan's continued support for the Global Fund is another important way it can help reduce the burden of disease in the poorest countries.

Tomorrow, Japan hosts the Global Fund's Replenishment Preparatory Meeting. This is an important moment for funders and partners to take stock of the Global Fund's progress, and to build support for the funding needed to end the epidemics of AIDS, tuberculosis, and malaria.

Japan can encourage other donor countries to sustain their support of the Global Fund by fulfilling the remainder of its 2013 pledge, and by matching that pledge for the replenishment cycle that begins in 2017.

Every \$100 million that Japan contributes to the Global Fund will save 60,000 lives. As someone who spent more than 30 years in business, I put a high priority on results, and that's a pretty impressive return.

The Global Fund is one of our foundation's largest investments because it is a highly effective way to get

life-saving health solutions to the people who need them the most.

One of the reasons the Global Fund has been so successful is that it recognized from the beginning that in addition to fighting the "big three" diseases, it would have to help poor countries strengthen their health systems.

This approach has enabled countries with the greatest burden of disease to make significant progress against HIV, TB, and malaria—and free up resources to promote health and protect against emerging disease threats.

More than one-third of the Global Fund investments go to help countries build more resilient and sustainable health systems.

## Integrated Service Delivery

One way the Global Fund is doing this is by helping countries provide more integrated care.

For example, the Global Fund is working with UNICEF to ensure that when parents take their children to the clinic with a high fever, the children are evaluated for a variety of possible causes and given the appropriate treatment right away. This is especially important in poor countries where children with malaria and severe pneumonia often show similar symptoms.

The Global Fund's integration of HIV and TB testing, treatment, and funding is another important advance in improving the quality and cost-effectiveness of essential health services.

## Surveillance

The Global Fund also is working to improve disease surveillance, which is essential to get the right interventions to the right people and to respond quickly and effectively to emerging epidemics.

The persistence of malaria in Southern Africa is an example of why surveillance is important. It is a region with large migrant and mobile populations, which are at greater risk of getting malaria because they lack access to health services.

The Global Fund is funding development of a surveillance system spanning eight countries to track where malaria transmission is occurring and to respond quickly with diagnosis and treatment.

More broadly, our foundation is investing in a network of disease surveillance sites in Sub-Saharan Africa and South Asia to gather better data about how, where, and why children are getting sick and dying. In addition to helping get the right treatments more quickly to the people who need them, this surveillance information will be an invaluable resource in the event of an epidemic.



## Data for Impact/PHCPI

The Global Fund also is helping countries improve data collection and make the best use of that information to target resources where they can make the biggest impact.

In Kenya, for instance, the Global Fund is supporting expansion of the country’s HIV prevention efforts for women and girls—and focusing on communities that have been identified as high-prevalence “hot spots.”

Earlier this year, our foundation launched an initiative in partnership with the WHO and the World Bank to help countries use existing and emerging data to track the performance of their primary health-care systems.

We call it the Primary Health Care Performance Initiative. At the heart of this effort are 25 “Vital Signs” indicators that measure the well-being of a country’s primary health care system—in much the same way our body temperature, heart rate, and blood pressure measure our body’s vital signs.

These Vital Signs indicators are already available online for more than 135 low- and middle-income countries to help policymakers and health system managers identify gaps and prioritize health investments to achieve greater impact.

To realize health equity for people everywhere, we need to keep focused on the diseases that are still killing children in poor countries. But we also have

to ensure that countries have tools like these to build strong primary health care systems.

Good primary health care systems are essential to achieving universal health coverage and to addressing and containing disease outbreaks.

## Conclusion/Call to Action

Next year, Japan will host the G7 Summit in Ise-Shima, the meeting of G7 Health Ministers in Kobe, and the TICAD conference—which for the first time will be held in Africa.

The global community will be looking to Japan for leadership as we transition from the MDGs to the SDGs. With the broader remit of the new global goals, Japan can help keep the world focused on continuing the progress we’ve made in global health. Millions of lives depend on it.

