

Report on the Health Professional Meeting (H20) 2019

Japan Medical Association

The Health Professional Meeting (H20) 2019 was held in Tokyo between June 13 and 14. The theme of the meeting, jointly hosted by the Japan Medical Association (JMA) and World Medical Association (WMA), was “Road to Universal Health Coverage (UHC).”

In April 2018, JMA President Dr. Yoshitake Yokokura, who was then also President of the WMA, concluded a memorandum of understanding (MOU) with WHO Director-General Dr. Tedros Adhanom Ghebreyesus, the purpose of which was to promote UHC and emergency disaster preparedness. This H20 meeting, therefore, was organized as an opportunity to expound the implementation of the MOU, focusing on the roles of physicians and medical associations in promoting UHC. Approximately 220 people from 38 countries, including eight countries from the African region, were in attendance.

Opening ceremony

The opening ceremony took place in the presence of Her Imperial Highness the Crown Princess. At the opening of the H20, Dr. Yoshitake Yokokura emphasized the increasing importance of cross-border unity among physicians worldwide, and expressed the desire to witness further UHC progress under “Beautiful Harmony,” the meaning of the new imperial era “Reiwa.” WMA President Dr. Leonid Eidelman (immediate past President of the Israeli Medical Association) stated that UHC promotion is a priority for the achievement of the Sustainable Development Goals, a global political objective, by 2030. He further called on the attendees to use this meeting as an opportunity to debate and discuss viable solutions for the further promotion of UHC by strengthening cooperation among the concerned parties in each country.

Subsequently, Her Imperial Highness the Crown Princess delivered a congratulatory message. She referred to high rates of tuberculosis incidence and infant mortality until the mid-twentieth century in Japan, and to the fact that the Tuberculosis Control Law was enacted and the Mother and Child Health Handbooks were introduced in order to improve the situation. She appreciated that the realization of Universal Health Insurance in 1961 facilitated great improvements in living conditions in Japan. She also lauded the efforts of health professionals in various organizations, including the JMA, in supporting the health of all Japanese people against the population aging. In closing, she stated, “I wish that your efforts will be fruitful in helping create a world in which all people can enjoy a healthy and happy life.”

Japanese Prime Minister Shinzo Abe stated in his video message that the promotion of UHC is an essential element of our society, and appreciated that this meeting was being held in 2019, the year of the Japanese Presidency of the G20 Osaka Summit. He expressed his hopefulness regarding the continued efforts of the concerned parties toward the achievement

of UHC.

Keynote addresses

The first keynote speech, titled “Health Inequities and Social Determinants of Health,” was delivered by Sir Michael Marmot.¹ He highlighted the fact that health is largely affected by social situations, including wealth gaps and poverty, and pointed out that it is imperative for health professionals to take action to ensure that the global population has access to better health. Health gaps resulting from country-specific inequities in healthcare constitute a social crisis impacting much of the world. Thus, in addition to the promotion of UHC, the following must be ensured: (1) optimal childhood environment, (2) lifelong learning, (3) adequate employment, (4) minimum income necessary for maintaining an acceptable standard of living, and (5) disease prevention. He called on all governments to act to aid people in leading lives of dignity.

In the second speech, titled “Toward UHC—What We Need,” Dr. Naoko Yamamoto² pointed out that the realization of UHC by 2030 would require the following: (1) strong political leadership, (2) infusion of funds into the field of healthcare, (3) fostering of human resources, (4) primary health care (PHC), and (5) development of communities. Then, she enumerated the following expectations from medical associations: (1) participation in various fields beyond healthcare and advocacy and support of activities placing a high value on human health, (2) finding evidence, as well as effective policy formulation and implementation based on the evidence collected, (3) playing a role in cultivating human resources and career path building, (4) improvement of healthcare quality and promotion of people-centered care, (5) contributing to fields that require further research, education, and practice, (6) taking action to manage emerging infectious diseases and disasters, and (7) cooperating and participating in creating an environment where people have basic knowledge of health and make efforts to develop communities that promote and foster healthy living.

Session 1: Viewpoints on How to Achieve UHC

According to the WHO, half of the world’s population still lacks full coverage of essential health services, with about 100 million people being pushed into extreme poverty by having to pay for healthcare. In this session, presentations were made from the viewpoints of patients, international health authorities, and medical associations.

From the perspective of a patient organization, the International Alliance of Patients’ Organizations (IAPO), equitable and universal access to quality and affordable medications is indispensable. It was assured that IAPO is ready to work with the WMA and its members to achieve UHC, placing top priority on patient safety.

