A Whole-of-Society Approach to Global Health Policy in Japan: "Global Health and Human Security Program" of the Japan Center for International Exchange (JCIE)

Yasushi Katsuma[†]

The "Global Health and Human Security Program" is one of the most innovative public-private partnership platforms, taking a whole-of-society approach to discuss global health policy and strategies among the relevant stakeholders in Japan. In this paper, the author will (1) review the background of this Program, with focus on the challenges in global health policy making in Japan, (2) explain the roles of the Japan Center for International Exchange (JCIE) that serves as the secretariat for this Program, and describe how this Program has been evolved in the last decade, (3) analyze opportunities to make contributions to global health policy making, and share some lessons learnt that may be relevant to other global health policy think tanks and academic institutions.

1. Challenges in Global Health Policy Making in Japan

The challenges in global health policy making in Japan may be characterized by three factors: Lack of inter-ministerial coordination, weak advocacy capacities of global health NGOs, and weak presence of academic institutions and think tanks that focus on global health policy.

1.1 Inter-Ministerial Coordination

First, in the 1990s, lack of inter-ministerial coordination within the Government of Japan became an issue in making consistent international health policy.

Before the 1990s, the Japanese Ministry of Health and Welfare (MHW) was the focal administrative organization in charge of international health policy, representing Japan at the World Health Assembly of the World Health Organization (WHO). The roles of the Japanese Ministry of Foreign Affairs (MoFA) were minimal, as international health was considered not as a diplomatic but as a medical and technical issue.

However, in the 1990s, in addition to the WHO, other international organizations, including United Nations Children's Fund (UNICEF) and the World Bank, have become strategic partners for Japan in its efforts to contribute to international health. As the focal administrative organization for official development assistance (ODA), Japanese MoFA started to review the division of work between the

---

[†] Professor, International Studies Program, Graduate School of Asia-Pacific Studies (GSAPS), Faculty of International Research & Education (FIRE), Waseda University

Japan International Cooperation Agency (JICA) and UNICEF in helping implement international health projects in developing countries. The MoFA acknowledged the comparative advantages of UNICEF in vaccine procurement, and as a result, started to provide grant aid to UNICEF in order to eradicate polio in countries given priority by the WHO.

Also in the 1990s, the World Bank, promoting the Poverty Reduction Strategy Papers (PRSP) in developing countries, started to increase the prominence of its support in the health and education sectors. In Japan, the focal administrative organization for the World Bank is neither MHW nor MoFA, but the Ministry of Finance (MoF).

Around the year 2000, the lack of inter-ministerial coordination in Japan started to be perceived as a very serious obstacle in making consistent global health policy. The Government of Japan faced difficulties in coordinating its relevant ministries in the process leading to the adoption of the "Okinawa Infectious Diseases Initiative (IDI)" at the 2000 Kyushu-Okinawa G8 Summit.

Nevertheless, as a result of the commitments made at the Summit, the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) was created in 2002. It was not the Ministry of Health, Labour and Welfare (MHLW), a big ministry established after the merger of the MHW and the Ministry of Labour in 2001, but the MoFA that has become the focal administrative organization for Japan's relationship with the the Global Fund, recognizing global health as a diplomatic issue. In the first few years, the MHLW seconded its health official to the MoFA, and both ministries worked very closely. However, since the MoFA started recruiting its own health official, the ministry has become more proactive in making decisions related to the Global Fund.

To overcome the serious obstacles identified around the year 2000, and then to prepare for the 2008 Toyako G8 Summit to be hosted by Japan, the JCIE established and managed the "Working Group on Challenges in Global Health and Japan's Contributions" from September 2007 to July 2008. It was the predecessor to the current "Global Health and Human Security Program" launched in July 2009, which will be explained in details in the section 3.

1.2 Global Health NGOs

The second factor that poses challenges for global health policy making in Japan is the relatively weak capacities of global health NGOs in the field of policy advocacy.

