Japan's Global Health Policy

Developing a Comprehensive Approach in a Period of Economic Stress

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Developing a Comprehensive Approach in a Period of Economic Stress[1]

Haruko Sugiyama, Ayaka Yamaguchi, and Hiromi Murakami[2]

Introduction

Recent years have seen a considerable shift in the sources of financial assistance for global health activities. In addition to the traditional donors among the advanced nations, private-sector donors, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Global Alliance for Vaccines and Immunization (GAVI), and the Bill & Melinda Gates Foundation, have emerged as major players. With some emerging nations, including Brazil, Russia, India, China, and South Africa (the so-called BRICS countries), also becoming new donors, the balance of power is changing.

There has also been a momentous shift in perceptions of "global health." It is no longer viewed only as a target of aid policies from advanced nations towards developing nations. In the wake of the severe acute respiratory syndrome (SARS) and H5N1 influenza global pandemics, there is increasing recognition that global health directly affects the domestic health issues of all nations. Now large-scale health issues, including precautions against infectious diseases such as new-type influenza, are also being treated as issues with the

1. This publication is a revised version of the report, "Japan's Global Health Policy: Challenges and Opportunities," which was prepared by the Health and Global Policy Institute in December 2012. It is based on research funded by the Bill & Melinda Gates Foundation. The findings and conclusions contained within are those of the authors and do not necessarily reflect positions or policies of the Bill & Melinda Gates Foundation. A great many people provided support and cooperation in this research project. It is hoped that, in turn, this report will prove to be of value in the future activities of all concerned. In particular, the authors would like to extend their sincere gratitude to those who generously offered their time for interviews. This project could not have been realized without their kind cooperation.

2. Haruko Sugiyama is a senior associate and founding member of the Global Health Policy Center at the Health and Global Policy Institute (HGPI). Since 2008 she has been in charge of agenda shaping and awareness raising regarding global health issues. She has also directed education programs for youth to nurture future leaders in global health. Ayaka Yamaguchi is a senior associate at HGPI's Global Health Policy Center. She has been in charge of research projects on health policy, patient advocacy, and policy evaluation since 2009. Previously she conducted cancer patient surveys and researched cancer control plans. Hiromi Murakami is assistant professor at the National Graduate Institute for Policy Studies, and is also associated with the HGPI Global Health Policy Center, supervising various global projects. She received her Ph.D. from the Nitze School of Advanced International Studies at the Johns Hopkins University. Katherine E. Bliss, senior associate with the Center for Strategic and International Studies (CSIS) Global Health Policy Center, edited this report.

potential to impact any country's security. The United States, in particular, has recognized global health as a key consideration in shaping foreign policy, stating clearly, "We invest in global health to protect our nation's security."[3]

Japan has yet to adopt a comprehensive approach that acknowledges the new global health reality. With political changes, natural disasters, and a sluggish economy dominating the policy scene in recent years, there has been little appetite among decisionmakers to rethink—in a practical sense—more effective ways to strategically support global health activities in facilitating a greater impact of Japan's foreign policy. The internal process continues to base its strategy around the traditional concept of "human security" as determined by conflict and poverty. Bureaucratic sectionalism remains a factor, with diplomacy managed by Japan's Ministry of Foreign Affairs (MOFA) and domestic health issues handled by the Ministry of Health, Labor, and Welfare (MHLW). No significant shift has been made toward creating cross-ministerial initiatives to tackle global health issues. Furthermore, a division among agencies responsible for policy (e.g., MOFA, MHLW) and implementation (Japan International Cooperation Agency, or JICA) inhibits the incorporation of lessons learned into policymaking directives and stifles efforts to promote greater transparency in setting the nation's global health agenda. In fact, while MOFA's 2011 "Japan's New Global Health Policy" describes Japan's contributions as an integral part of the country's overall diplomatic strategy and sets a goal of "mobilizing US $5 billion over 5 years," the policy has yet to be reflected in actual budget allocations for official development assistance (ODA).[4]

According to a Cabinet Office survey, in 2010 many Japanese people recognized the importance of providing "support in the field of health" through international cooperation.[5] The Japanese public's awareness of the importance of providing sustained support to people in need around the world increased in 2011 after seeing Japan endure tremendous suffering from the devastation of the March 2011 Great East Japan Earthquake. Yet despite ongoing public support for global health spending, in reality, the proportion of Japan's ODA allocated to the health sector is a mere 2 percent, far lower than the 10 percent average of Organization for Economic Development (OECD) countries.[6] And, despite criticism for the perceived collusion between political and business entities within ODA programs, Japanese ODA still overemphasizes construction work, such as infrastructure development and the building of hospitals. While declaring commitments to global health, the Japanese government lacks any mechanism to facilitate cross-ministerial cooperation in the budget process. With each ministry, government agency, and domestic stakeholder pursuing its own policy, no clear or consistent national policy or common vision for global health has emerged.

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3. See speech made by Secretary of State Hillary Clinton, August 16, 2010, http://www.state.gov/secretary/rm/2010/08/146002.htm. In the United States, although the Department of Homeland Security was established to oversee matters relating to domestic security following the 9/11 terrorist attacks, matters relating to health such as new-type influenza are also dealt with in collaboration with the Centers for Disease Control and Prevention (CDC) and the Department of Health and Human Services (HHS).

4. MOFA, International Cooperation Bureau, *"International Health Policy 2011–2015"*, 2010. http://www.mofa.go.jp/mofaj/gaiko/oda/doukou/mdgs/pdfs/hea_pol_ful_jp.pdf

5. Cabinet Office, Government Public Relations Office, 2010.

6. According to the OECD Development Assistance Committee (DAC), this figure was calculated on the basis of the commitments contained in agreements concluded between donor countries and recipient countries.

