

## 4. Functions and Roles of Global Health–Related Japanese Organizations

With the goal of deepening our understanding of the current situation surrounding health NGOs as described above, this section lays out an overview of the roles and functions of key organizations in terms of the current environment surrounding Japanese global health cooperation. In addition, it will offer an analysis of the social vulnerability of NGOs and its causes.

### 4-1. THE RELATIONSHIPS BETWEEN NGOs AND GOVERNMENT INSTITUTIONS, THE PRIVATE SECTOR, UNIVERSITIES, AND RESEARCH INSTITUTIONS—A COMPARISON WITH THE UNITED STATES

Table 4 presents a list of the key organizations in Japan currently involved in global health, which can be roughly broken down into the eight categories described below.

#### (1) Government agencies

In the first category of Japanese government agencies, MOFA, the Ministry of Health, and the Ministry of Finance are the competent authorities directly involved in global health. MOFA's work in the area of international cooperation includes both multilateral and bilateral efforts—the latter consisting of grants, loans, technical assistance, and so on to individual developing countries. In terms of the international cooperation carried out

by the Ministry of Health, there is a post in the international division of the minister's secretariat that serves as the liaison for international organizations such as the WHO and the International Labour Organization, and the ministry handles the disbursement of Japan's contributions to those organizations. In addition, the Ministry of Finance engages in political dialogue with financial organizations related to international development.

## (2) Other government-related organizations

The International Medical Center of Japan, an institution under the auspices of the Ministry of Health, is a notable example of the second category. It has a bureau of international cooperation and various research centers, and it also conducts exchanges, sending Japanese experts abroad and receiving trainees from developing countries. One of its research centers, the Disease Control and Prevention Center, works to stop the spread of infectious disease by dispatching experts to locations in Japan and abroad, investigating the causes of infectious diseases, treating diseases that enter the country through infected travelers or goods, offering health counseling to those traveling abroad, and providing medical information. Although the scale is smaller, the functions of the center are similar to some of the American Centers for Disease Control and Prevention's approaches to infectious disease.

In addition to the agencies noted above, there is also the Institute of Developing Economies, Japan External Trade Organization (IDE-JETRO), which is under the auspices of the Ministry of Economics, Trade and Industry. Established in 1960, this institution conducts basic and general research on various economic, political, and social issues related to developing countries and regions. The health field is one research area addressed by IDE's expert researchers.

Another government-related aid organization that deals with the global health field is the Japan International Cooperation Agency (JICA). In October 2008, the Overseas Economic Cooperation Operations of the Japan Bank for International Cooperation (JBIC) were transferred to JICA, forming what is being called the "New JICA." Historically, the original JICA was created through a 1974 merger of the Japan Emigration Service and the Overseas Technology Cooperation Agency. The idea behind it was to contribute to the economic and social development of developing regions, and the basis of its work was "international cooperation through people."

Table 4. Major Japanese organizations involved in global health

Category	Stakeholders	Role and function
Government agencies	Ministry of Foreign Affairs	Provides loans and grant assistance for grassroots projects and participates in multilateral cooperation.
	Ministry of Health, Labour and Welfare	Cooperation centered on dispatching experts and receiving researchers. Multinational cooperation includes payment of Japan's contribution to the WHO.
	Ministry of Finance	Works to improve the quality and effectiveness of aid through consultations with relevant agencies and policy dialogues with international development assistance agencies.
Government-related organizations	International Medical Center of Japan — Bureau of International Cooperation	An institution under the Ministry of Health, Labour and Welfare that promotes advanced, general medical care. Conducts activities related to the development of AIDS treatment and research, activities of the Disease Control and Prevention Center, the promotion of research on international medicine, and the training of nurses.
	Institute of Developing Economies, JETRO (IDE-JETRO)	A quasigovernmental organization established in 1960 under the auspices of the trade ministry. Conducts basic and general research on various economic, political, and social questions related to developing countries and regions. Conducts survey research based on local perspectives and positivism.
	Japan International Cooperation Agency (JICA)	A governmental organization under the auspices of MOFA. Conducts government-based technical cooperation, encourages grant assistance, dispatches the Japan Overseas Volunteer Corps, and dispatches Japan Disaster Relief teams.
	Research institutes	Japan Anti-Tuberculosis Association, Research Institute of Tuberculosis
	National Institute of Public Health	Receives researchers and trainees in the public health field based on requests from the WHO, JICA, and foreign governments.
	National Institute of Infectious Diseases	Conducts research on the scientific basis for the country's healthcare administration, referral services for infectious diseases, infectious disease surveillance, national control and testing, international cooperation, and training.
	International Research Center for Medical Education, University of Tokyo	Introduces medical education system in developing countries and conducts international cooperation. Includes a Department of International Cooperative Study for Medical Education, a Department of Planning and Coordination of International Study for Medical Education, and a Department for Visiting Professors.
	Waseda Institute for Global Health	Creates global health partnerships. Contributes to linkages between public institutes and private corporations. Develops human resources in the global health field. Functions include conveying messages that target policymaking and informing public opinion.
	Nagasaki University, Institute of Tropical Medicine	Scientific research and human resource development on health issues facing developing countries. Research focus is on tropical diseases. Infectious diseases such as SARS, HIV, and TB are also topics of research.

