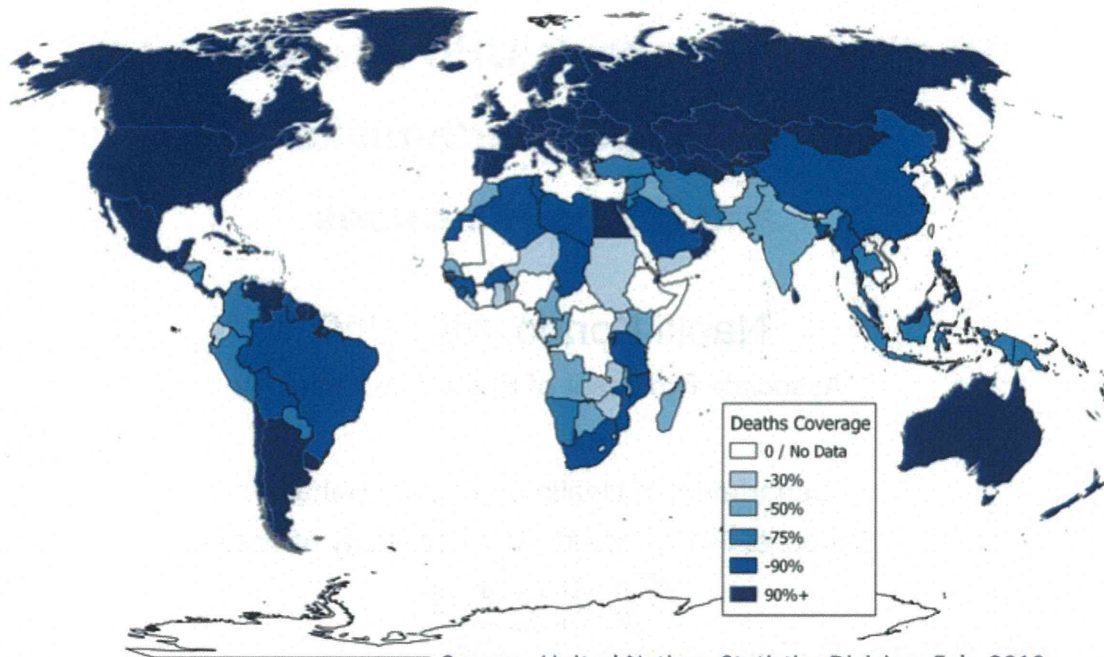


Coverage of death registration



Sustainable Development Goals (SDGs) The 2030 Agenda



<https://sustainabledevelopment.un.org/post2015/summit>

Resilience of Japan's UHC after the Great East Japan Earthquake and Economic Crises

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1

Crisis, human security and UHC

- UHC – a policy tool to achieve human security in times of crisis
- UHC is an important component of system preparedness against crises (Cerise, 2012)