What Japan needs most is to develop a comprehensive perspective of global health in order to maximize aid effectiveness and to promote transparency as well as a mechanism that incorporates the sharing of lessons learned among diverse agencies with responsibility for global health programming. The government should create incentives for multisectoral collaboration. The private sector should play a more important role in the monitoring of assistance activity, and the public sector must immediately publish accurate data on global health assistance for independent third-party evaluation. Japan also needs to strengthen the ability of civil society organizations (CSOs), such as nongovernmental organizations (NGOs) and think tanks, to play a major role in promoting public scrutiny and greater accountability when it comes to Japan's overseas health investments. From this perspective, increasing the transparency and understanding of Japan's decisionmaking process in the field of global health will boost the overall effectiveness of the country's initiatives and benefit the people of Japan as well.[7]

Japanese Decisionmaking on the Global Health Agenda

In the post–World War II period, Japan experienced dramatic improvements in infant mortality rates and reduced the incidence of infectious diseases through the implementation of universal health insurance, along with improving access to health services and vaccination programs. For the Japanese people there is great significance in sharing this accumulated knowledge and experience with developing countries facing their own health challenges. Yet despite this compelling rationale for Japan's global health engagement, ongoing domestic political and economic challenges have limited the support of government officials and legislators for reforming Japan's decisionmaking when it comes to global health causes. In most cases, Japan's powerful bureaucracy has de facto control of the annual budget allocation and policymaking processes. MOFA is essentially responsible for overall coordination of ODA,[8] and responsibility for the various budgets is divided among no fewer than thirteen different ministries, including the Cabinet Office. Three ministries—MOFA, MHLW, and the Ministry of Finance (MOF)—are closely involved in the area of global health.

Each ministry pursues its own strategy in terms of budget acquisition. While MOFA, working through various offices and divisions, has overall responsibility for ODA, "global health" assistance also falls under the scope of MHLW (see Appendix A). Japan's ODA budget is also divided between the various schemes through which assistance can be provided; loan assistance, for example, falls under MOF's jurisdiction. Even within the single sphere of "global health" policy, there are multiple officials and departments exercising some degree of decisionmaking authority (see Appendix B).

7. Research was conducted by interviewing individuals involved in the field of global health and surveying the available literature in order to accumulate a broad range of information and perspectives for study and analysis of the key issues.

8. MOFA, International Cooperation Bureau, "What Is ODA? Implementation Systems: Forms of Assistance," (accessed November 22, 2012) http://www.mofa.go.jp/mofaj/gaiko/oda/about/keitai/taisei.html.

The situation is further complicated by the fact that planning and implementation of aid projects is handled by JICA, while responsibility for policy and budgets rests with MOFA, MHLW and MOF. Japan's ODA is demand-based: requests for assistance are received from the prospective recipient country and aid projects are then planned on a country-by-country basis.

There is a basic division between bilateral ODA conducted between Japan and recipient countries, and multilateral ODA, including Japan's support for international organizations, such as the United Nations (UN) and other international agencies. New budget requests for bilateral ODA and multilateral ODA usually build on the previous year's budget. The main factors influencing budget increases are the international commitments made by the prime minister and each ministry's strategy (see Appendix C). When Japan's prime minister makes a specific commitment to ODA at a major international meeting, for example the annual Group of Eight (G8) summit, the budget must increase accordingly to guarantee the promised amount.

Although the planning process for the ODA budget takes into account the budgets over which each ministry has jurisdiction, each year's budget essentially continues from the previous year. As the implementing agency, JICA is given a predetermined budget, and then follows its own guidelines in formulating specific action plans. Not only is there a division of roles between MOFA, which formulates policy, and JICA, which implements projects, but as an independent administrative agency JICA has no real influence over budget allocation and no authority to acquire its own budget. Thus, no mechanism exists whereby feedback on issues encountered during project implementation can be reflected in policy.

Bilateral Aid Process

Bilateral ODA can take three different forms: loan assistance (Yen loans), grant aid, and technical cooperation (see Appendix D). Loan aid, in the form of Yen loans, is intended to serve as a source of long-term, low-interest funding to support development in developing countries. MOF is in charge of budget allocation for loans, while assistance is implemented by JICA.

The process of deciding whether to implement a Yen loan agreement commences when the needs of the prospective recipient government are recognized by the local Japanese embassy or other agency. After consultations with recipient country officials, a JICA research mission conducts a feasibility study. Based on the results of the JICA investigation, MOF analyzes the lending conditions, and MOFA, the Ministry of Economy, Trade, and Industry (METI), and MOF consult on the formulation of the project and the amount of the loan. The foreign minister then submits a draft proposal for an exchange of notes for discussion and approval by the Cabinet Office, leading eventually to a formal exchange of notes between the two countries. The predominant use of loan aid has been to support the building of social and economic infrastructure, such as electricity, gas, transportation, and water supply and sewerage systems in developing regions. In recent years, however, loan aid has also been utilized to provide support in such areas as the control of infectious

diseases. One case directly related to global health was the 2011 Yen loan, a polio loan, made to Pakistan, utilizing an innovative loan conversion scheme.[9]

Grant aid is financial assistance extended to developing countries without the imposition of any obligation for repayment. Bilateral ODA for global health has predominantly been in the form of grant aid, with an emphasis on visible forms of assistance: supporting the construction of hospitals, installation of medical equipment, and other infrastructure development. Jurisdiction over the budget for grant aid resides with MOFA, and assistance is implemented through JICA.[10] However, this does not include that portion of grants deemed necessary for the conduct of foreign policy, which is directly executed by MOFA. As no robust, evidence-based method of evaluation has been developed to determine the impact of grant aid on actual health outcomes, ministries are reluctant to support global health spending, where the majority of spending supports capacity building or nonvisible forms of assistance.

The overall aim of a third category of bilateral assistance, called technical cooperation, is to utilize personal interactions to improve the capacity of developing countries to deal with their own development challenges. Typically Japanese experts are dispatched to developing countries to convey needed skills and knowledge for development to government officials and technical personnel before the two groups cooperate in adapting technology and systems to local circumstances. But technical cooperation may also involve personnel from developing countries being invited to Japan or even dispatched to a third country for technical training and knowledge acquisition.[11] Depending on the technical nature of the work to be undertaken, JICA coordinates the project's progress, in cooperation with organizations such as MHLW and the National Center for Global Health and Medicine.

