

# 国際開発アジェンダとT20 Japan

TF1: 2030アジェンダ (SDGs)  
～保健／ユニバーサル・ヘルス・カバレッジ～

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# T20 UHC working group - work process

- Working Group kick-off meeting (Dec. 5-6)
  - Chair: Prof. Gabriel Leung (University of Hong Kong)
  - 25 experts participated from the world (including non G20 countries)
- We chose the proposals considering:
  - Evidence-based and Uniqueness as Think Tank
  - Proposal to progress UHC which is not discussed
  - G20 countries' individual/collective action & voices
- 1<sup>st</sup> draft → comments from >40 experts/institutes, various consultation (Feb.-Mar.)  
→ finalize (end of Mar.)

## **Four proposal areas in the policy brief draft:**

- 1. Leaving no one behind**
- 2. Prioritizing reliable domestic financing and cost-effective best buys**
- 3. Harnessing innovation and access to technology and medicine judiciously**
- 4. Supporting common monitoring mechanism, mutual learning platforms, and coordinated international cooperation for UHC**

# Proposals to G20 : (1) Strong Primary Health Care

- Vulnerable populations' limited access to affordable and quality essential services, as well as underinvestment in primary health care systems, is a major impediment to achieving UHC.
- **Domestic financing and development aid should emphasize investments in essential services. Advocate for renewed focus on PHC systems through:**
  - **Comprehensive PHC – promotive, preventive, and curative**
  - **Encourage PHC systems strengthening focus to global disease control programs**
  - **better measurement of PHC systems performance**
- Population aging and the growing burden of NCD pose new challenges to country health systems.
  - **Encourage investments in re-orienting PHC systems to also emphasize NCD management and services for older populations**
  - **Promote integrate packages of cost-effective interventions**
  - **Promote interventions at community and primary health center platforms**

# Proposals to G20 : (2) Migration

- Some of vulnerable groups have been the focus of ongoing national and global efforts for redress. Global migration, especially related to migrant workers poses unique and so far neglected challenges to UHC progress.
- **Spearhead inter-governmental action to establish reliable information systems on migrants (including health workers)**
  - Standardized publicly available migration indicators
  - National statistical systems also include and identify migrant populations.
- **Facilitate the standardization of health and other social security benefits to migrant workers**
  - Migrant workers get similar health and social security benefits as native workers
  - Explore potential of extending health benefits to families of migrant workers; portability of health benefits to home country for returnee workers
- Migration of health care workers can constrain the ability of source countries to benefit from their investments in health professional education. At the same time, these workers are an important resource for both source and destination country health systems.
- **Facilitate shared understanding of inter-relationships, at the country and global levels, between workforce migration, health workforce needs, and production**

# Challenges : (1) reliable domestic financing and financial transfer to low-income area

- Each government need to cope with rapidly increasing demand and/or challenges associated with fiscal stagnation.
  - Population ageing, burden of NCDs, new technologies, improved communications are driving increasing demand
  - Exposure to shocks (climate, economic, health)
  - Changing patterns of inequality linked to rapid economic change
  - Development assistance transition
- Mobilizing domestic resources to reliably finance needed health care is crucial, fiscal discipline in resource allocation and spending is equally critical to ensure long-term sustainability.
- Many G20 countries are implementing innovative approaches for coping with them, and have mechanisms to ensure that their less-developed subnational regions receive appropriate financial support for health services.

# Proposal to G20 : (1) reliable domestic financing and financial transfer to low-income area

- **Support systematic studies of their own experiences with health finance**

(In the country)

- **Establish mechanisms for mutual learning about what works, how and why, involving ministries of finance in addition to health**
- **Continue with financial transfers while reallocating resources in favour of the poorest areas in the country**

(In health development assistance)

- **Reallocate the assistance gradually to areas with the greatest need, while providing support to other areas to become self-sufficient**
- **Provide opportunities for mutual learning about effective strategies for health finance, support for strengthening health financing institutions**
- **Establish coordination mechanisms to ensure that assistance contributes to the establishment of long-term, sustainable health financing arrangements**

### Proposal to G20 :(2) Ensure resources are used well

- Increased health finance needs to be complemented by measures to ensure that resources are used well (access to good quality health services).

