

Japan's Challenge on SDGs and Global health Human Security approach

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Role of Japan to facilitate Global Health

Host the 42nd G7 summit in 2016

Policy Consistency of Japanese cabinet

1. Obuchi Cabinet (1998-2000)

- 1998: Prime Minister Obuchi declares human security a core principle for Japan's foreign policy framework at the first "Intellectual Dialogue on Building Asia's Tomorrow" in response to the Asian financial crisis.

2. Mori Cabinet (2000-2001)

- 2000: Prime Minister Yoshiro Mori announces the establishment of an international commission on human security (later named the Commission on Human Security or CHS) at the UN Millennium Summit.

3. Fukuda Cabinet (2007-2008)

- 2008: Prime Minister Yasuo Fukuda added the strengthening health system as one of the agendas for the summit at the Toyako G8 summit.

Human Security

Growing interdependency among nations has challenged the traditional notion of “security”

- Need a new notion of security that supplements traditional security—securing not only national boundaries but also security of individuals and communities beyond borders

Definition of human security by Commission on HS

- Focus on three universal freedoms: freedom from want, freedom from fear and freedom to live in dignity
- Target people and define the community as the unit of policy making
- To protect “the vital core of all human lives in ways that enhance human freedoms and fulfillment”

Human Security and Health

Health is the vital core of human lives and offers a concrete field for developing strategies for human security

How to promote human security?

Dual strategy

Empowerment

- enable people to develop the capacity to cope with or prevent difficult conditions

Protection

- set up by states, international agencies, NGOs, and the private sector to shield people from critical and pervasive threats and enable people to protect themselves

AGENDA SETTING FOR ISE-SHIMA G7 SUMMIT

Basic Design for Peace and Health (Global Cooperation)

September 11, 2015

1. Basic Design for Peace and Health was approved by the Headquarters for Healthcare Policy on 11th of September 2015.
2. Basic Design for Peace and Health was developed as a guideline for Global Health policy under the Development Cooperation Charter. The drafting was carried out through an extensive consultation period amongst foreign and domestic health experts.
3. Basic Design recognizes human security as the fundamental principle. The policy's objectives are to build a society which is resilient to external factors such as public health emergencies and disasters, to establish a seamless utilization of essential health and medical services throughout life thus achieving Universal Health Coverage, and the effective appropriation of Japanese health workers, expertise, drugs, medical devices, medical technologies, and medical services.
4. Japan will continue to maintain its contributions to global health in accordance with the Basic Design for Peace and Health.

(Source: Ministry of Foreign Affairs of Japan Website)

http://www.mofa.go.jp/ic/ghp/page22e_000761.html

Japan's Role as the host of G7 summit

Japan's vision for a peaceful and healthier world

Health is fundamentally a global issue. Recent outbreaks of Ebola virus disease and Middle East respiratory syndrome have reminded us that global health issues require collective action. The world must unite and countries must establish resilient and sustainable health systems, ensuring that each individual is secure and receives the highest attainable standard of health. Japan has been a longstanding advocate of human security¹ and has taken concrete action on the ground in support of this principle. Human security protects the vital core of all human lives in a way that enhances freedom, fulfilment, and capabilities^{1,2} and underlies Japan's policy of Proactive Contribution to Peace. Japan regards health as an indispensable element of human security.¹

In September, 2015, the United Nations General Assembly adopted the 2030 agenda for sustainable development, which includes universal health coverage (UHC), to which Japan attached great importance during the negotiation process.³ Achieving UHC requires comprehensive changes to systems, human resources, and public awareness. To catalyse such changes, leaders must commit to leave no one behind in the drive for the best attainable health gains. The Sustainable Development Goals (SDGs) have created an opportunity to connect sectors and empower individuals, families, and communities. It is crucial that we agree on a monitoring and evaluation framework so that the impact of UHC against investment is measurable and thus attainable.