Multilateral Aid Process

With multilateral ODA, specific ministries and government departments have jurisdiction over the budgets for the various international organizations. Regarding multilateral organizations for global health, MOFA handles support for the Global Fund to Fight AIDS, Tuberculosis and Malaria, the UN International Children's Emergency Fund (UNICEF), other UN-based health agencies, and the GAVI Alliance. MHLW deals with the World Health

9. This 2011 Yen loan agreement to support a polio eradication program in Pakistan uses a loan conversion scheme, in cooperation with the Gates Foundation. According to this scheme, if the Pakistani government achieves specific milestones in the polio eradication program, the Gates Foundation will repay the credit to JICA on behalf of the Pakistani government. The aim of this mechanism is to support the government commitment to polio eradication without imposing a financial burden. Traditionally, the initiative for global health policy has been taken by MOFA through small grant aid and technical cooperation, but in this case it was MOF's International Bureau, now more capable of considering its own initiatives though the Yen loan; this represents a success story in terms of the potential for new domestic players to play a key role in global health policy making.

10. However, this does not include that portion of grants deemed necessary for the conduct of foreign policy, which is directly executed by MOFA.

11. A technical corporation project can be implemented through an appropriate combination of "equipment provision," "dispatch of experts," and "acceptance of trainees." JICA, *Japan International Cooperation Agency (JICA) Annual Report 2011,* 2011, http://www.jica.go.jp/about/report/2011/pdf/all.pdf.

Organization (WHO) and the Joint UN Programme on HIV/AIDS (UNAIDS). MOF handles organizations such as the World Bank Group (see Appendix E).

The amount contributed and the guidelines and circumstances that influence contributions to international organizations vary from ministry to ministry. Once bureaucratic jurisdiction for a particular international organization is determined, the responsible ministry will make the utmost administrative effort to appropriate budgets and safeguard links with the organizations, as the affiliations with these organizations provide the ministry with both tangible benefits (official posts) and a legitimate source of power and influence. For example, Japan identified infectious disease as a key agenda item when it hosted the 2000 G8 summit, announcing the Okinawa infectious diseases initiative (IDI) and pledging to provide around US$3 billion to fight infectious disease over five years, from 2000 to 2004. Building on the momentum generated at the summit, Japan worked energetically to further focus the attention of the international community on infectious disease, with Prime Minister Yoshiro Mori choosing to head Japan's delegation to the UN General Assembly's special session on HIV/AIDS. Japan also actively encouraged other developed country leaders to support funding for global action on infectious diseases. The enterprising approach of the Japanese government led to the subsequent creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2002. Japan has continued to strengthen its support for the Global Fund, with Prime Minister Naoto Kan in 2010 announcing an immediate further contribution to the Fund of US$800 million. MOFA supports the Global Fund and successfully increased the Fund's share of resources, securing a total contribution of US$343 million in 2012,[12] despite national fiscal difficulties. As a result, in January of 2013 Global Fund executive director Mark Dybul announced that Japanese physician and epidemiologist Dr. Osamu Kunii had been appointed head of the Global Fund's Strategy, Investment, and Impact Division.[13]

Basically, allocation of funding is less determined by strategic goals of the government than it is determined by ministries' attempt to gain control of initiatives and increase their sources of legitimate power and influence. In the realm of global health, there are numerous divisions and departments among the three ministries with assigned roles for policies and budgets related to international organizations (See Appendix F).

Policy Priorities

The ODA charter created by MOFA represents the foundation for Japan's aid policy related to global health. The charter emphasizes several basic principles,[14] including supporting

12. Global Fund to Fight AIDS, Tuberculosis and Malaria, "Japan's 2012 contribution to the Global Fund is the highest it has ever made," news release, December 14, 2012, http://www.theglobalfund.org/en/mediacenter/newsreleases/2012-12-14_Japan_2012_Contribution_to_the_Global_Fund_is_the_Highest_it_Has_Ever_Made/.

13. Global Fund, "Global Fund appoints Osamu Kunii as head of Strategy, Investment, and Impact," news release, January 21, 2013, http://www.theglobalfund.org/en/mediacenter/newsreleases/2013-01-21_Global_Fund_Appoints_Osamu_Kunii_as_Head_of_Strategy_Investment_and_Impact/.

14. MOFA's ODA charter consists of five basic principles: supporting the self-help efforts of developing countries, a perspective of human security, assurance of fairness, utilization of Japan's experience and expertise, and partnership and collaboration with the international community. For more details, see the charter.

the self-help efforts of developing countries and a perspective on human security, in order to contribute to global peace and development, and thereby help ensure Japan's own security and prosperity. The ODA medium-term policy, which presents a strategic approach for the next three to five years based on the ODA charter, places increasing emphasis on human security and prioritizes poverty reduction, sustainable growth, addressing global issues, and peace building. One of the major challenges in developing a comprehensive Japanese approach to global health, therefore, is that several sets of ODA guidelines and reports coexist within the Japanese government, making it difficult to clarify priorities. How MOFA's recently published new global health policy relates to mainstream ODA policy has not been determined.

It is also unclear how the various guidelines and reports that coexist for ODA policies are positioned relative to each other within the policy structure. For example, the ODA medium-term policy ODA review final report presents a more proactive and effective approach to ODA implementation. Country assistance policies[15] consider issues such as the development plan and objectives for each prospective recipient country, while the annual priority policy for international cooperation[16] indicates the policy areas to be emphasized during the current fiscal year. The new global health policy,[17] to be renewed every five years, outlines the plan for global health assistance. In addition, MOFA's ODA review final report in 2010, presenting the basic direction for Japan's ODA policies, partially overlaps with the existing ODA charter, and recommends that the government should begin consultations for revising the ODA charter. At present, Japanese ODA activity is conducted based on the strategy defined in this final report, but as moves to revise the ODA charter have not progressed significantly, Japan is now in a situation where two different basic policies on ODA coexist.

