Path to Universal Health Coverage

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World Medical Association
Japan Medical Association
Transition of Life Expectancy in Japan 1947-2016

- Female Life Expectancy:
  - 1947: 53.96
  - 2016: 87.14

- Male Life Expectancy:
  - 1947: 50.06
  - 2016: 80.98

- Healthy Life Expectancy:
  - Female: 74.79
  - Male: 72.14

The chart shows the transition of life expectancy for both males and females in Japan from 1947 to 2016, highlighting the significant increase in life expectancy over this period.
Transition of Total Population in Japan, 1947-2017

thousand

128,084
126,706

Year 2008

126,706
128,084

Year 2017

65,662
65,051

128,084
126,706

Transition of Total Population in Japan, 1947-2017

thousand

78,101

Year 2008

78,101
128,084

Year 2017

65,051
65,662

128,084
126,706

Transition of Total Population in Japan, 1947-2017

thousand

39,972

Year 2008

39,972
62,422

Year 2017

61,655
65,051

128,084
126,706

Transition of Total Population in Japan, 1947-2017

thousand

38,129
Transition of total population based on 50 years old, for 250 years

Meiji Restoration

stable in 19 century style

asset inflated economy

stable in 21 century style

over 65

50-64

15-49

under 14

Current Social Coverage System was created at this period

資料: 未来医療研究機構作成資料を一部改変

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Transition of population ratio by age groups

- Under 14
- 15–49
- 50–74
- Over 75

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Historical changes in mortality rate in Japan (by major causes of death) 1947-2016
Trends of 5-year relative survival rate in all cancers

Advances in cancer treatment such as radiation therapy, chemotherapy and surgical therapy are remarkable. As a result, the survival rate of cancer has been increasing.
5-year relative survival rate in cancers by organ in 2006-2008

Cancer of pancreas, liver, gall bladder and lung is poor prognosis.

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Survival Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All cancers</td>
<td>62.1</td>
</tr>
<tr>
<td>Oral cavity and pharynx</td>
<td>60.2</td>
</tr>
<tr>
<td>Esophagus</td>
<td>37.2</td>
</tr>
<tr>
<td>Stomach</td>
<td>64.6</td>
</tr>
<tr>
<td>Colon/rectum</td>
<td>71.1</td>
</tr>
<tr>
<td>Colon</td>
<td>71.6</td>
</tr>
<tr>
<td>Rectum</td>
<td>70.1</td>
</tr>
<tr>
<td>Liver</td>
<td>32.6</td>
</tr>
<tr>
<td>Gallbladder and bile ducts</td>
<td>22.5</td>
</tr>
<tr>
<td>Pancreas</td>
<td>7.7</td>
</tr>
<tr>
<td>Larynx</td>
<td>78.7</td>
</tr>
<tr>
<td>Lung, trachea</td>
<td>92.4</td>
</tr>
<tr>
<td>Skin</td>
<td>91.1</td>
</tr>
<tr>
<td>Breast (female)</td>
<td>76.9</td>
</tr>
<tr>
<td>Uterus</td>
<td>73.4</td>
</tr>
<tr>
<td>Cervix uteri</td>
<td>81.1</td>
</tr>
<tr>
<td>Corpus uteri</td>
<td>58.0</td>
</tr>
<tr>
<td>Ovary</td>
<td>97.5</td>
</tr>
<tr>
<td>Prostate</td>
<td>76.1</td>
</tr>
<tr>
<td>Bladder</td>
<td>69.1</td>
</tr>
<tr>
<td>Kidney and other urinary organs</td>
<td>93.7</td>
</tr>
<tr>
<td>Brain, nervous system</td>
<td>35.5</td>
</tr>
<tr>
<td>Thyroid</td>
<td>65.5</td>
</tr>
<tr>
<td>Malignant lymphoma</td>
<td>36.4</td>
</tr>
<tr>
<td>Multiple myeloma</td>
<td>39.2</td>
</tr>
</tbody>
</table>
Cancer Control Act, Enacted in 2006 and Effected in April 2007

Promote measures in a comprehensive and systematic manner

1. Promotion of prevention and early discovery of cancer
   - Promotion of prevention of cancer
   - Improvement of quality of cancer screening

2. Promotion of even distribution of cancer treatment
   - Training of medical professional with expertise and skills
   - Maintenance of medical facilities

3. Promotion of cancer research
   - Promotion of research on cancer
   - Utilizing research results
   - Promotion of clinical trials contribute to the early approval of pharmaceuticals and medical devices
   - Environment improvement related to clinical research, etc.