We look forward to Japan’s continued strong support for the Global Fund. Our hope is that Japan also will increase its support for other important global health efforts such as GHIT, Gavi, polio eradication, and eliminating malaria in Asia by 2030.

In closing, I want to express my gratitude to Prime Minister Abe for his leadership. I also want to thank the Japanese people for their kindness and generosity in helping to reduce global health inequity.

Japan has done so much for the world. We need your continued leadership, your best minds, and your capacity for innovation to help create a world where every person has the opportunity to live a healthy and productive life.

Thank you.





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 tackling 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—to be held in Ise-Shima—after the adoption

of the SDGs, TICAD—first time in Africa—and the G7 Health Ministers' Meeting in Kobe, to demonstrate our firm commitment to creating 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, and is 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 outcomes, 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 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 the short-, medium-, and long-term vision. You will find a “green” copy of the panel’s 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 a fee-for-service payment system and insufficient use of information technology, it also induced overuse, such as polypharmacy, which resulted in increasing costs while undermining patients’ outcomes.

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 manufacturers, 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 an outcome basis. The “National Clinical Database” registers surgery cases in more than 90 percent 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 help 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 the sustainability and efficiency of health care.

**The second challenge is to empower society and support personal choices.** With the 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 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 a “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 building a system through which we can prevent and respond to future 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 a role and stay relevant, WHO needs to be reformed as follows:

First, WHO needs to establish a clear and rapid decision-making process in emergencies, with clear lines of command involving relevant stakeholders, while securing coherence with existing governance bodies 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 US\$10 million 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 that the CFE and PEF can increase the efficiency and effectiveness of 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 the 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 of 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 people's 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 together we can make a significant difference in global health.

I look forward to the active debate on UHC and wish this conference great success. Thank you.

# Piyasakol Sakolsatayadorn |

Minister of Public Health, Thailand



Excellencies, distinguished guests, ladies and gentlemen, I would like to first extend my sincere congratulations and thanks to the Government of Japan to successfully host this very timely and important conference right after the global commitment on SDGs including the UHC.

Ladies and gentlemen, Thailand started the policy on financial protection for health services in 1975 focused only at the poor, when our GNI per capita was only 400 USD. We gradually expand the coverage to the near poor, the employed, the elderly and the children until we achieved 71% population coverage in the year 2000. Then we decided to move towards 100% population coverage and UHC was achieved in 2002, when our GNI per capita was mere 2,000 \$US, the lowest level after the 1997 economic crisis.

From our 14 years of experiences, we face at least five challenges:

**Challenge number one—The real access to essential health services.** People who live far away, especially in the mountainous and border areas, those elderly and disabled, as well as those who have socio-cultural barriers, including the migrants and stateless people, are still facing difficulties in access to quality essential care. Although we have strived to provide financial protection to almost 700,000 stateless people but a few hundred thousands more are still deprived of it. We

also have around 4 million migrant workers and their dependents, majority of them are not covered by any kind of health insurance.

The Thai government has in the past several decades invested extensively on building up rural health infrastructures manned by qualified, committed and motivated health workers. We have implemented all measures that the WHO has recommended to retain health workers in the rural and hardship areas.

**Challenge number two—Inequity among the three main health insurance schemes.** Fifteen percent of our populations are covered by the social health insurance. Eight per cent are covered by the civil servant medical benefit scheme. The Universal Coverage or Gold Card Scheme covers the rest, or 77%. These three systems have different benefit packages, different delivery systems, and different payment mechanisms!!!

We are now learning from the Japanese systems, which have more than 3,000 funds but managed under a unified and harmonized systems. In this connection, I would like to sincerely thank the JICA for their commitment and support.

**Challenge number three—Financial sustainability of the systems.** In 2013, we spent 4.6% of our GDP on health, 80% of which are from the public budget. Thus our public spending on health rose to 17% of

total government spending. We have very limited fiscal space to move further and some innovative and bold measures must be put in place.