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Graduate schools	Tokyo University, School of International Health, Graduate School of Medicine	Human resource development for those engaged in research institutes, governmental agencies, UN or other international organizations, NGOs, etc., in developing countries, Japan, and elsewhere. Carries out research for the purpose of improving international cooperation and the quality of global health (medicine).
	Tohoku University Graduate School of Medicine, Division of International Health	Conducts research on quality of medical care and healthcare systems, on human security (including disaster health management), and on health development policy and international cooperation.
	Nagoya University Graduate School of Medicine, Program in Health and Community Medicine, International Health Department	Carries out research studies in developing nations in Asia, the Middle East, Africa, etc. Actively promotes cooperation with universities and development assistance agencies in Japan and abroad.
	Kyoto University Graduate School of Medicine, School of Public Health, International Health Program	Conducts research from the perspective of health policy on the development and evaluation of health/medical systems and activities and global health cooperation, based on historical developments and policymaking significance.
	Nagasaki University, Graduate School of International Health Development	Practical training to develop personnel with the advanced knowledge and skills to address frightening health issues occurring on a global scale.
Foundations	Japan Foundation for AIDS Prevention	Year-round campaigns. Healthcare and welfare counseling program for those with HIV and others. Training of public health nurses to handle HIV testing and counseling. Operates Japan Stop AIDS Fund. Invitation of international researchers.
	Nippon Foundation	Operates assistance programs focused on leprosy in locations worldwide to help the many who are recovering from the disease, who face the agony of groundless discrimination, and whose rights are not adequately recognized. Provides financial support.
	Sasakawa Memorial Health Foundation	Seeks to eliminate leprosy and supports the social and economic independence of those suffering from leprosy. Funds parasitic disease control and HIV/AIDS programs that focus on Asia, women, and NGOs.
Private Corporations	Sumitomo Chemical	Participates in the Roll Back Malaria Campaign in Africa. Provides Olyset nets, which are treated with insecticides to prevent the spread of malaria. Provides technology to local companies at no cost.
	Taisei Corporation	Conducting an anti-HIV/AIDS project in cooperation with JBIC, CARE International Japan, and local health authorities.
Think Tanks	Japan Center for International Exchange (JCIE)	In the process of establishing the Friends of the Global Fund, Japan, has become extremely influential in the area of “building intellectual dialogues” at the nongovernmental level since 2003.
	Health Policy Institute, Japan	A think tank that is independent of the government. Conducts advocacy centered on medical and health policy.
Development consultants	IC Net Limited	Provides support for populations’ nutrition and health education as an effective method of disease prevention and a form of primary medicine. Peer counseling for people at high risk for HIV/AIDS.

The former JBIC was launched as a policy financing institution in 1999 through the merger of the Export-Import Bank of Japan and the Overseas Economic Cooperation Fund. As opposed to JICA, which carried out technical cooperation, JBIC made financial contributions, focused primarily on yen loans. “New JICA” combines these two functions.