2

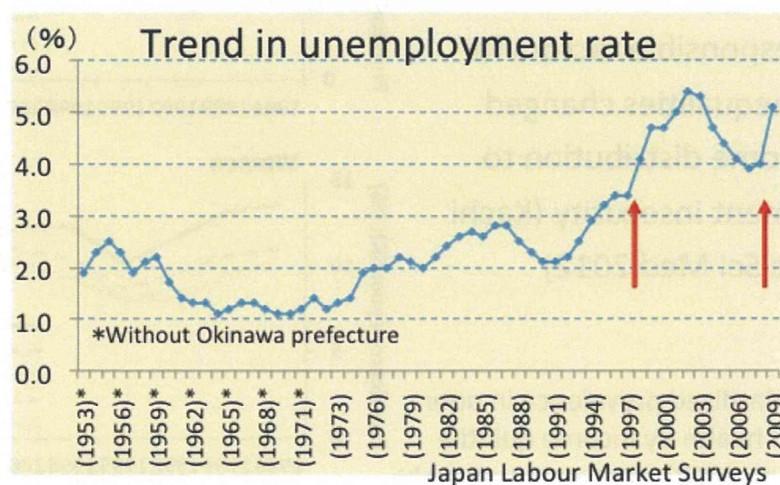
Lessons learned

- Economic crisis and health inequality: a review (Bacigalupe & Escolar-Pujolar, 2014)
 - Economic crisis disproportionately affects the socially disadvantaged
 - With some exceptions – no significant widening of health inequality among Nordic welfare states
- Challenges in US health system in Hurricane Katrina aftermath (Cerise, 2010, Institute of Medicine, 2012)
 - Serious shortage in medical care services continued for years.
 - The US's market-oriented medical care system did not work well, causing strong competition: many local hospitals never reopened.

3

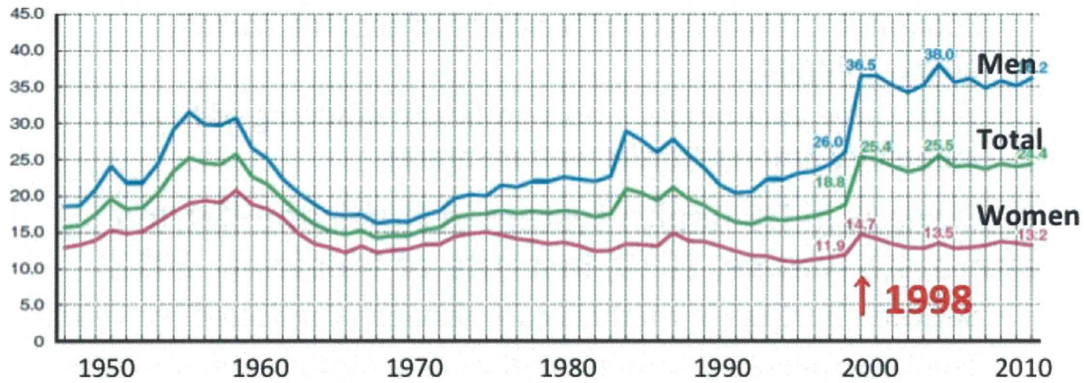
Economic crisis and health disparities in Japan

- 1997 Asian financial Crisis
- 2008 Global Economic Crisis



Asian Financial Crisis triggered two decades of suicide epidemic

Trend in suicide rate, 1978-2010



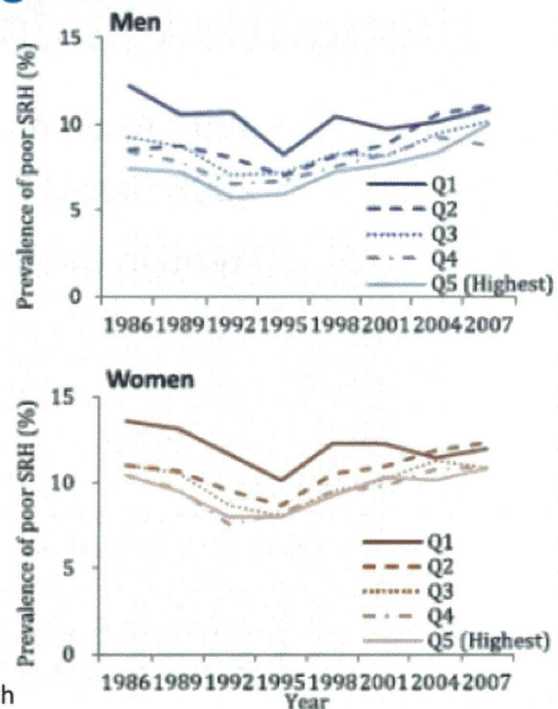
Source: Cabinet office of Japan, suicide prevention white paper 2010

