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Japan-UK Dementia Symposium 2015 Opening Remarks by Ambassador Keiichi Hayashi at the Embassy of Japan on Tuesday 10 November 2015

Distinguished Guests, Ladies and Gentlemen,

Good afternoon. It is my great pleasure to welcome you all to today's UK-Japan Dementia Symposium 2015. First, do you know what the population of 4.62 million represents? It is actually the number of people presumed to have been suffering from dementia in Japan in 2012, which is more than half the population of London or the total population of the seven next largest cities of the UK combined. I forgot to check if I am included in the figure or not!

I did check, however, that in the UK dementia is estimated to affect over 850,000 and that there are 44 million people throughout the world afflicted by dementia.

It shows the scale of the problem. But when I first heard about these figures, I was puzzled. Japan's total population is just twice the size of the UK's but Japan's dementia population is more than five times that of the UK. Japan accounts for less than 2% of the global population but its share of the world's dementia patients is, again, five times that level, at 10%.

Do the Japanese tend to be more absent-minded than the British or the rest of the world? Reflecting on my own increasing forgetfulness, I am tempted to agree. But apparently a part of the explanation comes from the high level of ageing in Japan, where the over-65 age group is now more than 25% of the total and the over-70 category nearly 20%. Longevity and universal health care, which have long been a source of pride for us, are now apparently ushering in the most challenging problem of dementia.

Obviously, ageing is fast developing as a major issue in the UK, too, and this will sooner or later be the case throughout the world, including in the emerging economies. The number of dementia cases in the world I have just cited, 44 million, is projected to double by 2030.

That is why dementia is becoming one of the greatest challenges facing mankind. It came to be recognised as a big item on the global health agenda especially after the UK hosted the G8 dementia summit meeting here in 2013. There have already been four legacy events, including the one held in Japan last November, reflecting the priority dementia is now accorded in our health policy. At the age of 64, I have a personal sense of urgency on this issue!

I am not qualified to talk about the medical analysis of how dementia is caused. From a layman's perspective, suffice it to say that it is caused by a brain damage and that there is no effective clinical treatment or effective medicine at present. That is why countries like Japan and the UK should cooperate more in tackling the disease. The key seems to

lie in early detection and early treatment under an integrated system of medical care and social care, and Japan and the UK are moving in the same direction. What we need now is to learn from each other and compare and combine our experience and expertise.

To this end we are extremely fortunate to have been joined by many outstanding speakers from both the UK and Japan who are specialists in the field of medical care, policy, and social care, as well as representatives of charities. I hope the occasion will provide an invaluable opportunity for these experts to learn and discuss the similarities and differences between Japan and the UK in our approaches, and how our two countries deal with dementia.

I am particularly interested to hear about the "Dementia Café", which provides a supportive environment in which people with dementia and their carers can socialise. While I don't wish to start a debate about which is superior, Japanese green tea or British black tea, perhaps our shared love of tea generates social benefits and could contribute to tackling this problem from a social perspectives. The "Dementia Friends" scheme, which was originally started by Japan and has been adopted by the UK, may be a similarly effective tool.

In the second part, we will be hearing more about the crucial role research and development in medicine and technology can play in the field of dementia.

Japan will be the G7 chair next year and the subject of "ageing" is expected to be one of the key topics of the Health Ministers' Meeting in Kobe in September. In this context today's discussion is timely and should be very useful.

Last but certainly not least, I would like to express my sincere gratitude to King's College London and the other co-host, the Great Britain Sasakawa Foundation, for their generous support in organising today's event.

May I close by offering my hope that Japan and the UK will become a true "dementia friends" through this symposium.

Thank you very much.