The next question is the relationship between these government agencies, government-related organizations, and health-related NGOs. First, there is financial assistance given to NGOs by MOFA. For example, in 2004, MOFA provided approximately ¥1.04 billion for 72 projects carried out in 32 countries by 46 NGOs. This is known as “Grant Aid for Japanese NGO Projects.” The program covers such activities as rebuilding schools, medical cooperation for women and children’s health, aid to disaster victims, and rural development, as well as efforts to clear landmines and unexploded ordinance. The health field is considered one important field among these. Also, in terms of JICA’s relationship with NGOs, it provides “Technical Cooperation for Grassroots Projects,” which supports joint activities among Japanese NGOs, universities, local governments, and others, and includes financial support under its “support,” “partnership,” and “regional proposal” project categories. For example, in 2003–2008, 24 NGO projects were selected under the category of “regional proposal,” and of those, 5 were in the health field.

In addition, through the “NGO Capacity Building Program,” MOFA, JICA, and the Foundation for Advanced Studies on International Development conduct NGO study groups, an NGO consultant scheme, an NGO consulting specialist scheme, joint seminars with overseas NGOs, and other efforts to improve the professionalism of NGO staff and strengthen their institutions. Also, in order to promote dialogue with NGOs, MOFA holds regular NGO-MOFA meetings, and they also conduct dialogues on set themes, such as the GII/IDI talks described above.

In the field of global health, the relationship between NGOs and the Ministry of Health is not as strong as that between NGOs and MOFA. In terms of the relationship, the Ministry of Health holds workshops aimed at nurturing NGO leaders in order to create a system for assisting the work of AIDS NGOs and to promote activities to spread an accurate understanding of AIDS. It also cooperates with NGOs in holding symposiums together to commemorate the World No-Tobacco Day. Also, there are organizations under the jurisdiction of the Ministry of Health, such as the Japan Foundation for AIDS Prevention, which conducts training for experts from developing countries, and the ministry has worked collaboratively

with NGOs from within Japan and abroad to jointly hold international conferences, such as the International Congress on AIDS in Asia and the Pacific, which has been held seven times to date, and for which the ministry has been a sponsor.

If one compares the relationship described above between Japanese NGOs and governmental/government-related organizations with that in America, the relationship between MOFA or JICA and NGOs is probably close to that between the United States Agency for International Development (USAID) and NGOs. For example, JICA and USAID use a similar format in that they have contract-based relationships with NGOs. On the other hand, one difference is that while USAID in many cases contracts with consortia of multiple NGOs and private companies, for JICA contracts with single NGOs are the standard. Also, the consortia that receive USAID contracts have multiple NGOs under them and they have contracts with local NGOs, so it is a multitiered contract system, whereas JICA essentially uses direct contracts with Japanese NGOs. In USAID's case, having received large amounts of funding, private companies, private consultants, and NGOs form consortia within the framework of a public-private partnership, and the private companies sometimes provide funds as well; Japanese NGOs, by contrast, conduct individual projects based on small-scale contracts with the government.

Also, under the American system, there is a great deal of diversity among USAID-NGO relationships in the global health field. For example, there are NGOs that handle the provision of health services for USAID, policy advocacy NGOs that lobby Congress on issues related to USAID's work, and faith-based NGOs that have religious backgrounds, which are the main organizations that apply for direct USAID funding. On the other hand, in Japan, the scale of NGO work itself is very small, and there are very few NGOs that have actually received project commissions from JICA. And in terms of the relationship with the Japanese government, another difference is that in Japan the emphasis is on independent aid projects by NGOs, and government agencies give priority to those projects as something that "the government can manage down to the details."

### (3) Research institutes

In the third category, research institutes include places such as the Japan Anti-Tuberculosis Association's Research Institute of Tuberculosis, the

National Institute of Public Health, and the National Institute of Infectious Diseases. As national research centers under the Ministry of Health, the National Institute of Public Health, the National Institute of Infectious Diseases, and the International Medical Center of Japan carry out some of the same functions as the US National Institutes of Health (NIH). In particular, the fact that these centers employ expert researchers in the global health field as well, and invite researchers and practitioners from abroad to conduct expert research on medicine, is somewhat similar to the NIH.

There are also research institutes in universities, including the International Research Center for Medical Education at the University of Tokyo, the Waseda Institute for Global Health, and Nagasaki University's Institute of Tropical Medicine. The International Research Center for Medical Education specializes in providing medical education in developing countries. The functions of the Waseda Institute for Global Health include building global health partnerships, creating linkages between public institutes and private corporations, conducting human resource development in the global health field, and conveying messages that target policymaking and public opinion. The Institute of Tropical Medicine conducts scientific research and human resource development on health issues facing primarily developing countries.