A few health-related NGOs were established after the 1960s, implementing health projects in developing countries. For example, the Japanese Organization for International Cooperation in Family Planning (JOICFP) was established in 1968, the Association for Aid and Relief, Japan (AAR) in 1979, and the Services for Health in Asian and African Regions (SHARE) in 1983. Their primary focus was on supporting the implementation of health projects in developing countries (Hyodo & Katsuma 2009, pp. 8–14).

Around the late 1990s, there was a growing interest in advocacy so that Japanese ODA should be used more for poverty reduction and human development, including health and education programs.

In the wake of the World Summit for Children in New York in 1990, as well as the World Summit for Social Development in Copenhagen in 1995, Japanese ODA was criticized for putting too much emphasis on huge economic infrastructure projects.

In addition to the Japanese NGOs listed above, more advocacy-oriented NGOs were established around the mid-1990s and afterwards, including the Africa-Japan Forum (AJF) in 1994, the Japan Committee "Vaccines for the World's Children" (JCV) in 1994, and the Health and Development Service (HANDS) in 2000.

Also, a few international NGOs started helping establish their affiliate organizations in Japan, in order to cultivate the private sector market and influence the allocation of Japanese ODA in favor of human development. These include the Foster Parents Plan of Japan (Plan-Japan) established in 1983, the World Vision Japan (WVJ) in 1987, the RESULTS Japan in 1989, the Médecins sans Frontières Japon (MSF-Japon) in 1992, and the Oxfam, Japan in 2003.

These NGOs share a common agenda to advocate for more Japanese ODA to be allocated to poverty reduction and human development. However, they often compete each other in resource mobilization for their own projects in developing countries. In this context, as part of the Global Call to Action against Poverty (GCAP), more than 70 Japanese NGOs participate in the Ugoku-Ugokasu (GCAP Japan) in order to formulate policy recommendations for the Government of Japan.

1.3   *Global Health Academic Institutions and Think Tanks*

There are a few government-related research institutions that are prominent in global health. One of them is the National Center for Global Health and Medicine (NCGM) that has the Bureau of International Medical Cooperation with a number of global health experts. These global health specialists are often sent to developing countries as JICA health experts. There is a plan to create the Center for Global Health Policy within the NCGM in 2016.

The National Institute of Public Health (NIPH) is an organization to train professionals who promote public health in Japan. It also organizes capacity building courses for health professionals from developing countries, as part of JICA's training programs. The NIPH has the Department of International Health and Collaboration, with a few global health experts.

Another government-related organization is the JICA Research Institute. However, there are only a few global health experts, and their work tends to focus at the levels of programs and projects. Customarily, it is perceived that JICA is only an implementing agency for programs and projects, as Japanese ministries are supposed to be responsible for formulating policies. Therefore, for government-related research institutions, it is not always easy to discuss global health policy issues openly with the government ministries.

As non-governmental global health think tanks, two organizations deserve mentioning: the Health and Global Policy Institute (HGPI) and the Japan Center for International Exchange (JCIE). The HGPI has the Global Health Policy Center conducting research to raise awareness among policymakers. The

JCIE and its activities will be discussed in the following section.

In this section above, three factors that characterize the challenges in global health policy making in Japan were explained. First, the lack of inter-ministerial coordination has been a major obstacle in making consistent global health policy. In response to that problem, the Cabinet Office has established a few health-related offices, including the Office for Preparedness and Response to EVD (Ebola virus disease) in 2014, to enhance inter-ministerial coordination for some specific issues.

Also, weak advocacy capacities of global health NGOs, and weak presence of academic institutions and think tanks that focus on global health policy pose challenges in consistent global health policy making in Japan. In this context, the JCIE started to take a whole-of-society approach to convene meetings inviting relevant stakeholders in Japan to discuss global health policy.