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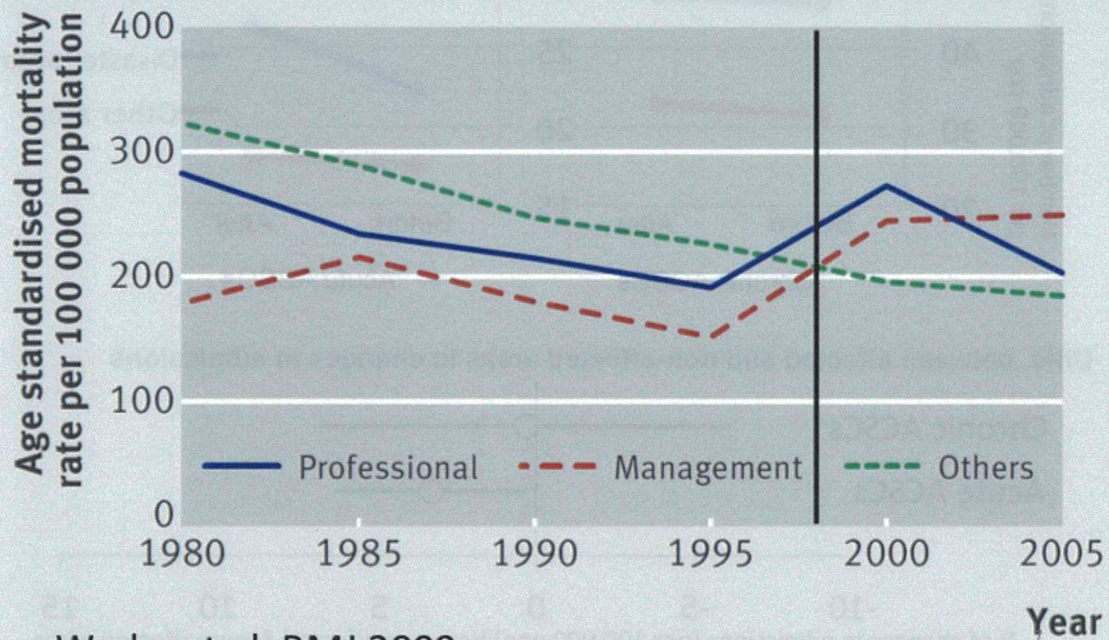
Health inequality in Japan narrowed during economic stagnation

- Due to stronger impacts on high-income populations (Kondo et al, JECH 2007)
- Major responsible factors for health inequalities changed from income distribution to employment insecurity (Kachi et al, Soc Sci Med 2012)

Age-standardized prevalence in poor self-rated health by income quintile (Kachi et al, 2012) SRH: self-rated health



Temporal trends and comparisons of mortality rates for all causes of death in Japanese men aged 30-59, 1980-2005



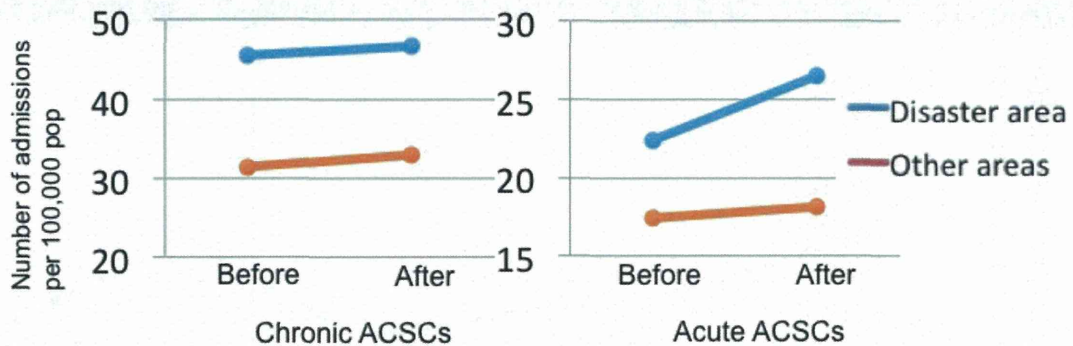
Wada, et al, BMJ 2009

The 2011 Earthquake and avoidable hospital admissions (Sasabuchi & Yasunaga, 2016)