The most effective measure is to strengthen health promotion and disease prevention, which are embedded in our UHC systems. We also established the sin tax based health promotion foundation and several thousands of community health funds to tackle health-related social and environmental factors.



We also exercise “monopsonistic purchasing power” and central procurement systems, supported by Health Intervention and Technology Assessment, to negotiate for new technologies at much lower price. I am glad that one of the recommendations to the G7 summit on health is to strengthen Health Technology Assessment capacity.

We have also invested heavily on health system researches with many social innovations to support UHC.

I would like to reiterate that “social innovations” are as, or maybe even more, important than “biomedical innovations.”

Finally, we are seriously considering a proposal for four goals of UHC financing. These are called S-A-F-E, which stands for Sustainability, Adequacy, Fairness and Efficiency.

**Challenge number four—The acceptability and quality of care.** Although successive consumer polling in the last 14 years have found the increase of consumer satisfaction from 83% in 2003 to 91% in 2014, the satisfaction of the providers started with less than 50% in 2003 and gradually rose to almost 60–70% in the past few years, which is still a big gap for improvement. Improvement of working conditions, more financial and non-financial incentives gradually improve the situation. Challenge also still remain on quality of service. A nationwide achievement of “hospital accreditation together with patient safety” under the Hospital Accreditation Institute is critical to ensure better quality and safety.

**Finally the last challenge—The good governance of the systems.** Our UCS [universal coverage scheme] is governed by the board of 30 members, chaired by the health minister, with a strong engagement from stakeholders that have interests in health systems including representatives of civil society, local government units and health professional legal bodies, and also the private sector. All information are available on the website. Our National Health Security Act also requires us to have extensive public hearing at least once a year.

Ladies and gentlemen, let me once again congratulate and thank the Japanese government and their partners for convening this very successful and timely conference. My colleagues and I have learnt a lot and also build up good networks.

I would like to also reiterate Thailand’s commitment to learn and share and walk along with all partners to support the achievement of the SDGs and especially the UHC based on South-South collaboration.

Thank you so much for your kind attention.

## Session Summaries

# Session 1: Defining Opportunities and Health Challenges in the Changing Development Landscape

To open the session, **Peter Piot (London School of Hygiene & Tropical Medicine)** identified several historic opportunities to advance health that are before us today. First, there has been measurable progress on the MDG agenda, and second, the Ebola crisis gave us a wakeup call to improve global health security. Third, political momentum has been building around these issues, as demonstrated by Prime Minister Abe's recent statements. Faced with these opportunities, what do we need to do differently in light of the changing development landscape?

The SDG agenda is about partnerships to improve human wellbeing, and within that UHC is an ambitious target that underlies the ability to achieve not only the health goal but other goals as well. **Babatunde Osotimehin (United Nations Population Fund)** stressed the importance of building preventive medicine into UHC systems. He also called for mechanisms to build resilience and inclusivity given the significant challenges that persist in providing health services to the poor, vulnerable, and marginalized worldwide.

**Christopher Murray (Institute for Health Metrics and Evaluation)** explained that the shift from the narrowly focused MDG agenda to the broader SDGs means we need to change how we monitor progress. The Global Burden of Disease study has begun synthesizing global trends by looking at variations in health burdens that cannot be explained by socioeconomic development. For example, some initiatives have altered epidemiological trends beyond what can be attributed to development (e.g., vaccine scale-up accelerating the decline in infectious disease), while other factors have impeded progress (e.g., obesity causing mortality rates to increase in Mexico despite improvements in primary healthcare access).

The Lancet Commission for Investing in Health anticipated the SDG agenda by identifying three key priorities for global health in the post-MDG era: accelerating progress on the MDGs, addressing noncommunicable diseases (NCDs), and providing a platform for action in strengthening UHC. **K. Srinath Reddy (Public Health Foundation of India)** shared lessons from the commission's report, reminding us that a "grand convergence" in global health can occur by 2035 if action is taken in these three areas. Domestic financing can be encouraged through the compelling case that investments in health can result in 9- to 20-fold

returns, and policy measures such as reducing fossil fuel subsidies can directly impact health outcomes while bridging health with related areas.