(the example of pharmaceuticals)

- Measures to reduce the cost of drugs to patients and measures to ensure the drugs are effective and are used well.
  - antimicrobial drugs to avoid treatment failure and reduce AMR risk

- **Ensure universal access to drug treatment of common infections and also effective stewardship of the use of antibiotics by the public and private sectors**
  - introduction of treatment guidelines, agreements by pharmaceutical companies to end incentives that encourage a high volume of sales and public information campaigns etc.
- **Incorporate these measures into national action plans/ development cooperation plans to make progress towards UHC addressing the challenge of AMR**

## Proposal to G20 : collaboration in accelerating UHC progress and for establishing regulatory standards

- Technological innovations have the potential to accelerate progress towards UHC
  - Big digital platforms are investing heavily in health applications
  - Health is a potential area for building consensus
- Challenges
  - Markets on their own are unlikely to produce innovations that increase access at scale and could lead to unintended outcomes (emergence of AMR, rapid cost increases, increased inequality, commercial use of personal data)
  - In spite of many proof of concept pilots and substantial private sector investment, limited change in health service delivery to date
  - Government regulatory arrangements have lagged behind these developments
- **Establish a working group involving all relevant ministries to work with their supranational interlocutors, as well as private industry, to review opportunities and challenges associated with the rapid development of digital health services and the deployment of disruptive technologies**
- **This group could identify areas for collaboration in accelerating progress towards UHC and for establishing regulatory standards for digital health services and systems.**



## Proposals to G20 : (1) Common UHC monitoring mechanisms

- Common methods that would make cross-country data on Target 3.8 of SDG 3 monitoring directly comparable are unevenly deployed, mostly due to variable technical competence and non-standardized approaches in data collection.
  - In addition to SDG indicators, operational progress monitoring is important, however, no common indicators available.
- **Help other countries strengthen national capacities, introduce new facilitative technologies, improve health information systems, better analyze and use data for improving resource allocation and operational management, and enhance multi-stakeholder policy dialogue**
  - **Provide direct and in-kind support to academic institutions in their own countries to further develop a global technical support network**

# Proposals to G20 : (2) Mutual learning platforms for UHC both at global and regional levels

- While countries take different paths towards UHC, there are common lessons. However, they have not been effectively shared.
- **Document empirical lessons and good practices of G20 members with robust research evidence, and widely and effectively share with policymakers as well as health and finance program managers**
- **Proactively contribute to the mutual learning platforms for UHC both at global and regional levels**
- **Encourage their academic institutions, think tanks and civil society organizations to participate**

## Proposals to G20 : (3) Coordination of international cooperation for sustainable UHC

- UHC2030 sets out key principles of sustainability and transition and encourages all to invest in health in ways that will explicitly sustain equitable coverage of essential health services, beyond the duration of external financing.
- **Work together to help facilitate this financing transition in developing countries, while harmonizing their contributions in providing technical assistance at the country level, avoiding duplications and filling gaps**
- **Consider information sharing on and harmonizing development assistance for UHC within the existing health sector aid coordination mechanism at the country level, same as agreed on a coordinated global preparedness and response to health risks in recent G20 meeting**
- **The annual G20 Health Working Group meeting could serve as an initial platform for such coordination**

Thank you very much for giving opportunity for T20 to present the proposals.

**Thank You Very Much.**  
**We Welcome Your Feedbacks !**

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**Please visit T20 website of JICA Research Institute**  
**(The 2030 Agenda & Cooperation with Africa)**

**[https://www.jica.go.jp/jica-ri/news/topics/20181205\\_01.html](https://www.jica.go.jp/jica-ri/news/topics/20181205_01.html)**