#### (4) Graduate schools

While not exclusively specializing in research, graduate schools serve as educational institutes in the field. Currently, the relatively large-scale, major graduate schools in the global health field include the University of Tokyo, School of International Health, Graduate School of Medicine; the Tohoku University Graduate School of Medicine, Division of International Health; the Nagoya University Graduate School of Medicine, Program in Health and Community Medicine, International Health Department; the Kyoto University Graduate School of Medicine, School of Public Health, International Health Program; and Nagasaki University, Graduate School of International Health Development. In addition, there are also graduate school-level initiatives at Hokkaido University and Kobe University. Apart from graduate schools, academic associations also provide a venue for gathering global health researchers. In the global health field, there is the Japan Association for International Health, and table 5 lists other relevant academic associations as well.

Table 5. Academic associations related to global health

Name	URL
Japan Association for International Health	<a href="http://jaih.umin.ac.jp/ja/">http://jaih.umin.ac.jp/ja/</a>
Japanese Society of Public Health	<a href="http://www.jsph.jp/">http://www.jsph.jp/</a>
Japanese Society of Tropical Medicine	<a href="http://www.tm.nagasaki-u.ac.jp/society/jstm/">http://www.tm.nagasaki-u.ac.jp/society/jstm/</a>
Japan Society for International Development	<a href="http://www.jasid.org">http://www.jasid.org</a>

In addition, there is an academic association for students, the Japan Association for International Health Students Section, which conducts activities focused on medical students.

In terms of the relationship between NGOs and these research institutions and graduate schools, while there are some individual ties, and while some NGOs accept interns or jointly conduct symposiums with these institutes, there is currently not much of an organized system for cooperation.

### (5) Private foundations

The private foundations that offer specialized grants for the health field include organizations such as the Nippon Foundation and the Sasakawa Memorial Health Foundation. The Nippon Foundation conducts grant programs and offers funding focused on leprosy in locations around the world to help the many who are recovering from the disease, who face the agony of groundless discrimination, and whose rights are not adequately recognized. The Sasakawa Memorial Health Foundation seeks to eliminate leprosy and supports the social and economic independence of those suffering from leprosy. It also provides funding for parasitic disease control and for HIV/AIDS programs that focus on Asia, women, and NGOs. Other private foundations include the Toyota Foundation and the Matsushita International Foundation, which are major funders that offer large-scale grants, but their support for the health field represents an extremely small portion of their overall grantmaking.

The primary relationship between private foundations and NGOs is that the foundations provide funding for NGOs to implement projects. One



major difference between the global health fields in Japan and the United States is the way that private foundations operate. In the United States today, there are private foundations with enormous funding power—e.g., the Bill & Melinda Gates Foundation, the Clinton Foundation, the Ford Foundation, and the Open Society Institute—that are carrying out diverse activities specializing in the global health field. Direct funding for advocacy work by domestic and foreign NGOs is a given, along with support for vaccine development and research, international conferences, funding for UN agencies, and other initiatives, giving them a truly global impact on policy. Another characteristic of these American private foundations is that they use their funding power to create opportunities for cooperation between international institutions, private businesses, and NGOs. Meanwhile, in terms of Japanese foundations, the Nippon Foundation has worked with NGOs and has been able to have an impact on global policy in the area of leprosy. In particular, by lobbying UN agencies it has had major success in positioning leprosy as a global human rights issue. However, other than that, there has been almost no support for the global health field, particularly for advocacy. The Toyota Foundation and Matsushita International Foundation provide only a few grants for Japanese NGO activities or research grants in the health field. In America, there is a trend toward private foundations being influential political actors, and the staff of private foundations have strong identities as experts and are able to influence global policy, including the content of advocacy by NGOs. The fact that the role of foundations is recognized as important by the general public is another difference between the United States and Japan.

## (6) Private corporations

The sixth category in the chart is private corporations. Corporate contributions to global health include donations to the Global Fund to Fight AIDS, Tuberculosis and Malaria; product development; CSR; and so on. Sumitomo Chemical and Taisei Corporation are representative of this category. Sumitomo Chemical provides mosquito nets to countries in Africa through such organizations as the United Nations Children's Fund, and in 2003 it provided the technology free of charge to a Tanzanian mosquito net manufacturer and established a system for local mass production. In response to growing demand, it began to greatly increase its production capacity in FY2005. Taisei Corporation, for its part, conducts projects

aimed at preventing HIV infection among migrant laborers as part of its infrastructure-building projects in developing countries.