**David L. Heymann (Chatham House)** called for greater understanding of the personal dimensions of health security—individual access to medicines, vaccines, and health systems—underlying the collective security threat of epidemics. Successful programs recognize that disease eradication rests on individual coverage: countries still struggling to contain polio are those with low vaccine coverage, and epidemics such as Ebola become security threats because of poor infection control and safety measures for individual patients and health workers.

Ethiopia succeeded in reforming its health system through a twin focus on health as a human right and as a driver of economic development. According to Foreign Minister **Tedros Adhanom Ghebreyesus**, this political commitment to placing health at the center of national development plans made possible a massive expansion in access to basic primary healthcare services so that now nearly 90 percent of the population is covered. Ethiopia broke the provider/recipient dichotomy by training a nationwide female-driven cadre of frontline health workers who have transformed the dynamic of health development through community involvement and ownership.

What **Mark Dybul (Global Fund)** finds most interesting about the SDGs is that they cut across issues to focus on the vulnerabilities experienced on an individual or community basis. This requires an equity approach, something that Japan has been championing through its human security focus but also something written into the DNA of the Global Fund given that it targets diseases of inequity, namely HIV and TB, which disproportionately affect those left behind by society.

Participants agreed that, since development assistance for health has flat-lined, these systemic goals can only be achieved through partnerships and the recognition that health is a lucrative investment. Making the investment case is crucial, as are international and public-private partnerships for development assistance, but partnerships need to coordinate with national plans so that country ownership is ensured and core capacities are built. Without these, we risk backtracking on significant yet fragile health gains made under the MDG agenda.



## Session 2: National Strategies to Achieve Resilient and Equitable UHC

**Anne Mills (London School of Hygiene & Tropical Medicine)** opened the session by asking panelists to focus on concrete steps countries have taken to strengthen their health systems and enhance preparedness against epidemics, how UHC can enhance preparedness and vice versa, and what strategies have proved successful in building political commitment to prioritize these goals.

Kenyan Minister of Health **James Wainaina Macharia** attributed Kenya's success to the decision to enshrine the right to health in the constitution. But utilization of health services was low despite constitutional commitments and a marginal user fee of 10 cents. Closer examination showed that government savings from these user fees were outweighed by the consequences of untreated NCDs, where early detection saves both lives and treatment costs. Removal of the user fee resulted in a threefold increase in patients accessing healthcare facilities.

Meanwhile, Bangladesh is on track to achieve the health MDGs and has seen rapid improvements in recent years, with most of the benefits going toward women and the poor. **Mushtaque Chowdhury (BRAC)** attributed these gains to massive scale-up in public health programs (e.g., immunization campaigns), the use of community health workers, and close partnerships between the government and NGOs to address the social determinants of health. However, challenges abound, including ensuring quality curative care, dealing with NCDs, and responding to climate change-related diseases for which national programs are ill-prepared.

**Hideki Hashimoto (University of Tokyo)** emphasized the role of community-based care in maintaining UHC in Japan for more than half a century despite major demographic change. One lesson has been that equity in access to affordable healthcare leads to major payoffs in social stability and development. An integrated approach to maintaining UHC that considers broader social policies, such as education and safety nets, has been crucial to the resilience of Japan's health system to economic stagnation, external shocks, and natural disaster.

Building on the discussion of the difficulty of measuring performance, **Lucica Ditiu (Stop TB Partnership)** suggested that "vertical" successes in tuberculosis control can be considered a good performance indicator of UHC. While TB is airborne and can potentially infect

anybody, it is a disease that clusters among the most vulnerable and disadvantaged. Therefore, the proportion of TB patients who are diagnosed and treated can be a robust proxy for equity of UHC. Japan's incredible post-war success in containing TB while it was still developing its UHC system is a testament to how epidemics can be contained in low-resource contexts through integration of disease-specific programs and primary healthcare.