2. Evolution of JCIE's Global Health & Human Security Program

Founded in 1970, the JCIE is an independent, nonprofit, and nonpartisan organization dedicated to strengthening Japan's roles in international networks of dialogue and cooperation. While not created as a global health organization, the JCIE's advantage in the global health field is its long history of conducting policy-relevant research and cross-sectoral international dialogue since its founding in 1970. The global and domestic networks it had nurtured through these programs and the model of dialogue it had created through partnership with think tanks and policy research institutions around the world became the backbone of its programs on global health. Another advantage that the JCIE has had in this field is its engagement of Prof. Keizo Takemi, a member of the House of Councilors of the National Diet [Parliament], who is considered the top proponent of an enhanced commitment to global health in the Japanese government. When Prof. Takemi lost his seat temporarily in the 2007 Upper House elections, he joined JCIE as a senior fellow and became a central figure, along with JCIE founding President Tadashi Yamamoto, in its nascent global health program. Prof. Takemi has retained his official affiliation with the JCIE and continued to advocate among his colleagues for more Japanese support for global health programs since returning to the Diet in 2012.

One of the pillars of activities is the "Human Security and Global Cooperation" with a focus on global health. There are two major areas of work: one as the secretariat of the Friends of the Global Fund, Japan (FGFJ), and the other as the organizer of the Global Health and Human Security Program. In the following, the author will focus on the latter: the Global Health and Human Security Program, as well as its predecessors.

2.1 Working Group on Challenges in Global Health and Japan's Contributions (2007–2008)

As briefly explained above, the Government of Japan faced serious difficulties in building consensus among its relevant ministries before proposing the "Okinawa Infectious Diseases Initiative (IDI)" at the 2000 Kyushu-Okinawa G8 Summit. Not to repeat the same mistake at the next Summit to be hosted by Japan, the lack of inter-ministerial coordination needed to be fixed so that consistent global

health policy could be made by Japan.

In addition to the inter-ministerial coordination within the Government of Japan, active involvement of civil society organization, including NGOs, think tanks and academic institutions, needed to be secured for participatory global health policy making in Japan. To prepare for the 2008 Toyako G8 Summit to be hosted by Japan, the JCIE took a whole-of-society approach to organize the "Working Group on Challenges in Global Health and Japan's Contributions" from September 2007 to July 2008. It was a predecessor to the current "Global Health and Human Security Program" launched in July 2009.

This Working Group was specifically designed to help prioritize global health on the agenda of the Toyako G8 Summit held in July 2008, as well as in the Fourth Tokyo International Conference on African Development (TICAD IV) held in Yokohama in May 2008. The Working Group brought together, for the first time in Japan, the MoFA, the MHLW and the MoF for discussions about global health, elevating the topic considerably on Japan's policy agenda. As a multi-sectoral group, representatives from academia and NGOs were also invited as members, allowing for a substantive exchange of information and opinions among these different sectors, all participating on an equal footing.

The most important contribution made by the Working Group was a policy paper entitled "Global action on health systems: a proposal for the Toyako G8 summit" (Reich, Takemi, Roberts & Hsiao 2008). The Working Group also compiled a report, "Global health, human security, and Japan's contributions" and submitted it to an international symposium organized by the FGFJ and the Global Fund in May 2008, and its summary was featured in the *Lancet* (Takemi, Jimba, Ishii, Katsuma & Nakamura 2008a; 2008b).

2.2 Task Force on Global Action for Health System Strengthening (2008–2009)

Following the 2008 Toyako G8 Summit, Prof. Takemi and the JCIE took an initiative to translate the Summit recommendations into concrete proposals so that the G8 member countries and other stakeholders could do more to strengthen health systems in developing countries.

The Task Force on Global Action for Health System Strengthening was created to serve as a catalyst to synthesize existing initiatives for health system strengthening within the framework of human security. Within this Task Force, three research teams were formed to look in-depth at the entry points for health system strengthening: health workforce, health information, and health financing. The research was designed to inform the Task Force's exploration of the overall question of how to build integrated health systems that are able to (1) respond to the challenges of both providing primary healthcare and tackling individual diseases, (2) achieve the health-related Millennium Development Goals (MDGs), and (3) enhance the human security of people around the world.