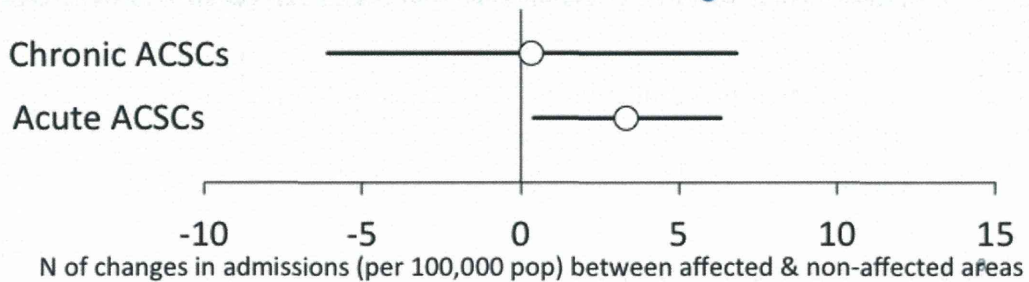
- Investigated the influence of the Earthquake on avoidable hospital admissions
- Natural experimental design
- Data: National inpatient database, medical institution survey, population census
- Compared admissions between 2010-2011 and 2012-2013
- Ambulatory care sensitive conditions (ACSCs)
 - Conditions for which appropriate interventions could have prevented hospital admission

Chronic ACSCs	Recurrent symptoms, preventable by effective care	Asthma, congestive heart failure, diabetes complications, COPD, angina...
Acute ACSCs	Progressive conditions due to lack of acute interventions	Dehydration; gastroenteritis; ear, nose, and throat infections; dental conditions....

Changes in hospital admissions for acute care sensitive conditions (ACSCs) before and after the earthquake