For the Japanese government, ODA policy has become very closely aligned with the country's growth strategy in terms of supporting the overseas expansion of Japanese companies. This growth strategy is an "All Japan" policy shared above and beyond the ministerial level, with the Cabinet Secretariat's National Policy Unit playing a key role under the DPJ admininistration.[18] The Overseas Economic Cooperation Council was established within the Cabinet Office in 2006 in order to make the various forms of strategic overseas economic cooperation, including ODA, more efficient. The council was abolished in 2011, however, by the Democratic Party of Japan (DPJ) administration of Prime Minister Yoshihiko Noda. It was replaced by the Council on National Strategy and Policy, in which the growth strategy was restated. At the council, various discussions on themes, such as

15. MOFA, International Cooperation Bureau, "What is ODA? Aid Policy: Overview of Country Assistance Policy," (accessed November 22, 2012) http://www.mofa.go.jp/mofaj/gaiko/oda/seisaku/kuni_enjyo_donyu.html.

16. MOFA, International Cooperation Bureau, "FY2012 Priority Policy for International Cooperation," http://www.mofa.go.jp/mofaj/gaiko/oda/seisaku/pdfs/24_jyuten.pdf.

17. MOFA, International Cooperation Bureau. "International Health Policy 2011–2015," 2010. http://www.mofa.go.jp/Mofaj/gaiko/oda/doukou/mdgs/pdfs/hea_pol_ful_jp.pdf

18. The National Policy Unit was dissolved under the LDP-New Komeito administration. The Japanese government has been announcing a series of growth policies, including "New Growth Strategy (Basic Policies)" in 2009, "The New Growth Strategy: Blueprint for Revitalizing Japan" (2010), "Realizing the New Growth Strategy 2011" (2011), "Interim Report on Strategies to Revitalize Japan" (2011)., and approved "Rebirth of Japan: A Comprehensive Strategy towards a 'Country of Co-creation' by addressing emerging challenges" (July, 2012).

public-private partnerships (PPP) and health care innovation, have taken place in internal meetings. Over this period, new players like the Cabinet Secretariat and METI have become involved in discussions in global health as it is connected to domestic economic benefits. How this will play out in the new Liberal Democratic Party administration of Prime Minister Abe Shinzo is not yet apparent, though there seems to be no clear difference in policy position from the previous administration on global health.

Although several different guidelines for global health policy exist within the Japanese government, global health policy itself has little impact on determining actual policies. While basic initiatives on global health have been developed approximately every five years since 1994 (see Appendix G), a continuous commitment to the actual selection of ODA projects is far from guaranteed. Over the decades, circumstances have shifted the focus of policy from cooperation in the fields of population and HIV/AIDS, and measures against parasitic and infectious diseases such as malaria and tuberculosis, to maternal and child health and the strengthening of health systems. The Japanese prime minister could announce a new commitment at any given moment, adding the financial commitment to the sum of existing programs, yet a consolidated vision for global health in Japan has never been clarified.

Coordination and Adjusting Interests

While there have been efforts to strengthen cooperation between the various ministries involved with the different forms of ODA in Japan—including information exchange between the relevant ministries at the level of ministerial director and manager[19]—Japan's political leaders have paid less attention to the issue of interagency coordination, particularly when it comes to global health. Top level discussion was anticipated by establishing the Overseas Economic Cooperation Council in 2006, but it was dissolved before it ever functioned as planned.

There are both government and executive meetings between the relevant ministries and agencies regarding global health, with a regular meeting (the so-called "3 Deputy Ministers' Meeting") between MOFA, MOF, and MHLW (with JICA also in attendance). JICA is engaged in almost constant dialogue with MOFA in the process of project formulation, and there is close cooperation on investigations and planning. On completion of a project, JICA, MOFA, and other relevant ministries conduct a joint debriefing session. JICA also implements projects in the health sector in collaboration with MHLW.

The incorporation of Japanese NGOs into global health policy coordination has taken place in stages.[20] When the Japanese government first established the global issues initiative (GII) on population and AIDS in 1994, several NGOs asked MOFA to initiate a regular,

19. MOFA, International Cooperation Bureau, "What is ODA? Reform of ODA: Strengthening Cooperation between Ministries," (accessed November 22, 2012) http://www.mofa.go.jp/MOFAJ/gaiko/oda/kaikaku/ugoki/sochi/renkei/01.html.

20. The participation of Japanese NGOs in the field of global health was enabled in the run-up to and during the 1994 Cairo conference on population and development, at which NGO representatives for the first time had an opportunity to participate alongside MOFA in international conferences and contribute to policy positions.

informal meeting to promote open discussion and exchange of information among those active at the front lines of global health. When the government announced the Okinawa infectious diseases initiative (IDI) in 2000, the GII/IDI dialogue was formally established, and over one hundred meetings have been held. One NGO, the Japanese Organization for International Cooperation in Family Planning (JOICFP), serves as secretariat. The meetings serve primarily as a forum for information exchange, but in the run up to major international events such as G8 or Group of Twenty (G20), the NGOs form coalitions to advance valuable proposals more effectively.

MOFA also holds an NGO-MOFA regular meeting to strengthen cooperation and promote general dialogue on ODA. Because the meetings are short and held infrequently with limited participation, there has not been much fruitful interaction as a result of the meetings, nor any reflection of the discussions in actual policy. The reality is that NGOs do not currently participate in the policymaking process in Japan; for that to become a reality, developing the advocacy capability of NGOs is vital.