In its ideal form, UHC is an aspirational goal that requires sustained investments and thoughtful prioritization. **Seth Berkley (Gavi, the Vaccine Alliance)** posited that immunization is a logical place to start implementing UHC because it builds resilience to health crises, reaches further and more equitably than most other interventions, and strengthens overall public health. Immunization campaigns are often the first point of contact with health systems and sometimes the only intervention available to remote or otherwise deprived communities.

**Takao Toda (Japan International Cooperation Agency)** cited two major reasons why JICA considers UHC an important priority in its bilateral assistance programs: (1) Japan has a duty to disseminate lessons from its history to improve the development trajectories of other countries, and (2) the UHC concept is human centered and emphasizes inclusiveness, resonating with Japan's foreign policy vision of human security. He has learned that implementation requires long-term commitment to pushing through sequential and multilayered interventions and that fostering trust by improving the quality of services in tandem with expanding coverage is essential to achieving UHC.

The discussion that followed touched on concerns that the move toward UHC sometimes fosters greater inequities due to services being initially more accessible to the better off while the poor continue to be financially barred from access. This is where the importance of the equity approach comes in, with the recognition that the poor and marginalized require targeted approaches when prioritizing the order of investments. Panelists and participants cited strong political will and multisectoral community engagement as requirements to ensuring that UHC does not neglect vulnerable communities in the early stages of implementation.



# Lunch Panel: Innovations as Catalysts for Better Access to Health: GHIT Fund as Japan's Flagship R&D Initiative

**BT Slingsby (GHIT Fund)** opened the discussion by highlighting the central role that innovation played in Japan's successful efforts to contain its TB epidemic, which wreaked havoc on its population as the leading cause of death in the early postwar period. Only when Japan was able to innovate to develop such products as antibiotics, vaccines, and portable X-ray machines, did TB control become conceivable. UHC without innovation is similarly ineffectual.

**Peter Piot (London School of Hygiene & Tropical Medicine)** affirmed that the GHIT Fund both embodies and drives the kind of innovation in products and services that is needed to push global health and development forward. It is an effective model, replicable elsewhere, for public-private partnership (PPP) to incentivize the development of much-needed medical products that do not churn significant profit. Pharmaceutical companies are the only entities with the expertise to develop and manufacture these products, but as private companies, they have to maintain profits to remain accountable to their shareholders. As such, incentivizing investments in these global public goods is not easy, as evidenced by the fact that few new TB medicines or diagnostics have been developed in the past 50 to 100 years, ever since the world's most profitable markets succeeded in containing their epidemics.

**Tachi Yamada (Frazier Healthcare Partners)** continued on this point, remarking that what gets measured

gets done. The Access to Medicine Index, which ranked Japanese pharmaceutical companies at the very bottom for their investments in access to medicine, was pivotal in encouraging them to partner with the government and foundations to invest more in social good. Japan's unique ability to frame contributions to global health within its human security-driven foreign policy framework was also central to making this flagship model for encouraging innovation work.

Scaling up these PPP models and the innovations they produce will require rethinking how the investment case is made to pharmaceutical company shareholders. While the returns on these investments to the greater good of the world are clear—among both the R&D workforce and the general public—returns on investments to the company are not. New metrics will be needed that can measure contributions to global public goods and the impact of these pharmaceutical PPPs on company staff and scientists, where a substantial morale boost may be worth more to company performance than investments elsewhere.

**Kiyoshi Kurokawa (GHIT Fund)** closed by pointing out that Satoshi Omura had just captured hearts and minds across the country by winning the 2015 Nobel Prize in Physiology or Medicine, reaffirming the importance of drawing inspiration from the groundbreaking innovations that continue to drive the advancement of humanity around us.