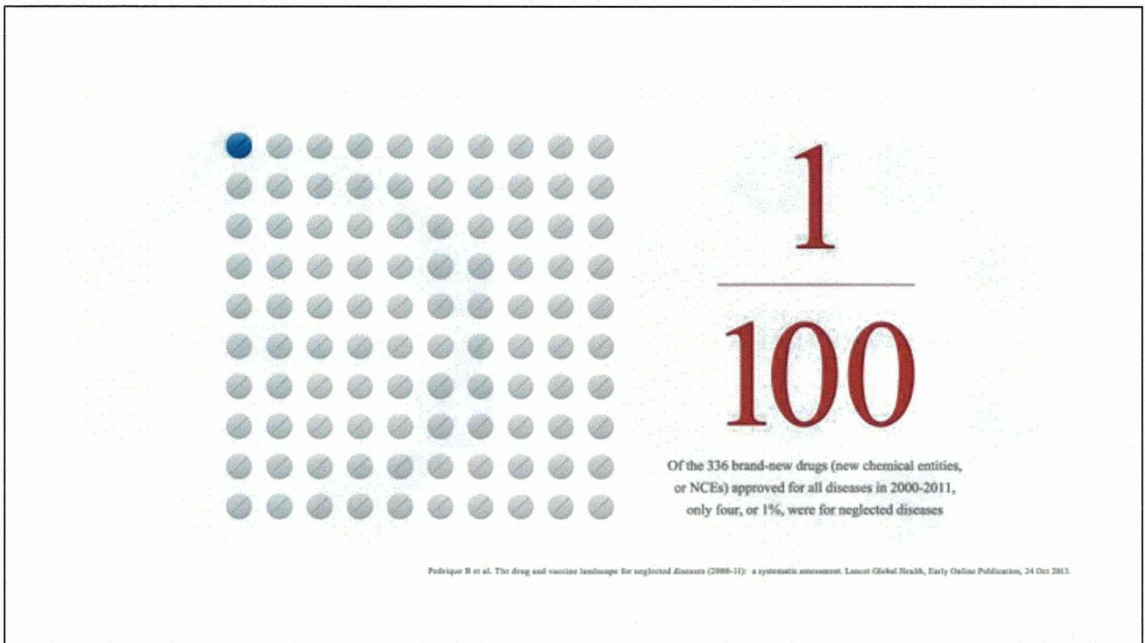


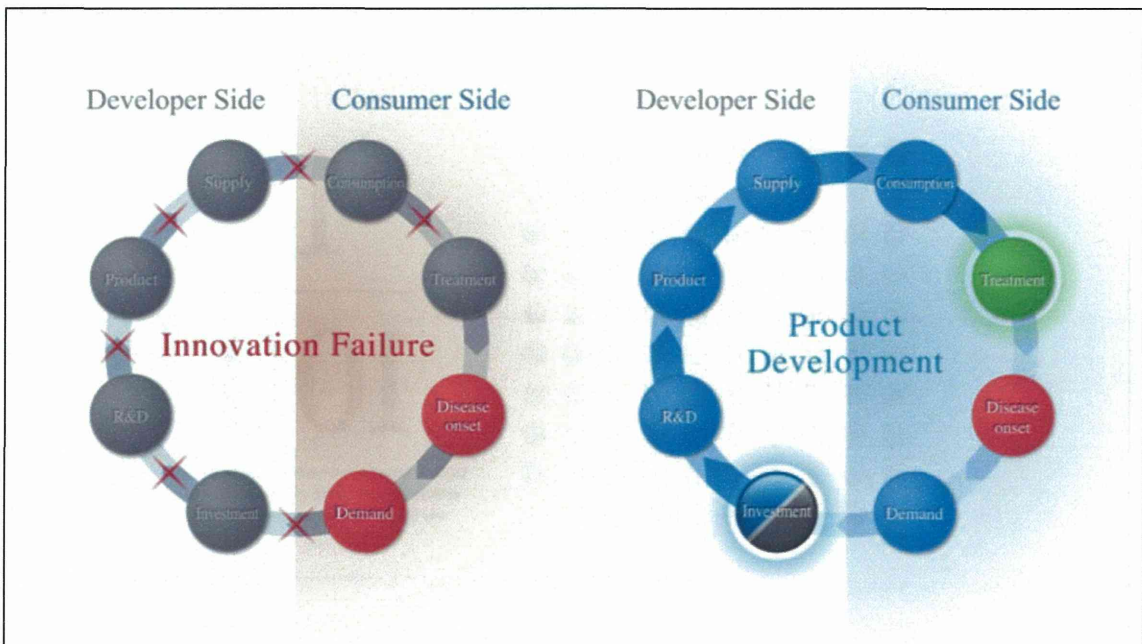
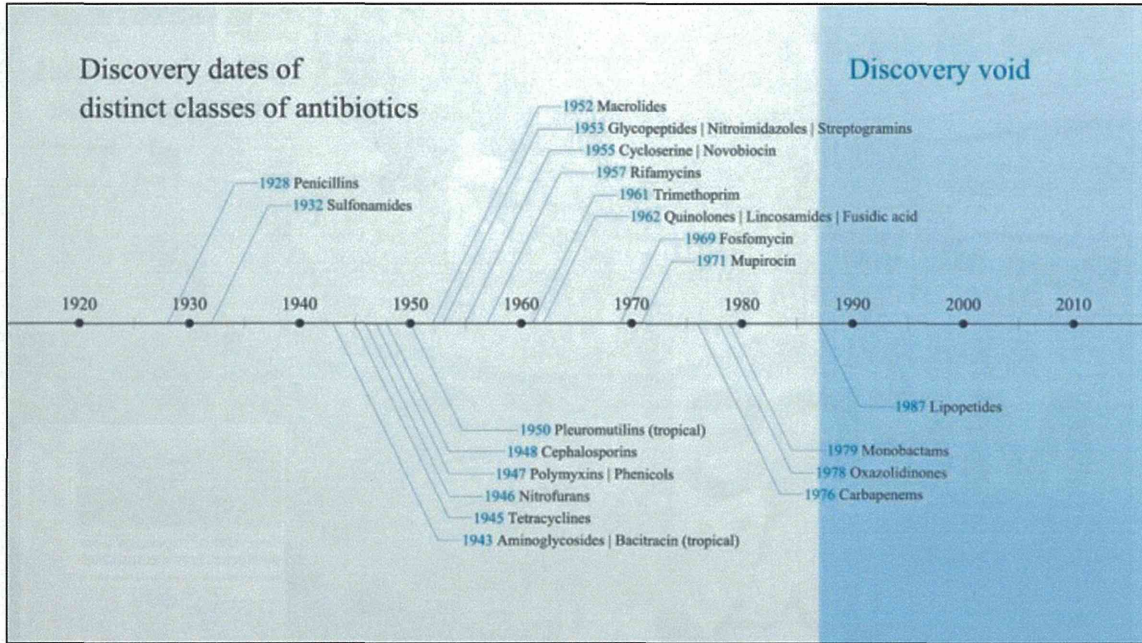
Diffs. between affected and non-affected areas in changes in admissions