In terms of business-NGO relations, there are CSR initiatives, cooperative advertising, and other methods. For example, Taisei's HIV/AIDS awareness initiative mentioned above is supported by JBIC and carried out in cooperation with CARE International Japan and local health officials. Also, in recent years, private companies have created schemes to send their employees to NGOs to work as volunteers, and SHARE has received volunteers from Goldman Sachs in one such program.

In terms of the American connection between business and NGOs, there are examples of corporate funding for citizen-led efforts in the HIV/AIDS field. For example, the jeans company Levi Strauss and Co. actively supports NGOs that are working in the field of HIV/AIDS, and the Levi Strauss Foundation explicitly supports NGO advocacy to eliminate discrimination and prejudice against those living with HIV. In Japan, corporate foundations have been somewhat visible in such fields as the environment, but other than that—and particularly in the global health field—there is little active support, and the scale of support is small as well.

In addition, in America, because private companies and private consultants benefit from entering the global health field, the scale of private business support for global health cooperation itself is very large, and they have a cooperative relationship with NGOs. That also means that funding is secured for work by NGOs. One example is private companies that conduct statistical studies in the health field or that provide logistical technology to support the distribution of medicine. On the other hand, in Japan, there are very few cases like this where the companies benefit, and as a result, one does not see any cases of funding for NGOs.

## (7) Think tanks

JCIE and the Health Policy Institute, Japan, are representative examples of the seventh category. Founded in 1970, JCIE was not initially an organization committed to the field of global health, but in 2004 it established the Friends of the Global Fund, Japan—a Japanese private organization to support the Global Fund, and since 2007, it has conducted policy dialogues and advocacy at the private level aimed at the Fourth Tokyo International Conference on African Development (TICAD IV) and the Hokkaido-Toyako G8 Summit, including such projects as the “Challenges

in Global Health and Japan's Contributions" dialogue. The Health Policy Institute is a think tank that is independent of the government and is involved in policy advocacy centered broadly on medical and health policy. In the global health field, it convened a Global Health Summit in the lead-up to the Hokkaido-Toyako G8 Summit, focusing on Japanese policymakers. One characteristic of these organizations in recent years is that they not only carry out the general think tank function of research and formulation of policy recommendations but have also played a role in creating a place for a new form of advocacy in which the voices of civil society (including NGOs) and other stakeholders are reflected for policymakers; they are creating that space for dialogue.

The difference between American and Japanese think tanks is their scale and function. In America, there are influential think tanks such as the Brookings Institution, the Center for Strategic and International Studies, and the Center for Global Development that deal with the global health field. Global health is considered to be one of their important themes, and they receive funding from American private foundations for it. They are said to have a very strong influence on US government policy. Compared with Japanese think tanks, which have 20–30 staff, these think tanks have as many as 60–200 employees, and are therefore extremely large organizations. This is an area that reflects the difference between American society, where think tanks have a strong impact on policy, and Japan's tendency to leave policy for the government bureaucracy to handle.

## (8) Development consultants

In the area of Japanese ODA, development consultants who participate in the planning of JICA projects conduct development studies, planning of health and medical projects (hospitals, clinics, etc.), project-building surveys, monitoring, evaluation, and so on. For example, IC Net Limited offers nutrition and health education as an effective method of disease prevention and a form of primary medicine and conducts peer education for people at high risk for HIV/AIDS.

Above, we have outlined the roles and functions of Japanese organizations related to the global health field, focusing on how they relate to NGOs. According to Tomoya Yoshida and Ken Kubokura, JICA employees who were seconded to USAID's health section in the past, the difference between the relationship with NGOs in Japan and America is "labor mobility." The

turnover rate in America is very high, and it is quite common for personnel in government institutions to move to the private sector or to NGOs. It is also not unusual for someone to return to their former workplace after several years. In Japan, while there are a number of people who have worked in NGOs who move to the United Nations or universities, basically the rate of employment mobility is low, and it is particularly rare for personnel from government institutions to move short-term to an NGO or other organization. This is closely connected to the structure of Japanese society itself and is not limited to the health field, but it should be noted as being an extremely important background factor that shapes the situation of Japanese NGOs.