Government

Minister of Health, Labour and Welfare
Development of Basic Plan to Promote Cancer Control Programs

Basic Plan to Promote Cancer Control Programs
Reconsideration of the programs at least every 5 years
Cabinet Decision Report to the Diet

Cabinet Decision
Report to the Diet

Local Government

Prefectural Government
Prefectural Plan to Promote Cancer Control Programs

Citizen
Promotion of UHC

UHC is a Global Goal for National Health Policy
Universal Health Coverage Forum 2017
December 14th, Tokyo, Japan
Declaration of Support by Global Health Leaders at UHC Forum 2017

Antonio Guterres, UN
Tedros Ghebreyesus, WHO
Shinzo Abe
Prime Minister, Japan
Jim Yong Kim, World Bank
Anthony Lake, UNICEF

Universal Health Coverage Forum 2017, December 14th, Tokyo, Japan
Declaration of Support by WMA at UHC Forum 2017

Universal Health Coverage Forum 2017, December 14th, Tokyo, Japan
Signed the MOU with Dr. Tedros, WHO Director General at the WHO headquarters in Geneva on April 5, 2018.
MOU between WHO and WMA

Areas of collaboration

a) The realization of Universal Health Coverage for All, with special focus on the role of physicians and their professional organizations, facilitating understanding of the concept and proactive participation.

b) Strengthening education, employment and management of health workers. The WHO Global Strategy on Human Resources for Health: Workforce 2030, the recommendations of the UN High Level Commission on Health Employment and Economic Growth and the Working for Health five-year action plan provide the overarching policy and strategic framework at international level for collaboration on human resources for health issues.
MOU between WHO and WMA

Areas of collaboration

c) Promoting actively health-related human rights and to ensuring the full respect of medical ethics for all people worldwide, including support for the implementation of the Joint UN Statement on Eliminating Discrimination in Health Care Settings by taking action on the Social Determinants of Health.

d) Strengthening and developing systems of emergency and disaster preparedness on the national and international level with specific focus on the role of physicians and their professional organizations.
Modalities of collaboration

**WHO country support**

- COUNTRY National UHC road map based on NHPSP (national health policies, strategies and plans)

**WMA engagement**

- WMA national member associations contribute to physicians' capacity building in countries and national policy dialogue on health workforce
- WMA supports policy dialogue and global advocacy for workforce investment (e.g. 2019 G20 Osaka summit)

Source: Health workforce in the context of UHC and the WHO 13th General Programme of Work Briefing for World Medical Association Geneva. 5 April 2018
H20 (Health Professional Meeting) Promotion of Universal Health Coverage

Cooperative and collaborative efforts to promote UHC by officers of the WHO regional offices and representatives of the WMA member countries.

<table>
<thead>
<tr>
<th>Regional offices of the WHO</th>
<th>Regions</th>
<th>No. of NMAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa Congo (Brazzaville)</td>
<td>Africa</td>
<td>26</td>
</tr>
<tr>
<td>South East Asia India (New Delhi)</td>
<td>Asia</td>
<td>9</td>
</tr>
<tr>
<td>Europe Denmark (Copenhagen)</td>
<td>Europe</td>
<td>46</td>
</tr>
<tr>
<td>America US (Washington D.C.)</td>
<td>Latin America</td>
<td>16</td>
</tr>
<tr>
<td>Eastern Med. Egypt (Cairo)</td>
<td>North America</td>
<td>2</td>
</tr>
<tr>
<td>Western Pacific Philippines (Manila)</td>
<td>Pacific</td>
<td>14</td>
</tr>
</tbody>
</table>

WHO 194 member nations

WHO HQ

WMA 114 NMAs (Nations and regions)

WMA HQ
Thank you for your attention!

Japan Medical Association