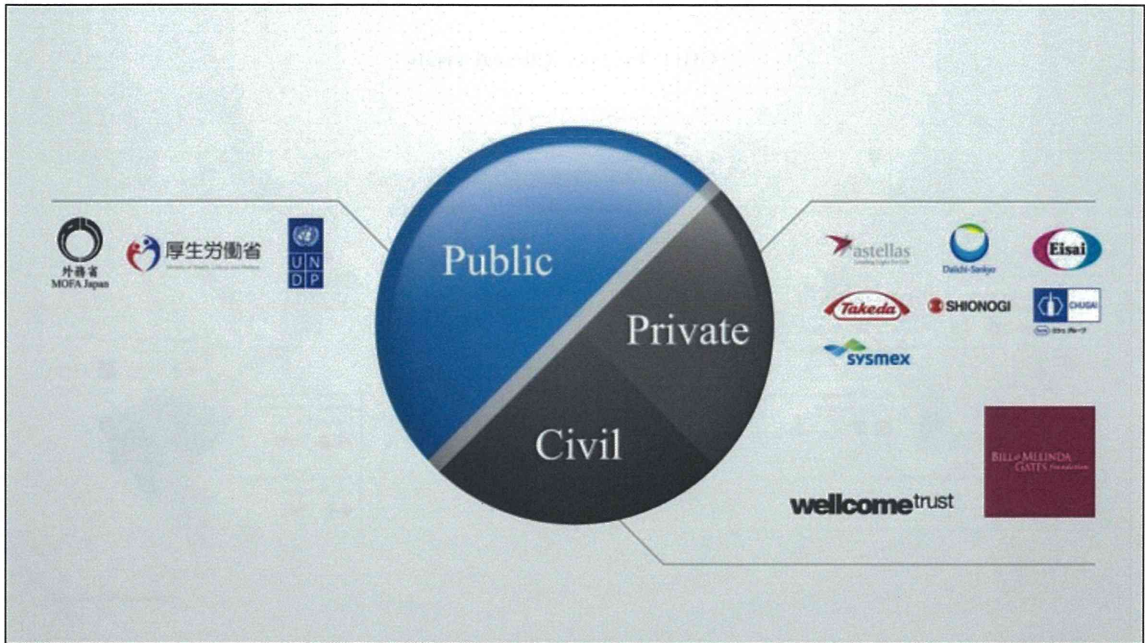


Conclusion

- UHC works for protecting human security in times of crisis
- Japan's health system has performed well in recent natural and "man-made" crises
- Future is unknown. Continuous monitoring of health inequality is necessary to check on the performance of UHC



