

My name is Sumie Ishii, Chairperson of JOICFP. JOICFP was founded in 1968, more than 51 years ago, as a Japanese international cooperation NGO. Such NGOs were very rare at that time, so we are probably among the top five international cooperation NGOs in Japan as a matter of age, not size.

JOICFP was founded to share Japan's experience in health promotion overseas, starting with Asia. When talking about JOICFP's experience in Japan, we have to mention our founder, Mr Chojiro Kunii. He established many independent non-profit organizations in Japan immediately after the war. These dealt with parasite prevention, family planning, and preventive medicine. All about health. The organizations established by Mr Kunii were all non-profit and did not receive any subsidies. They all promoted projects in Japan in a self-sustained manner.

JOICFP was founded to implement domestic experiences and sharing them in developing countries. Even if the experiences did not come directly from the staff, they were based on insights of those who promoted health in Japan. We first rolled out health projects in Asia, and built our strategies to promote health programs.

With this said, we had organizations in Japan working on parasite prevention, preventive medicine, maternal and child health, family planning and health education. These separate organizations form the Hoken Kaikan group, or the Health Center Group. There are thousands of people all over Japan working for the Hoken Kaikan group. We do not do parasite prevention in Japan anymore, but there are organizations promoting preventive medicine in every prefecture. JOICFP, being the youngest organization among them, was created to share Japanese experiences, which can be utilized to achieve UHC.

The Japanese experience is about health promotion at the regional level, or the community level. Since JOICFP's focus was population, family planning, reproductive health including maternal and child health, and overall sexual and reproductive health and rights, our field projects focused on issues related to the above. The most learned lesson from Japan is to keep organizations self-sustaining, and train as many community workers as you can that would connect public health operators with the community. That has always been the main focus of our activities.

Call them volunteers or community health workers, but the point is to train people that will go between health services providers and residents. Retention is another challenge. There are so many dropouts and we need to find ways to prevent that. JOICFP has always been head on to improve the total public health condition in the communities we worked in.

Compare our aspect with recent health strategies and policies in developing countries. Thanks to long-term investments in health by the United Nations, international organizations, donor countries and with the cooperation of health experts, great health strategies and policies have been established in almost all of the developing countries, including UHC. However, all these idealistic policies do not trickle down to the local level in developing countries. That is the most challenging thing. How do we deliver such national policies and strategies to local residents through health services? This calls

strongly for community health workers acting as go-betweens of front-line health providers and the community, as seen in Japan and in developing countries. So we are persistently requesting for more community health workers, trained and active on the ground.

Think of community health workers as capillary vessels. When we move our body, like our limbs and toes, they won't move without capillaries functioning, but we are never conscious about that. JOICPF has been trying to create those capillaries of the community when implementing health projects. Though I cannot give you the grand blueprint for realizing UHC in every country, I can say this: outside forces can only do as much. The real actors are the community members. We need residents setting up organizations and building consensus, awareness, and education systems to protect their own health. To that extent, JOICFP has a lot of experience and insights to share.

JOICPF more than 50 years old. We have done similar projects taking our knowledge from Japan to Asia, then from Asia to Latin America, and then to Africa. Projects implemented in Asia have been tweaked over the years to fit social changes. So our experience is more global than Japanese now.

The bottom-line approach in promoting UHC is to strengthen the health system and then go for primary health care. In that strategy, JOICFP provides the community support to achieve UHC, from the grass-roots level.

Health is the most basic part of human life. Many people should reflect on your own health first. Recently, JOICFP started projects in Japan because we saw so many women with very low self-esteem. Not only do they have low self-esteem, but they are not interested in their physical state. If you want to work in developing countries, you must be able to manage your own health. You must be able to take care of yourself more than anything.

Managing my own health has taught me as much as thinking about the health of others. Everything starts with personal. It must come from something real, even when building a whole system for health in developing countries. Everything would be hollow if it does not come from a real dimension. If you are looking into working in this field, I advise you not to stick to theory, because it would not work in practice. Use theories to build systematic understandings of real-life experiences. Go to the field, as much as possible. See the situation firsthand. And always, always remember the gender aspect.

Health and UHC can be achieved only with gender equality. I have seen too many cases where women could not access health because their gender, and so many circumstances where women could not control their own bodies or decide for themselves. That is what JOICFP wants to change most. In that sense, I would like to see more and more women working in global health, with the perspective of gender consisting of both men and women.