A major international conference and a series of workshops and meetings were convened in Tokyo, and the resulting discussions formed the basis for a final report that was submitted in January 2009 to the Japanese Government (JCIE Task Force on Global Action for Health System Strengthening 2009).

The Government of Japan in turn handed the report to the Government of Italy, as the latter prepared to chair the 2009 G8 Summit. Many of the ideas in the report were, in fact, reflected in the G8 Leaders Declaration of the 2009 L'Aquila Summit. Excerpts from the program's research were also featured in a special section in the *Lancet* (Reich & Takemi 2009).

2.3　Global Health and Human Security Program (2009–present)

The Working Group on Challenges in Global Health and Japan's Contributions (2007–2008) and The Task Force on Global Action for Health System Strengthening (2008–2009) were time-bound projects to prepare for and to follow-up on the 2008 Toyako G8 Summit. In 2009, these time-bound projects focused on the G8 Summit were replaced by a more permanent program that explores Japan' roles beyond the G8 process.

In July 2009, the previous projects were redesigned to form the Global Health and Human Security (GH&HS) Program within the JCIE. The GH&HS Program, which looks at Japan's role far beyond the G8 process, aims to establish a stronger base of support for global health among political and government leaders as well as to build increased public awareness in Japan about global health issues.

The GH&HS Program is steered by its Executive Committee with members from a more diverse range of health experts from the government ministries, NGOs, businesses, think tanks and academic institutions. (The current list of the Executive Committee members can be found at the following website: http://www.jcie.or.jp/cross/globalhealth/workinggroup.html)

Through this program, the JCIE aims to increase understanding of the successes and challenges in Japan's health system and to draw lessons for other countries that are facing similar challenges, as well as to enhance understanding of the relevance of the human security framework to global health.

In order to document and disseminate the lessons learnt from Japan's health system building and strengthening, the JCIE launched two research projects in partnership with the World Bank and the *Lancet*. First, the Japan–World Bank Partnership Program on Universal Health Coverage (UHC) was launched in 2012 to examine lessons learnt from Japan's health system, especially its achievement of UHC more than 50 years ago, and to explore how these lessons can be applied to other countries (Ikegami ed. 2014). Second, a special series "Japan: Universal health care at 50 years" was published by the *Lancet* in August 2011 (*The Lancet* 2011).

2.4　Global Health Working Group for the 2016 G7 Summit (2014–2016)

Within the broader mandate of the GH&HS Program, a new time-bound project focused on the G7 Summit was created in 2014: The Global Health Working Group for the 2016 G7 Summit.

As the host country of the 2016 Ise-Shima G7 Summit, Japan has a unique opportunity to set the tone for how global health priorities may be addressed in the Summit agenda, and to help articulate how they can be formulated within the 2030 Agenda for Sustainable Development. In order to capitalize on this opportunity and on the growing momentum surrounding UHC as an increasingly important

global priority, the JCIE, in partnership with the University of Tokyo, has organized the Global Health Working Group for the 2016 G7 Summit in order to formulate policy proposals that will help guide the discussion on global health and health security at the Summit.

Japan, as the world's most rapidly aging society, is able to provide valuable lessons on the timing for introducing and reforming UHC systems that are sustainable through demographic transition and in various economic circumstances. At the global level, the recent Ebola outbreak raised questions about the effectiveness of current global health governance, and has reminded the international community of the importance of the International Health Regulations (IHRs) and health system strengthening.

The Working Group identified seven themes: (1) Sustainability of UHC in the Context of Demographic Changes, Industrial Structure, and Epidemics, (2) Social and Economic Impact of UHC, (3) Three E's of UHC in Japan: Equity, Effectiveness, and Efficiency, (4) Pragmatic Methods and Lessons Learned from Japan's Experience Sustaining UHC, (5) Japan's New Directions in Global Health Cooperation, (6) Challenges in Global Health Governance, and (7) Better Mechanism for Global Health Innovation. For each theme, a sub-group presented its paper at the Roundtable Discussion by the Global Health Working Group for the 2016 G7 Summit on 17 December, 2015 in Tokyo. (These thematic papers can be found at the following website: http://jcie.or.jp/cross/globalhealth/2016ghwg.html)

3.   Opportunities to Make Contributions to Global Health Policy

The JCIE has been using its convening power to carry out the GH&HS Program, taking a whole-of-society approach to help build broad consensus in formulating global health policy in Japan.