## Session 3: Whither Governance for Global Health? Ensuring a Seamless Approach to Health Security and Resilient Health Systems

Opening the session, **Michael Reich (Harvard T. H. Chan School of Public Health)** reminded participants that governance requires adaptable mechanisms, not merely static structures. Since crises never unfold the same way twice, how do we build learning capacity into global institutions to ensure that they are responsive to the unique challenges wrought by each new crisis?

A member of the WHO's Ebola Interim Assessment Panel, **Ilona Kickbusch (Graduate Institute of International and Development Studies)** highlighted the need to capitalize on the momentum around health security in the aftermath of the Ebola crisis. The next G7, G20, and UN General Assembly meetings will be crucial in advancing mechanisms to better respond to future crises, and Japan's leadership of the G7 in 2016 is particularly important given how it has championed human security in its foreign policy. This approach can bridge the false dichotomy between the equity-driven UHC agenda and health security, which is too often reduced to a national security concept.

The Commission on the Global Health Risk Framework for the Future (GHRF) has been finalizing a report on global health security, and **Victor Dzau (National Academy of Medicine)** discussed three of its over-arching recommendations on pandemic preparedness. These include (1) more effective, adequately funded, and vertically integrated coordination at the national, sub-regional, regional, and global levels; (2) stronger national systems with strengthened IHR core capacities; and (3) more efficient and streamlined R&D that relies increasingly on innovative partnerships such as Japan's flagship GHIT Fund.

**Bart Janssens (Médecins Sans Frontières)** took the focus on R&D one step further by explaining that one lesson MSF learned on the frontlines of the Ebola epidemic was that the current global R&D framework is broken and requires efforts to streamline the production and distribution pipelines to provide timely and affordable access to drugs, vaccines, and diagnostics for neglected diseases and epidemics.

He also stressed the need to reexamine the concept of resilience for low- and middle-income countries. If funding is only triggered for epidemics that pose a threat to the rest of the world, these countries' capacities to

contain local outbreaks are unlikely to get sufficient resources. Rather, investing in communities and civil society is central to equitable, sustainable, and resilient UHC because they support disease surveillance and help to hold national governments accountable.

**Marie-Paule Kieny (WHO)** also emphasized the importance of strengthening health systems as a means to achieving the twin goals of UHC and resilience. However, she noted that in a climate of limited resources, development assistance for health needs to be provided in a way that also mobilizes domestic financing and aligns with national policies and systems. This lends even greater importance to the role of the WHO as a convener and provider of technical expertise that is uniquely positioned to support countries seeking to invest domestic resources in UHC.

Meanwhile, **Timothy Evans (World Bank)** discussed lessons from the failures in coverage, surveillance, and prevention that led to the Ebola crisis. One is that capacity must be built at the national level to eliminate coverage gaps and ensure that human resources and health facilities are equipped to control infections and outbreaks. He added that the World Bank hopes to fill a niche by providing rapid, flexible funding for outbreaks on the verge of becoming pandemics through its Pandemic Emergency Facility, but to be effective this must be coordinated closely with the WHO's Contingency Fund for Emergencies and other responses.

In the subsequent discussion, some speakers urged greater coordination in establishing an R&D framework that can harmonize regulatory processes to quickly mobilize new vaccines and diagnostics. Others stressed the need for those pushing global initiatives to take into account local health systems, which really are global public goods. This requires engaging local communities and diverse stakeholders in efforts to build health systems that can meet IHR standards and recognizing the roles of communities in disease surveillance and in holding national governments accountable. Therefore, efforts to reform global governance should also create incentives to expand local accountability and financial capacity and be backed by independent external assessments and mechanisms to deal with noncompliance with IHR commitments.



# Session 4: Role of G7 in Promoting Effective and Innovative Responses to Global Health Challenges

At the outset of the session, **Lincoln Chen (China Medical Board)** reminded participants that our challenges are not new—we have grappled with epidemics for centuries, and UHC is just the latest manifestation of mankind’s age-old ethical dream to make the fruits of science and technology available to all. The quest to effectively respond to these challenges continues to underlie the annual G7 meetings.

