

Greetings, I'm Keizo Takemi, a member of the House of Councilors. Most recently, I've had the great privilege to be appointed by the WHO as a Goodwill Ambassador for Universal Health Coverage in June this year.

This is in recognition of the great efforts we have made to make universal health coverage in Japan a universal common goal, and especially for UHC to be firmly recognized as a target within Goal 3 of the SDGs. It was for these reasons that I have been appointed as a Goodwill Ambassador for Universal Health Coverage. You may ask: Why does Japan cherish and continue to play such a role in promoting universal health coverage, with the premise that anyone should have access to appropriate treatments including preventive health services at a cost that everyone can afford?

The answers lie in the past experiences of Japan. It is no exaggeration to say that in 1961, when Japan's national income per capita was only \$ 4180, we achieved universal health coverage by introducing the universal health care insurance system. In the 1960s Japan overcame serious infectious diseases such as tuberculosis, reduced maternal and infant mortality by greatly improving maternal and child health. As a consequence, around 1970, the average life expectancy improved to a point that it became comparable to that in developed countries. Moreover, since then, the universal health care insurance system has worked well in Japan, which has succeeded greatly in reducing mortality from adult diseases. As a result, Japan has one of the highest life expectancies in the world.

At the same time, this has made Japan's healthy life expectancy one of the top in the world, and the success of these experiences are still evidence in Japan to this day. These experiences remain in the fore of the minds of many people involved in policy making. It can be said that Japan has formed a will to actively address the issues of universal health coverage.

Since the 1960's, the idea of human security has been widely taken up in Japan since as a major issue. At that time, many politicians had the perception that Japan needed a policy concept that would embody future-oriented pacifism. At the same time, the UNDP's Development Program in 1994 advocated the concept of human security for the first time in the Human Development Report, and we proactively incorporated it as a policy concept to materialize this future-oriented pacifism. The way of thinking of human security, encompasses the core fields of health and medical care, and many people involved in policy-making have come to realize that health care including ODA is a key area in which Japan should contribute to the world.

Japan has come to play a leading role in tackling universal health coverage challenges in the world. I think we can explain this by combining the concept of human security and the domestic experience in the way that Japan has established its health care system since the end of the Second World War. This was triggered by the Okinawa Infectious Diseases Initiative, which was initiated at the 26th G8 summit in Okinawa in 2000. This led to the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2002. Also, in 2008, at the 34th G8 summit at Lake Toya, Japan played a major role in mainstreaming the approach to strengthening the health system in the international community, as it was recognized that disease-specific initiatives alone are not enough to achieve UHC.

Strengthening this health system requires a co-operation of the fields of health personnel, health information, medicines and medical devices, delivering services such as health care delivery systems, and governance and political leadership. In the process of Japan's strong advocacy of these health system approaches, what was a policy goal for promoting strengthening of health systems locally, became a common issue for the international community. At that time, without hesitation, Japan quickly advocated that universal health coverage should be the policy objective of this health system strengthening approach, and this major trend was a trigger for the adoption of universal health coverage as Goal 3 of the SDGs in 2015.

Therefore, as soon as universal health coverage was adopted as a target of sustainable development goals at the United Nations General Assembly in 2015, Japan became the next G7 host country, and Japan played a role of proposing the following three as major pillars at the 42nd G7 summit at Ise-Shima: universal health coverage, strengthening the crisis management system since there was a largest outbreak of Ebola virus disease in West African countries, and managing risk for multidrug-resistant bacteria such as AMR.

In order to realize universal health coverage, health personnel alone are not enough and it is necessary to have other influential bodies such as the Ministry of Finance. Finance for universal health coverage should not depend on foreign countries, but to increase its sustainability each country is required to achieve its universal health coverage based on domestic financial resources and secures its sustainable financial resources. Therefore, in order to achieve this, Health Ministers and Finance Ministers need to work together. When Japan hosted the G20 this year, the first-ever joint session of Finance and Health Ministers was held, and we played a role in facilitating the collaboration between the Health and Finance Ministers to achieve universal health coverage.

We still need to overcome various challenges, and in particular a process to achieve universal health coverage best suited for each country needs to be a priority. Following UHC Financing, Japan is expected to continue to play an important role in considering what the international community can do and what the priority issues will be. I sincerely hope that all of you, young doctors and medical professionals, will understand the major policy flow of global health and that you will play your role. Thank you.