#### 4-2. THE SOCIAL VULNERABILITY OF NGOS

Having examined the current institutions and relationships within the global health field, we would next like to consider the vulnerability of NGOs and civil society in Japanese society as the background for the roles and capabilities of health NGOs.

The first point relates to the system that supports NGO activities. For many years, a charitable corporation (*koeki hojin*) system existed in Japanese society, but it was the “Law to Promote Specified Nonprofit Activities” (NPO Law) enacted in March 1998 that provided a legal framework for NGO activities in Japan. In other words, until that time, the activities of NGOs and private organizations did not have adequate legal support, and this was a large reason why public recognition of the significance of these activities was low. The new law encouraged NGO activities, and its role in building up Japan’s civil society is in general highly praised, but it would certainly be hard to say that it was a perfect law. In particular, there were issues in the part of the law related to operating funds. In December 1999, the Parliamentary Caucus on NPOs proposed the following recommendation:

Japan currently does not have the kind of enabling environment that Europe and the United States do, in which NPO activities can develop. In order for NPOs to further strengthen their autonomous vitality and create the legs that can firmly support some of the work for the public good, it is important that we institute favorable tax measures.

However, while there has been progress in terms of tax breaks, at present it is still insufficient. In terms of the system and the legal provisions as well, NGOs are in an extremely vulnerable situation, and that is tied to the difficulty of raising funds and maintaining their work.

In this context, many NGOs face financial difficulties, and as a result, they rely on the administration for project funding. According to the “FY2006 Basic Survey on Japanese NPOs,” half of all Japanese NGOs incorporated under the Nonprofit Activities Promotion Law receive more than 40 percent of their total income from government funding. Hiroshi Kashiwagi (2008, 67–86), who researches Japanese NGOs and advocacy, points to three issues that arise when government contracts and grants occupy such a large portion of the total in Japan:

- a) Government contracts and grants basically entail the provision of the service content that the government expects, which encourages organizations to shelve their own mission and take on projects because of their desire for funds.
- b) As the degree of dependence on government contracts and grants increases, the possibility arises that NGOs will lose their financial independence.
- c) The basis for calculation of personnel and indirect costs in contract and grant work is disadvantageous for the NGOs who take the work. For example, in many cases the calculation of personnel costs uses a level that barely covers a part-time employee’s hourly wage or the minimum wage. And there are many cases in which indirect costs are not covered.

From the perspective of being positioned as partners of the government, this points to a structural issue, and Kashiwagi harshly analyzes it as running the danger of relegating NGOs from their current position to the role of “government subcontractors.” These systemic issues cause Japanese NGOs and civil society in general to be vulnerable.

On the other hand, health NGOs that handle advocacy note that the cause of vulnerability in terms of public awareness relates to “society’s receptivity to advocacy.” For example, as Inaba of the AJF explains,

In Japan, there is a tendency for those who try to set new trends based on particular ideas and who want to do something big to be subjected to severe bashing. If an NGO strongly advocates some kind of policy direction, there is a segment of society that will exert an extremely oppressive, immobilizing force against it. As a result I think it can be hard for NGOs and other social movements to develop in Japan today.

Oxfam's Yamada, as someone who works in the Tokyo office of an international organization and has experience working in Europe, speaks of the differences between Japan and Europe in terms of society's receptivity.

In England, it isn't considered advertising or PR; the attitude is such that trying to get approval on a certain policy or about a certain social issue or international issue is considered perfectly natural to some extent. Generally in Japan, other than communications that are related to an NGO's own direct project, the public's receptivity to advocacy or campaigns—cases where appeals are made about more structural issues—is completely different from that in Holland or Belgium. Perhaps that is the reason why even if an NGO carries out the same advocacy work, the response from the public in Japan and Europe will be completely different.

These indications suggest that the lack of support for advocacy is not only caused by vulnerability in terms of the social system but also by the fact that there is not a commonly held awareness among the public that civil society and NGOs have a role to play in influencing policymaking. Also in the background is a rigid public image of the role of NGOs in society as being militant organizations or leftist groups. This phenomenon is closely related to the issue of how the media reports on the field and can be viewed as one societal cause for the lack of more active advocacy efforts by NGOs.