Academia should also play more of a role. Only a very small number of researchers and research institutions conduct studies in the field of global health. This is not only due to a lack of effort and cooperation between academia and NGOs conducting activities in the field, but also to the division of roles between MOFA's formulation of global health policy and MHLW's control of health-related research. With a Department of Global Health Policy recently established at the University of Tokyo, it is hoped that more extensive research will be undertaken in the future. But there is an urgent need for collaboration with NGOs with field experience in conducting research into the implementation, evaluation, and monitoring of global health assistance

The private sector in Japan also plays an important role in global health policy setting. One private-sector group, called the Working Group on Challenges in Global Health and Japan's Contribution has played a very important role in coordinating the agencies involved in global health. Professor Keizo Takemi, a leading figure in the field of global health, established this public-private policy platform in 2007. Since then, it has taken the lead in coordinating among the many relevant agencies and promoting public-private cooperation in agenda setting for Japan's efforts in global health. It has gained the understanding and support for its leadership from the prime minister, the respective ministers and their ministries, thereby making an "All Japan" approach a real possibility.[21]

The great advantages of private-sector-led coordination are that activities and accumulation of know-how continues regardless of changes in government or bureaucratic

21. As a private-sector group, it had the capability to build multistakeholder momentum among ministries and related institutions, academia, civil society, and others to shape and promote the health agenda at the 2008 G8 summit. It also effectively mediated between the public and private sectors and among the various government ministries. This private-sector initiative was an unprecedented development in the field in Japan. In 2008, with the government of Japan hosting both the Fourth Tokyo International Conference on African Development (TICAD IV) and the G8 Hokkaido Toyako summit, strong political leadership exerted by this group boosted Japan's ability as host nation to take the lead on global health policy by providing strategic policy-based input.

personnel shuffles. While it is relatively easy to maintain the motivation of those involved and to make an impact on global health policy when major events, such as G8 summits and International Monetary Fund (IMF)/World Bank meetings, are hosted in Japan, the greater challenge is to maintain momentum among busy government officials when the immediate focus turns away from international activity and global health. Successful engagement of Japan's private sector, including the domestic health care and pharmaceutical industries, on global health issues can serve as a bridge between policymakers' domestic concerns and the government's health diplomacy agenda.

Conclusions

The dynamic of the global health field has been transformed in recent years by various factors: the entry of relatively new players, the rise of innovative financing methods, the activities of international NGOs, and new sources of funding from major foundations and the private sector. New movements and new players have also emerged in the Japanese government in recent years, with MOF concluding the innovative polio loan, and METI and others providing support for BOP/social business. The emergence of new players should promote increased awareness and capacity among existing players by providing opportunities to explore new synergies.

To maximize Japan's potential to contribute to the new global health agenda, Japan must overcome several significant challenges. Bureaucratic sectionalism and a lack of coordination among the various agencies charged with carrying out the government's global health agenda currently limit the efficacy of Japan's overseas programs. The articulation of common goals to unite the various global health-related organizations; the organization of transparent third-party evaluation for sustainable, yet effective, assistance within a context of limited budgets; the creation of a mechanism to steer funds to a third-party body to which roles such as independent monitoring can be delegated; and building the capacity of Japanese CSOs to play a central role are all changes that must be made.

One of the major challenges for Japan is the creation of a coordinated fundamental global health policy. Because politicians are more focused on addressing domestic social and economic issues than in advancing global health programs, the bureaucracy has de facto control of the budget allocation and the policymaking process. With each government ministry and agency securing and allocating budgets according to their own internal incentives, no clear message can be communicated as a nation, and no unified budget based on that message can be appropriated. The tendency remains for Japan's ODA policy to be regarded as part of the country's overall growth strategy, with emphasis still placed on nurturing and supporting the overseas activities of Japanese companies. While successive prime ministers have made global health commitments, under the current financial conditions it is unlikely that any substantial increase in funding will be seen in areas in which Japanese business has little involvement. Yet for Japan to be ready to move ahead when the moment is right, the severe shortage of human resources in both the public and

private sectors must be overcome. In order for Japan to build a credible international development network, it is necessary to promote a broad range of career paths and adopt a long-term plan to foster human resources. It is especially difficult to secure human resources for active involvement in the ministries, as insufficient understanding of the importance of diverse values means there are few incentives or options for career paths that foster specialists in a particular field or produce highly capable personnel with global knowledge and awareness. The rigidity of the current bureaucratic personnel system has rendered it unable to respond to the dramatic diversification of values as global society has evolved.

Recommendations

- *Make data open to public scrutiny to ensure transparency.* The Japanese government must take responsibility for producing and presenting easily understandable data on ODA performance for public accountability.

- *Create a single development agency.* Consideration must be given to a new framework, whereby a single development agency manages policy, budget, and feedback in order to conduct assistance effectively and efficiently. If Japan hopes to have a positive impact on its diplomatic interests by attaching importance to consistency in assistance, both human and financial resources need to be permanently appropriated for JICA. A more flexible system is also required to enable JICA to play a more continuous, proactive role in the area of development. Raising the priority of global health by promoting JICA's capacity in this way would also make Japan's diplomatic intentions clear to the international community.

- *Create social mechanisms to support and promote CSOs.* Cooperation among foundations, corporations, and others is necessary to provide funds that will help create a healthy civil society. At the same time, rules needs to be changed so that these funds can also go toward covering personnel costs in order to facilitate training.

- *Increase the global talent pool.* In order to bring a wide range of experience to bear on policymaking, consideration should be given to external recruitment of specialists to fixed-term positions, opening the way for individuals to be appointed from JICA, CSOs, and business, as well as the bureaucracy. There has been growing interest in the fields of development and social business among younger generations of students, and this potential pool of human resources must be nurtured for the long term. The eventual aim should be to realize personnel development for a broad range of international activity without any boundary between the public and private sectors. Beyond that, a fundamental issue in Japan's social infrastructure is the pressing need for improvement at an operational level, such as addressing the peculiarly Japanese structural barriers that impede the mobilization of human resources in both the public and private sectors. This should be done through such steps as abolishing the boundaries between full-time employees and

nonregular staff, ending the seniority system, and allowing greater portability of pensions.