Japan will host the first G7 Summit after the adoption of the SDGs in May, 2016. Alongside the G7 Health Minister's Meeting, and the Tokyo International Conference on African Development, Japan will create an opportunity for countries and partners to discuss concrete steps towards achieving new goals, while sharing Japan's relevant experiences, so that we can move forward together with this new agenda.

Japan's global health priorities are to construct a global health architecture that can respond to public health crises and to build resilient and sustainable health systems. To realise these goals, Japan has endorsed two new global health strategies: the Basic Design for Peace and Health⁴ and the Basic Guidelines for Strengthening Measures on Emerging Infectious Diseases.⁵ I would like to underline the importance of these priorities and foster succinct and relevant discussions during our G7 presidency in 2016.

First, in preparation for the G7 Summit, we will discuss how to address the challenges of public health emergencies. The existing global health architecture must be restructured to ensure prompt and effective responses to public health emergencies. Public and private partners, government, and civil society—at global, regional, country, and community levels—should reach agreement on their respective roles in advance of emergencies. Japan expects WHO to have the lead role in prompt detection and containment, especially in the early stages of a public health emergency, while acknowledging WHO's need for further reform and capacity strengthening. Japan is ready to support this reform process, including the launch of the Contingency Fund for Emergencies.⁶ Japan also fully supports the efforts of the World Bank's Pandemic Emergency Facility, and calls for coordination between WHO and the World Bank to ensure the two mechanisms have supplementary and complementary roles so that they increase efficiency and effectiveness in crises responses.

Second, we will discuss strategies to build resilient, sustainable national health systems. In the past 70 years, Japan's life expectancy increased by more than 30 years and, since the early 1980s, health outcomes have consistently been top ranked.⁷ These achievements are the result of the establishment of universal health insurance in 1961, favourable proximal determinants of health, such as healthy diet and access to clean water,



Japan's Prime Minister Shinzo Abe

The Lancet
Japan's Prime Minister Shinzo Abe on
“Japan's vision for a peaceful and healthier world”
Volume 386, pages 2367-2369,
December 12, 2015

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

Tokyo | December 16, 2015



The characteristics of the SDGs related to Health



(Source: UNDP Website)

SDGs' goal setting for health from narrow to broader sense

- “Ensure healthy lives and promote well-being for all at all ages”
- From Live Longer to Live Better
- From Life Expectancy to Health life expectancy

Strengthening health system

- The difference between the MDGs and the SDGs is that the Resilient health system approach added to the Disease specific approach (Vertical) .

Goal3. Ensure healthy lives and promote well-being for all at all ages

- 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
- 3.C Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing states.
- 3.D Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

SDGS 3-D AND EBOLA OUTBREAK

Ebola outbreak: *a game changer*



(Source: EPA/New York Times)

The lessons from the Ebola crisis

1. WHO's 'delayed response and the need for better governance on global and national levels.
2. The necessity of resilient health system
3. The limitation of current health policy
4. The necessity of comprehensive approach on community level.
5. Strengthening the consistency of global, national and community level governance.

SDGS AND HUMAN SECURITY

Report of the Ebola Interim Assessment Panel

A panel of independent experts to assess WHO's response in the Ebola outbreak

The Panel firmly believes that this is a defining moment not only for WHO and the global health emergency response but also for the governance of the entire global health system. The challenges raised in this report are critical to the delivery of the proposed Sustainable Development Goals, especially Goal 3: Ensure healthy lives and promote well-being for all ages.

The Panel recognizes that it has made recommendations to many different actors and that these recommendations are interdependent in their implementation. Significant political commitment at both global and national levels is needed to take them forward.

(Source: WHO Website)

<http://www.who.int/csr/disease/ebola/panel-to-assess-response/en/>

WHO Secretariat response to the Report of the Ebola Interim Assessment Panel

WHO continues to place a sharp focus on building resilient subnational systems, with active community participation. These systems not only provide safe, integrated, people-centered and quality health services to meet the predictable health needs of populations, but also mitigate the impact of disease outbreaks and emergencies with health consequences.

(Source: WHO Website)

<http://www.who.int/csr/resources/publications/ebola/who-response-to-ebola-report.pdf>