As a basis for discussing how the G7 can contribute, **Mustapha Sidiki Kaloko (African Union)** first outlined the efforts underway by African Union (AU) countries to respond to humanitarian crises. The AU has long mobilized boots on the ground, and in response to the Ebola outbreak it deployed over 700 health workers to the affected countries. It is also developing a standby force of medical personnel and designing continental policy frameworks to support countries in strengthening their health systems. What the AU needs is assistance in building institutions—similar to what the US Centers for Disease Control and Prevention is currently providing—and funding to help sustain existing programs.

**Kenji Shibuya (University of Tokyo)** spoke on behalf of a working group organized by JCIE and the University of Tokyo that is developing policy proposals to inform the 2016 G7 Summit agenda. Japan, host to the first G7 Summit to be held since the adoption of the SDGs, has the opportunity to leverage the cross-cutting nature of the development goals to integrate human security into efforts to achieve UHC and strengthen global health governance. He outlined four priority areas where Japan is strategically equipped to provide guidance on UHC as a mechanism to combat some of the world’s greatest global health challenges: (1) enhancing health in a way that also strengthens social stability and advances equity; (2) preparing for threats to human security; (3) cushioning against the effects of rapid aging; and (4) strengthening R&D for neglected diseases and antimicrobial resistance.

Reiterating the earlier discussion on the need to foster domestic resource mobilization, **Simon Wright (Save the Children)** reminded participants that many developing countries, despite their high growth rates, are far below their Abuja commitments to allocate 15 percent of the public budget to health, indicating that prosperity is not being shared. G7 countries can encourage developing countries to raise taxes to fill

much of the gap in primary healthcare services, and they can incentivize transparency in funding flows to ensure efficient healthcare spending. However, incentive structures risk distorting health systems and fostering gaps in access, and bilateral as well as multilateral donors must be held accountable for their impacts on health systems at large.

One key challenge brought up in earlier sessions was the perception that health spending is a burden rather than an investment, prompting **Mark Pearson (OECD)** to stress the need to engage the G7 finance ministers—in addition to health ministers and heads of state—to galvanize international action around UHC. He cautioned others to learn from OECD countries’ mistakes. Many of the OECD countries’ systems are too expensive to be good models, and accelerating demographic transitions—such as unprecedented aging occurring alongside development in many Asian countries—means that emerging economies often do not have the luxury of dealing with these burdens in sequence as many OECD countries did.

Germany was getting ready to pass the G7 presidency to Japan after a strong year of political engagement in responding to global challenges. **Hans-Peter Baur (German Federal Ministry for Economic Cooperation and Development)** cautioned that promoting domestic resource mobilization, while a commendable goal, should not come at the cost of missed opportunities to strengthen health systems. All stakeholders around the world should take collective responsibility and work together.

## Closing Session

In a subsequent closing session, **Richard Horton (Lancet)** summarized the day’s discussions by reminding participants that we have an opportunity to end preventable deaths and premature mortality if we maintain our focus on UHC and hold ourselves accountable to the commitments that are being made. Afterwards, **Yasumasa Nagamine (Ministry of Foreign Affairs of Japan)** closed the conference by thanking the participants for their invaluable insights and promising that Japan will strive for concrete outcomes in the area of global health, including health system strengthening, at the upcoming G7 Summit.



# About the Japan Center for International Exchange

Founded in 1970, the Japan Center for International Exchange (JCIE) is one of the leading independent nongovernmental organizations in the field of international affairs in Japan. It organizes policy-oriented studies, dialogues, and exchange programs that bring together key figures from diverse sectors of society, both in Japan and overseas. JCIE is headquartered in Tokyo, and it operates with an American affiliate, JCIE/USA, in New York. JCIE's Global Health and Human Security Program encourages Japan and other wealthy countries to translate their commitments on improving global health into concrete action. Through its international research and dialogue projects, the program seeks to develop a better understanding of the critical value of human security to global health and aims to explore ways for Japan to enhance its leadership role in global health over the long term and to build domestic and international support for such a role.

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