The JCIE has been trying to address the three factors that characterize the challenges in global health policy making in Japan: Lack of inter-ministerial coordination, weak advocacy capacities of global health NGOs, and weak presence of academic institutions and think tanks that focus on global health policy. By establishing and managing the Executive Committee for the GH&HS Program, with members from a diverse background, the JCIE has been helping Japan overcome these challenges.

The shift from time-bound projects focused on the Summit hosted by Japan to a more permanent GH&HS Program has been also effective in capturing opportunities beyond the Summit, and making contributions to global health policy making in a seamless manner.

In the year 2016, after the Ise-Shima G7 Summit, other opportunities will be available to make contributions to global health policy. The Ise-Shima G7 Summit (26–27 May) will be followed by the Sixth Tokyo International Conference on African Development (TICAD VI) that will be held in Kenya on 27–28 August. Then on 11–12 September, the G7 Health Ministers' Meeting will be held in Kobe. In November, China–Japan–Republic of Korea trilateral Health Ministers' Meeting should be held in the Republic of Korea, in the wake of the 2016 G20 Summit hosted by China on 4–5 September. The above series of events in 2016 will be followed in 2017 by the G7 Summit to be hosted by Italy, and then by the G20 Summit to be hosted by Germany.

Taking into consideration of the calendar of milestone events, global health think tanks and academic

institutions may want to work together to prepare concrete proposals in order to make tangible contributions to the global health policy making at the global level, promoting public-private partnerships.

References

Hyodo, C. & Katsuma, Y. (2009). *The role and challenges of Japanese NGOs in the global health policymaking process*. Tokyo: Japan Center for International Exchange (JCIE). [http://www.jcie.org/researchpdfs/Waseda/full_report.pdf]

Ikegami, N. ed. (2014). *Universal health coverage for inclusive and sustainable development: Lessons from Japan*. Washington, DC: World Bank. [http://dx.doi.org/10.1596/978-1-4648-0408-3]

JCIE Task Force on Global Action for Health System Strengthening (2009). "Global action for health system strengthening: Policy recommendations to the G8 Summit." Tokyo: Japan Center for International Exchange (JCIE). [http://www.jcie.org/research pdfs/takemi/full.pdf]

The Lancet (2011). *Japan: Universal health care at 50 years.* [http://www.thelancet.com/series/japan]

Reich, M. R. & Takemi, K. (2009). "G8 and strengthening of health systems: Follow-up to the Toyako Summit," *The Lancet*, Vol. 373, No. 9662, February, pp. 508–515. [http://dx.doi.org/10/1016/S0140-6736(08)61899-1]

Reich, M. R., Takemi, K., Roberts, M. J., & Hsiao, W. C. (2008). "Global action on health systems: A proposal for the Toyako G8 summit," *The Lancet*, Vol. 371, No. 9615, pp. 865–869. [http://dx.doi.org/10.1016/S0140-6736(08)60384-0]

Takemi, K., Jimba, M., Ishii, S., Katsuma, Y., & Nakamura, Y. (2008a). "Global health, human security and Japan' contributions," Paper presented at the FGFJ international symposium on From Okinawa to Toyako: Dealing with communicable diseases as global human security threats. [http://www.jcie.org/researchpdfs/globalhealth/final_paper.pdf]

Takemi, K., Jimba, M., Ishii, S., Katsuma, Y., & Nakamura, Y. (2008b). "Human security approach for global health," *The Lancet*, Vol. 372, No. 9632, July, pp. 13–14. [http://dx.doi.org/10.1016/S0140-6736(08)60971-X]