Medical professionals play a crucial role in UHC. The expansion and transformation of

¹ Professor of Epidemiology, University College London, Past President of World Medical Association

² Assistant Director-General, Universal Health Coverage/Healthier Populations, World Health Organization

the health workforce is an investment anticipated to pay a triple dividend: improved health outcomes, enhanced global health security, and economic growth through the creation of employment opportunities. It is necessary to ensure adequate public-sector investment for education and employment of health workers. It is anticipated that medical associations will facilitate governmental development and implementation of robust national health plans and strategies, and aid in the creation of resilient and sustainable healthcare systems.

From the perspective of medical associations, advancing UHC requires addressing the need for an adequate and well-trained workforce, preventive care and health promotion efforts, sustainable health financing mechanisms, and strategic purchasing using public funds. For example, to achieve UHC, the Indian Medical Association provides inputs into health governance and aids in service delivery, particularly in fragile populations. It further advocated that to improve health service delivery the deployment of highly skilled health workers is crucial.

Session 2: Health Security and UHC

Disasters and disease epidemics are major threats to ongoing efforts to achieve UHC. However, once attained, UHC can provide a strong foundation for overcoming such threats. This session addressed two major issues: the potential for controlling health threats to contribute to achieving UHC, and how UHC can be key to overcoming various devastating health threats.

“Trust” is important for responding to health threats such as natural disasters and disease epidemics as it can build resilient social systems bonding individuals, local communities, and countries. It makes a major contribution to overcoming devastating health threats and, thereby, to achieving UHC.

The international community needs to strengthen efforts to support healthcare systems in preparation for crises. UHC is not possible until the right to healthcare is protected. It is necessary to urge those responsible for inflicting conflict and violence to allow for neutral and impartial treatment of all victims. In addition, amidst the global health narrative of achieving UHC, doctors need to facilitate patient-centered discussions. To promote UHC, healthcare should be delivered safely, and criminalizing medical colleagues must be condemned when they provide care to patients.

In Thailand, UHC was successfully implemented nationwide during the 2001-2002 period. This achievement is attributable to the resilience of the health system, which fostered the resilience of other essential systems. The dynamics and interactions of various groups and institutions within and outside the health sector also reportedly contributed to the marked effectiveness of UHC and the resilience of the health system.

Session 3: Political Dimension of UHC/PHC and Role of Medical Professionals

UHC/PHC is more than simply a technical challenge; its progress also depends on the

political processes unique to the context of each country and healthcare system. Medical professionals have a crucial role to play in health policy. In this session, discussions focused on the presentations of distinguished speakers from different angles such as the national government, global health academia, and national and world medical associations.

In the case of Lebanon, it was shown that the active involvement of medical professionals contributed to conversion to people-centered healthcare in the PHC network. World health systems are challenged by population aging, chronic diseases, an explosion of health technologies, and globalization. System transformation is required to ensure that no one is left behind.

In the US, whether to continue with or repeal the Affordable Care Act (ACA, widely referred to as “Obamacare”) is the major subject in current debates on healthcare reform. The new administration is eager to repeal the ACA, which has led to concerns regarding the erosion of patient protection. The American Medical Association forms a broad alliance that aims to take the necessary actions to protect the interests of patients and their families. An appeal was made for medical associations to engage more actively in the ongoing debate on how to deliver PHC.

To strengthen PHC, which is an essential component of UHC, it is important to achieve sustainable healthcare system finance, invest in efficient PHC, implement performance evaluation and data collection relevant to PHC, and strengthen partnerships among international health institutions. It was also pointed out that the establishment of healthcare systems is the most important element of social common capital, ultimately serving as the foundation of an affluent society.

Session 4: Shared Responsibilities and Individual Obligations Toward UHC

In this session, Dr. Yoshitake Yokokura made a speech on the steps necessary for achieving UHC in Japan. In Japan, the provision of health insurance as an essential part of UHC, in which all citizens are covered by insurance, was achieved in 1961. Dr. Yokokura explained that until this achievement, there had been extensive discussions among physicians, medical associations, and governments about the medical practices of physicians and healthcare expenditures, as well as many other relevant factors. Given that Japan is currently facing the challenge of population aging, the national health insurance program must be firmly maintained as the cornerstone of UHC. The JMA expresses its views to the government based on two criteria: does any policy contribute to safe healthcare for the public and does such a policy allow for UHC to be maintained through public health insurance? He concluded by stating that with this in mind, it is important for the JMA to continue making proposals aimed at promoting and maintaining the most appropriate healthcare system, in which medical practitioners can provide optimal level of care.

In the subsequent panel discussions among representatives of the government, JMA, WHO, and international organizations, sharing the ongoing global UHC initiatives and

approaches, challenges and opportunities for achieving UHC, and proposal of solutions and actions for promoting UHC were discussed, and various issues impeding the achievement of UHC were highlighted. These issues include shortage of human resources in healthcare, regional issues such as Ebola hemorrhagic fever, differences in health insurance systems across countries, and relationships with patients. In particular, the shortage of human resources was shown to be related to the global shortage of human resources involved in primary care, concentration of human resources in urban areas that are advantageous in terms of pay and education, and the trend of medical students from developing countries sent to developed countries for educational purposes not returning home. Thus, the problem is not only of absolute numbers but also uneven distribution of resources. Further, the importance of trusting relationships between healthcare providers and receivers was highlighted. Continuing efforts in each country and unity among physicians across countries were identified as essential for solving a variety of problems and ultimately achieving the aim of providing UHC.