- *Improve monitoring, continuous assessment, and long-term evaluation.* In order to ensure transparency, evaluations must be conducted by an independent third party, free from any pressure or influence from those directly involved in the project.

- *Create an evaluation industry.* A full-fledged system of policy analysis should be developed—including the validation of policy ideals and the mid- to long-term vision—independent of the implementing agency. Evaluation monitoring of development projects greater than a certain size should be fully outsourced and entirely independent. This will increase the objectivity and reliability of evaluations while also giving rise to a new evaluation industry. Contracted work for such tasks as monitoring will strengthen the financial basis of Japanese CSOs, such as NGOs and think tanks, and enhance private-sector human resource development in these areas. Together with the strengthening of evaluation monitoring, the flow of funds will also boost human capital, with on-site monitoring of actual projects offering a form of training for NGOs. The responsibility of ensuring the transparency of the monitoring process can also raise the capacity of think tanks and other CSOs, and enhance Japan's contributions to the field of global health as a whole.

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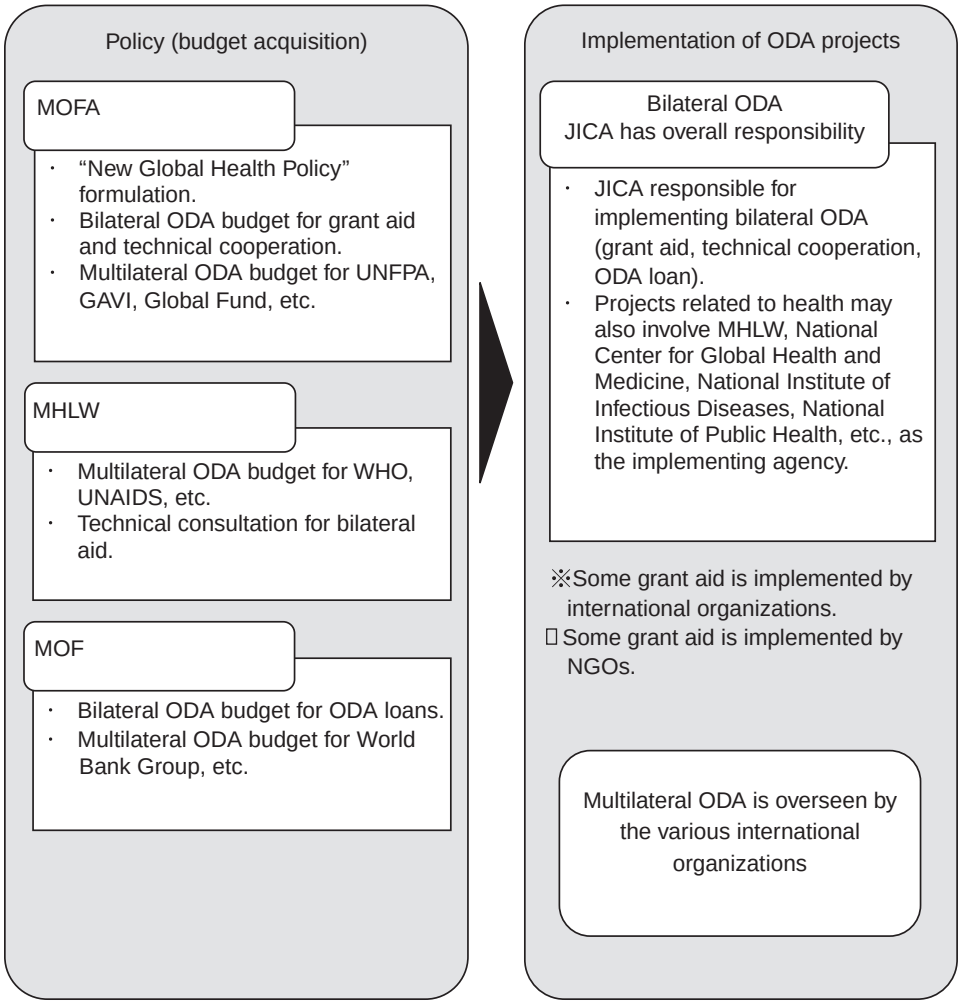
Appendix A. Responsibilities of Ministries and Agencies in Supporting Global Health



Note: GAVI, Global Alliance for Vaccines and Immunizations; JICA, Japan International Cooperation Agency; MHLW, Ministry of Health, Labor, and Welfare; MOFA, Ministry of Foreign Affairs; ODA, official development assistance; WHO, World Health Organization.
Source: Created by Health and Global Policy Institute (HGPI).

Appendix B. Principal Government Departments Involved with Global Health

Ministry and Department		*Characteristics and Primary Responsibilities*
MOFA International Cooperation Bureau	Global Health Policy Division	Oversees global health within MOFA formulating health policy and strategy from both bilateral and multilateral perspectives, and managing government dealings with the Global Fund, GAVI, UNFPA, etc.
	Global Issues Cooperation Division	Responsible for budget acquisition for UNDP, UNFPA, GAVI, IPPF, etc., and for managing cooperative operations with each organization
	Specialized Agencies Division	Responsible for budget acquisition and managing cooperative operations with the Global Fund, etc.
	Country Assistance Planning Divisions	Formulates aid policy, ODA* project planning, etc., on a country-by-country basis
	Aid Policy and Management Division	Responsible for comprehensive policy for overall ODA*
	Development Assistance Policy Coordination Division	Primarily responsible for the overall ODA* budget
MHLW	International Affairs Division, Minister's Secretariat	Responsible for budget acquisition and managing cooperative operations with WHO and UNAIDS, providing consultation on health-related aspects of bilateral assistance (technical cooperation), participating in the ASEAN 3 Health Ministers meetings, APEC Health Working Group, etc.
MOF International Bureau	Development Policy Division	Responsible for overall development policy for the International Bureau, including examination of policy on an issue-by-issue basis, such as the ODA budget/yen loan system and health, etc.
	Counselors' Office	Responsible for individual bilateral development projects such as loan assistance (yen loans), etc.