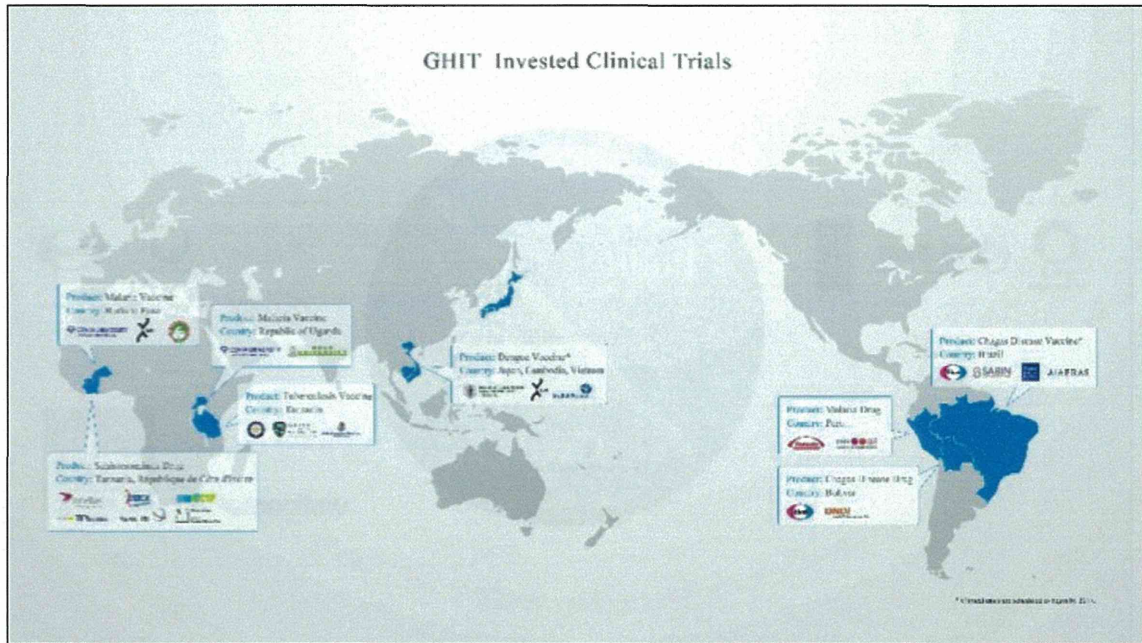




GHIT Fund Portfolio

	Discovery			Preclinical			Clinical		
	Target Research Platform	Discovery Platform	Hit-to-Lead Platform	Preclinical Development Platform	Preclinical Development Platform	Preclinical Development Platform	Clinical Development Platform	Clinical Development Platform	Clinical Development Platform
Malaria	[Logos]	[Logos]	[Logos]	[Logos]	[Logos]	[Logos]	[Logos]	[Logos]	[Logos]
Tuberculosis	[Logos]	[Logos]	[Logos]	[Logos]	[Logos]	[Logos]	[Logos]	[Logos]	[Logos]
HTLV	[Logos]	[Logos]	[Logos]	[Logos]	[Logos]	[Logos]	[Logos]	[Logos]	[Logos]

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1. Global Collaboration and Knowledge-Sharing

Challenges

- | Duplication of collaboration and knowledge-sharing
- | Too many “new” initiatives
- | Lack of efficient global “ecosystem”

Opportunities

Initiate a process to follow through on establishment of knowledge-sharing platforms for global health innovations

2. Regulatory Review Pathway

Challenges

- | Redundancy in regulation
- | Lack of adequate resources and capacities
- | Feasibility of using expedited review outside of pandemic crises

Opportunities

Convene a process to harmonize and streamline regulatory pathways

3. Funding for Global Health Innovation

Challenges

- | Lack of commercial incentives for pharmaceutical industries
- | Scarce investment in late stage development
- | Necessity to secure stable stream of funding outside of pandemic crises

Opportunities

Double the current global funding for global health innovation in next 5 years

Innovation Changes Health.
Change Innovation.

GHIT Fund
Global Health Innovation Technology Fund

V 章 研究成果の刊行に関する一覧表

書籍

著者氏名	論文タイトル名	書籍全体の 編集者名	書 籍 名	出版社名	出版地	出版年	ページ
なし							

雑誌

発表者氏名	論文タイトル名	発表誌名	巻号	ページ	出版年
渋谷健司、他	Protecting Human Security: Proposals for the G7 Ise-Shima Summit in Japan	The Lancet	Vol.387 No. 10033	2155-2162	2016年 5月21日