Adoption of Memorandum of Tokyo on UHC and the Medical Profession

The H20 adopted the Memorandum of Tokyo on UHC and the Medical Profession that prescribed mainly (1) strengthening the understanding and involvement of UHC and primary care, (2) designing long-term national policies aimed at achieving UHC, and (3) defining the roles of physicians and medical associations and formulating proposals relevant to governmental policies and to all aspects of society.

This memorandum calls on physicians and their medical associations, worldwide, to play a profound role in the advocacy for and achievement of UHC. In addition, it expresses hope that the G20 Summit will focus on pursuing sustainable investments in the healthcare systems of not only the G20 countries but also other economies where healthcare system investments are still insufficient.

ANNEX 1: Program of the Health Professional Meeting (H20) 2019

ANNEX 2: Memorandum of Tokyo on Universal Health Coverage and the Medical Profession

PROGRAM OF THE HEALTH PROFESSIONAL MEETING (H20) 2019

Day 1, Thursday June 13th

Moderator: **Mari Michinaga**
Executive Board Member of JMA, Vice-Chair of Council of WMA

Greetings

Yoshitake Yokokura, *President of JMA, Immediate Past President of WMA*
Leonid Eidelman, *President of WMA, Immediate Past President of Israeli Medical Association*

Congratulatory Messages of Guests

Guests of Honor

Her Imperial Highness the Crown Princess

Shinzo Abe (*Video message*)

Takumi Nemoto (**Yasuhiro Suzuki**, *Chief Medical & Global Health Officer*)

Keynote Addresses

Session Chair: **Miguel Jorge**, *President-Elect of WMA, Member of the Executive Committee, Brazilian Medical Association*

Keynote 1/ Health Inequities and Social Determinants of Health

Sir Michael Marmot, *Professor of Epidemiology, University College London, Past President of WMA*

Keynote 2/ Towards Universal Health Coverage - What we need? -

Naoko Yamamoto, *Assistant Director-General, UHC/Healthier Populations World Health Organization (WHO)*

Response/ Defining Roles and Functions in Primary Health Care Teams

Mukesh Haikerwal, *Past Chair of Council, WMA, Past President of Australian Medical Association*

Session 1: Viewpoints on How to Achieve UHC

Session Chair: **Osahon Enabulele**, *Chair of Socio-Medical Affairs Committee, WMA, Past President of Nigeria Medical Association*

Speech 1/ Patients Perspective Towards Attainment of Universal Health Coverage

Ellos Lodzeni, *Board Member, International Alliance of Patient's Organizations*

Speech 2/ Health Workforce: Strategic investments on the road to UHC

Giorgio Cometto, *Coordinator, Health Workforce Department, WHO*

Speech 3/ What is the Role of Medical Professionals for Achieving UHC?

- Lessons learned by The Global Fund and the globe -

Osamu Kunii, *Head, Strategy, Investment and Impact Division (SIID) The Global Fund to Fight AIDS, Tuberculosis and Malaria*

Speech 4/ UHC: Medical Association Perspective

Jacqueline Kitulu, *President of Kenya Medical Association*

Speech 5/ Universal Health Care in India

Ravindra Wankhedkar, *Treasurer of WMA/ Immediate Past President of Indian Medical Association*

Comments

Oscar D. Tinio, *Past President of Philippine Medical Association*

Chukwuma Oraegbunam, *Chair of WMA Junior Doctors Network, Nigeria*

Batool Al-wahdani, *President of IFMSA, Jordan*

Panel Discussion

Day 2, Friday June 14th

Moderator: **Mari Michinaga**
Executive Board Member of JMA, Vice-Chair of Council of WMA

Summary of the First Day

Otmar Kloiber, *Secretary General, WMA*

Session 2: Health Security and UHC

Session Chair: **Masamine Jimba**, *Professor, Department of Community and Global Health, Graduate School of Medicine, The University of Tokyo*

Speech 1/ *Trust - Health Security and UHC -*

Takao Toda, Vice President for Human Security and Global Health, JICA

Speech 2/ *The ICRC and Universal Health Coverage*

David Maizlish, Head of Delegation ad interim, ICRC Delegation in Japan

Speech 3/ *Ensuring UHC Leaves No Patient Behind*

Clara van Gulik, International Medical advisor, MSF Japan

Speech 4/ *Health Systems Resilience: A foundation for universal health coverage and health security in Thailand*