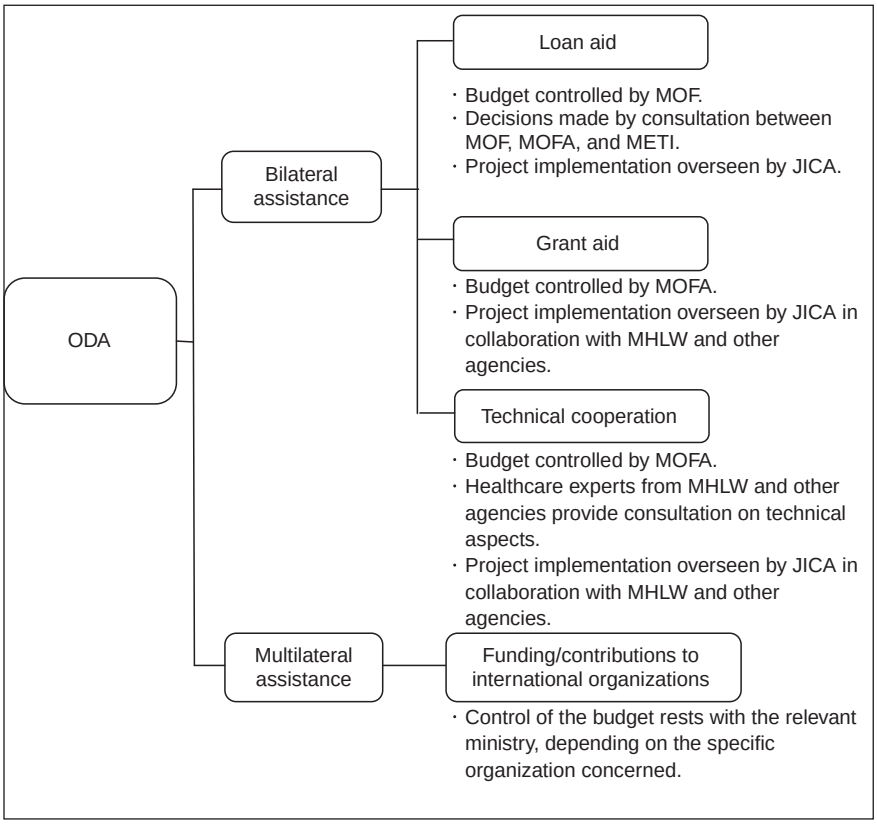
Ministry and Department	*Characteristics and Primary Responsibilities*
Development Institutions Division	Responsible for development assistance provided through multilateral development financial institutions such as the World Bank, Asian Development Bank, etc.

*Overall ODA including projects related to global health.

Note: APEC, Asia-Pacific Economic Cooperation; ASEAN, Association of Southeast Asian Nations; GAVI, Global Alliance for Vaccines and Immunizations; IPPF, International Planned Parenthood Federation; JICA, Japan International Cooperation Agency; MHLW, Ministry of Health, Labor, and Welfare; MOF, Ministry of Finance; MOFA, Ministry of Foreign Affairs; ODA, official development assistance; UNAIDS, United Nations (UN) Program on HIV/AIDS; UNDP, UN Development Program; The United Nations Population Fund (UNFPA), UN Population Fund; WHO, World Health Organization.

Source: Created by Health and Global Policy Institute (HGPI) .

Appendix C. Classification of Official Development Assistance Relating to the Global Health Field



Note: JICA, Japan International Cooperation Agency; METI, Ministry of Economy, Trade, and Industry; MHLW, Ministry of Health, Labor, and Welfare; MOF, Ministry of Finance; MOFA, Ministry of Foreign Affairs; ODA, official development assistance.

Source: Created by Health and Global Policy Institute (HGPI) based on this research.

Appendix D. Tracking Japan's Record of Official Development Assistance for Global Health

It is difficult to quantify the overall budget for Japan's global health contributions. Under the present system, official development assistance (ODA) budgets are categorized by the form of assistance rather than by the sphere, such as health, so there is no easy way to identify the proportions allocated. In addition Japan does not have any accurate system of reporting or evaluating assistance in the field of global health.[1]

The Organization for Economic Cooperation and Development (OECD)/Development Assistance Committee (DAC) statistics are helpful as an approximate guide to understanding the amount of aid contributed by Japan in the global health sector, as shown in the table below Japanese ODA is categorized according to the type of aid provided, and a high percentage of that allocated in the field of global health takes the form of grant aid.

1. Rayden Llano et al., "Japan: Universal Health Care at 50 Years: Re-invigorating Japan's Commitment to Global Health: Challenges and Opportunities," *The Lancet*, Special Series on Japan (September 2011).

Japan's Global Health Assistance through Bilateral Aid (US$ million commitment)[1]

Year	*Grant Aid*	*Government Loans*[2]	*Technical Cooperation*	*Total*
2006	163.19	15.51	121.18	299.98 [2.2][3]
2007	198.36		129.54	327.90 [2.5]
2008	132.12		138.71	270.83 [1.5]
2009	211.01		143.44	354.45 [2.4]
2010	287.14		157.00	444.14 [2.5]

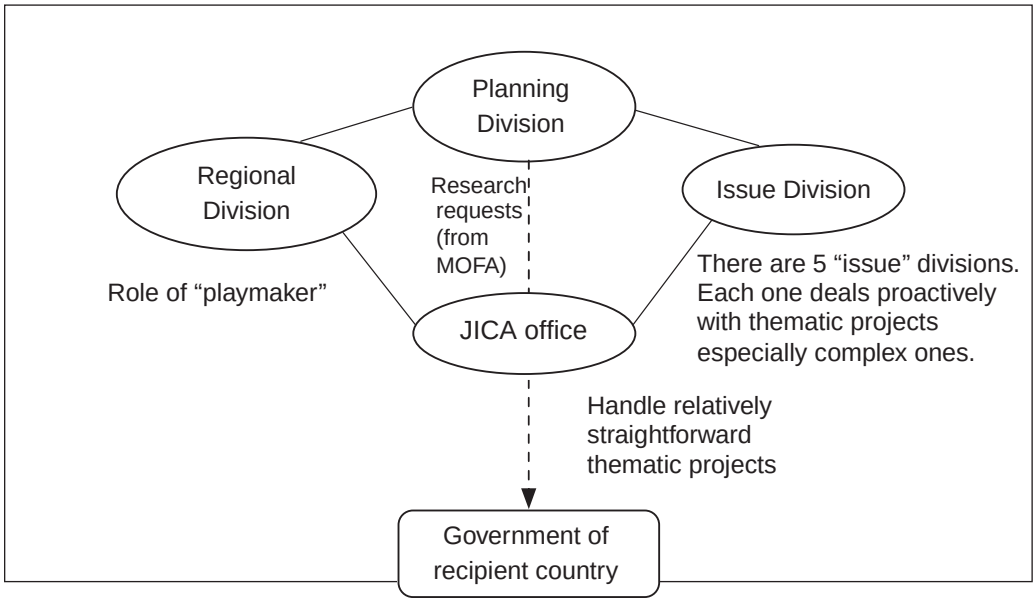
1. Data based on Development Assistance Committee (DAC)–CRS statistics.
2. Government loans include loan amounts, debt relief, and debt rescheduling.
3. Number shown in brackets represents percentage of total ODA.
Source: MOFA, International Cooperation Bureau, *ODA Reference Data 2011*.

Appendix E. Japanese Government Ministries with Responsibility for Major International Organizations Related to Global Health

Organization	*Ministry with Responsibility*
African Development Bank (AfDB)	MOF
Asian Development Bank (ADB)	MOF
The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)	MOFA
Global Alliance for Vaccines and Immunization (GAVI)	MOFA
Inter-American Development Bank (IDB)	MOF
International Bank for Reconstruction and Development (IBRD)	MOF
International Development Association (IDA)	MOF
International Planned Parenthood Federation (IPPF)	MOFA
United Nations Children's Fund (UNICEF)	MOFA
United Nations Development Program (UNDP)	MOFA
United Nations Population Fund (UNFPA)	MOFA
United Nations Program on HIV/AIDS (UNAIDS)	MHLW
United Nations Trust Fund for Human Security (UNTFHS)	MOFA
World Health Organization (WHO)	MHLW

Note: MHLW, Ministry of Health, Labor, and Welfare; MOF, Ministry of Finance; MOFA, Ministry of Foreign Affairs.
Source: Created by Health and Global Policy Institute (HGPI) based on this research.

Appendix F. Structure of JICA Project Implementation



Note: JICA, Japan International Cooperation Agency; MOFA, Ministry of Foreign Affairs.
Source: Created by Health and Global Policy Institute (HGPI)

Appendix G. Japan's Commitments in Global Health

- **1993 First Tokyo International Conference on African Development (TICAD).** On Japan's strong initiative, an international conference on the theme of development in Africa was held, in collaboration with the United Nations (UN), World Bank, UN Development Program (UNDP), and others.
- **1994–2000 Global Issues Initiative (GII) on Population and AIDS.** Under the Japan-U.S. Framework for a New Economic Partnership, Japan announced it would contribute US$3 billion to fund programs in the fields of population and HIV/AIDS over the seven years from 1994 through 2000. Numerous Japan-U.S. collaborative activities were set up, based on the results of survey teams dispatched to investigate potential projects related to population and HIV/AIDS in Asia, Africa, and Central and South America.
- **1997 "Hashimoto Initiative" on Global Parasitic Disease Control.** Prime Minister Ryutaro Hashimoto set up a special investigation commission within the Ministry of Health, Labor, and Welfare (MHLW) to consider global measures to control parasitic diseases; the commission produced a report titled "Global Parasite Control Strategy for the 21st Century." At the Group of Eight (G8) Birmingham summit, Prime Minister Hashimoto proposed the establishment of centers for training and research in countries in Asia and Africa, and the building of a network between these centers in cooperation with the World Health Organization (WHO) and the G8 nations. The purpose was to improve the exchange of information and development of human resources and promote effective international measures in the fight against parasitic diseases.
- **2000–2004 Okinawa Infectious Diseases Initiative (IDI).** The Japanese government announced the allocation of US$3 billion over five years toward cooperative efforts to combat infectious diseases such as HIV/AIDS, tuberculosis, malaria/parasitic diseases, and polio. For the first time, the G8 summit included infectious disease on its agenda, and Japan's initiative led to the establishment of the Global Fund (2002).
- **2005–2009 Health and Development Initiative (HDI).** At the High-Level Forum on Health Millennium Development Goals (MDGs) in Asia and the Pacific in June 2005, Japan stated its intention to boost contributions toward achieving the health-related MDGs. Based on this initiative, Prime Minister Junichiro Koizumi announced the funding of US$5 billion over five years for cooperative efforts in the health sector prior to the G8 Gleneagles summit.
- **2008 G8 Hokkaido Toyako Summit.** The Japanese government was determined to include the strengthening of health systems on the global health agenda to be

discussed by G8 health experts. As a result of Japan's push, the G8 Health Experts Group made recommendations at the G8 summit in the "Toyako Framework for Action on Global Health."

- **2011–2015 "New Global Health Policy" EMBRACE and "Kan Commitment" (2010).** New Global Health Policy was released in 2011 focusing on Ensure Mothers and Babies Regular Access to Care (EMBRACE). At the UN MDGs summit in September 2010, Prime Minister Naoto Kan announced a contribution to the health sector of US$5 billion over five years from 2011 through 2015, and up to US$800 million to the Global Fund. A particular focus was on improving the slow pace of progress on maternal and child health, as well as the strengthening of health systems.

Source: Created by Health and Global Policy Institute (HGPI)

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