Walaiporn Patcharanarumol, Director of International Health Policy Program, Ministry of Public Health, Thailand

Discussion

Session 3: Political Dimension of UHC/PHC, Role of Medical Professions

Session Chair: *Hiroki Nakatani, Executive Board Member, WHO, Project Professor at the Global Research Institute at Keio University*

Speech 1/ *Building Success with a Strong Professional Workforce. Country example.*

Walid Ammar, Director General, Ministry of Health Lebanon

Speech 2/ *Beyond UHC: The future of health systems*

Kenji Shibuya, Professor and Director, University Institute for Population Health, King's College London

Speech 3/ *Why Universal Health Coverage Needs Political Will, Tough Decisions and Commitment?*

David Barbe, Past President of American Medical Association

Speech 4/ *Is Primary Health Care an End in Itself or a Step on the Way for Comprehensive Healthcare Systems? Primary care teams should be led by whom?*

Otmар Kloiber, Secretary General, WMA

Speech 5/ *Primary Health Care for UHC*

Mihoko Kashiwakura, Head of Japan, Bill & Melinda Gates Foundation

Speech 6/ *Social Common Capital and Healthcare*

Marie Urabe, CEO, Uzawa International Foundation

Comment/ *Chaand Nagpaul, Chair of Council, British Medical Association*

Discussion

Session 4: Shared Responsibilities, Individual Obligations towards UHC

Session Chair: *Takeshi Kasai, Regional Director, World Health Organization, Western Pacific Region (WPRO)*

Speech/ *Introduction of UHC in Japan and How Physicians and JMA Responded during its Early Phase*

Yoshitake Yokokura, President of JMA, Immediate Past President of WMA

Comment 1/

Teniin Gakuruh, WHO Representative for Seychelles, AFRO

Comment 2/ *Shared Responsibilities, Individual Obligations*

Frank Ulrich Montgomery, Chair of Council, WMA, Immediate Past President of German Medical Association

Panel Discussion

Yoshitake Yokokura, President of JMA, Immediate Past President of WMA

Frank Ulrich Montgomery, Chair of Council, WMA, Immediate Past President of German Medical Association

Yasuhiro Suzuki, Chief Medical & Global Health Officer, MHLW

Kunihiko Hirabayashi, Regional Advisor and Chief of Regional Health and HIV Section, UNICEF East Asia and Pacific

Takao Toda, Vice President for Human Security and Global Health, JICA

Pem Namgyal, Director, Programme Management, SEARO

Teniin Gakuruh, WHO Representative for Seychelles, AFRO

Yue Liu, Coordinator, Division of Health Systems, WPRO

Adoption of “Memorandum of Tokyo on Universal Health Coverage and the Medical Profession”

Session Chair: *Frank Ulrich Montgomery, Chair of Council, WMA, Immediate Past President of German Medical Association*

Adjournment

Yoshitake Yokokura, President of JMA, Immediate Past President of WMA

Leonid Eidelman, President of WMA, Immediate Past President of IMA

MEMORANDUM OF TOKYO
ON
UNIVERSAL HEALTH COVERAGE AND THE MEDICAL PROFESSION

Health Professional Meeting (H20) 2019

June 14th, 2019, Tokyo

At the Health Professional Meeting (H20) 2019 in Tokyo, the World Medical Association and the Japan Medical Association welcome the efforts by the World Health Organization, national governments, intergovernmental and United Nations agencies as well as other organizations to foster the development of healthcare systems providing Universal Health Coverage (UHC).

We notice that UHC means "that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship." (WHO definition of UHC)

UHC is a tool to overcome inequities in the health systems themselves.

UHC is for people, but also by people.

Human resources for healthcare in many countries are scarce. We urge all in responsible positions to invest in the education and retention of health professionals to make UHC possible.

This must include quality education, opportunities for continuing professional development and most important safe, dignifying and attractive working and living conditions for those who provide healthcare to their communities and patients.

The WMA encourages physicians and their associations in all parts of this world to play a profound role in the advocacy for and the realization of UHC.

From the side of the medical profession, there should be no hesitancy in embracing the concept of UHC, including a strong engagement for the development of quality primary care as the core part of a comprehensive health system.

We welcome the recent attention that G20 Finance Ministers³ give to the development of UHC as a contribution "to human capital development, sustainable and inclusive growth and development, and prevention, detection and response to health emergencies, such as pandemics and anti-microbial resistance, in developing countries."

We express our expectation to the G20 Summit that this inspires the way to improved and sustainable investments in healthcare system not only in G20 countries but also and most importantly in other economies, which still invest insufficiently in their healthcare systems, irrespective of the reasons for such shortfalls.

³ https://www.mof.go.jp/english/international_policy/convention/g20/communique.htm
https://www.mof.go.jp/english/international_policy/convention/g20/annex8_1.pdf