

## 5. Achievements to Date and Case Studies

The sections above have examined the current status of NGOs and short-term recommendations. In this section, we examine case studies that demonstrate what has been achieved to date.

Table 6 shows a chronology of major events since the 1990s related to advocacy by NGOs in the health field. According to Ryoichi Suzuki of JOICFP, the groundwork for the current MOFA-targeted NGO advocacy and dialogues was laid by the 1993 US-Japan Common Agenda. At that time, the two sides hammered out an agreement on a joint governmental commitment to address global issues, and the US government took the initiative to hold a meeting on the agenda with relevant Japanese and American NGOs. The active participation of Japanese NGOs in that meeting can be seen as having formed the basis for policy advocacy efforts.

Subsequently, the United Nations held various governmental conferences in the 1990s, including the Cairo Conference and the Beijing Conference. From around that time, the Japanese government began asking for the opinions of NGOs, and the result was that for the first time NGO representatives were included in a Japanese government delegation. The 1990s was a period that saw the emergence of a global civil society, and the same trend was actively emerging in Japan as well. Also, the Japanese government's ODA budget was increasing at that time, so in that context the influence of NGO proposals was increasing.

Based on that groundwork, at the 2000 Kyushu-Okinawa G8 Summit, the IDI was put forth by the Japanese government. As NGO advocacy, the IDI process went a step beyond the previous level in which MOFA asked NGOs for their opinions; it was a case in which NGOs, through dialogue, were able to have an impact on policies related to global issues. Suzuki of JOICFP, which continues to be active in the field of population and family planning, calls the trend from 1993 to 2000 "the germination of health NGO advocacy." According to Suzuki's analysis, the period from 2000 to 2008

was the “active stage,” and the period from 2008 on is the “developmental stage.” The first case study that this section examines is the advocacy process of the 2000 Kyushu-Okinawa G8 Summit, which is recognized among NGO representatives as having clearly moved their relationship with the Japanese government forward.

Table 6. Transitions in advocacy by NGO alliances

Period	Year	Major Conference	Advocacy-Related Trends
Germination	1993	US-Japan Common Agenda	—
	1994	Cairo Conference	NGO representatives included in government delegation for first time.
	1995	Beijing Conference	Regular NGO-MOFA dialogues begin (1996)
Active	2000	Kyushu-Okinawa G8 Summit	MOFA-NGO Open Regular Dialogues on GII/IDI
Developmental	2008	Hokkaido-Toyako G8 Summit	Health Working Group

### 5-1. THE RESULTS OF NGO ADVOCACY AT THE 2000 KYUSHU-OKINAWA G8 SUMMIT, INCLUDING DIALOGUES WITH MOFA

The 2000 Kyushu-Okinawa G8 Summit was a groundbreaking event in the sense that the Japanese government under the Mori administration selected “health and infectious disease” as one of the key themes for the summit. Also, the Japanese government declared its global leadership in international health policy, announcing that it would expend US\$3 billion over a five-year period. This announcement can also be seen as important in encouraging subsequent commitments by other G8 nations.

In terms of concrete advocacy work by NGOs leading up to the G8 Summit, first the alliance aimed to draft and present recommendations for the summit. The NGOs made use of the network that had been created through the GII/IDI Dialogues that began in 1994 and held numerous joint meetings that involved groups like JOICFP, AIDS & Society, Place Tokyo, and the Japan International Volunteer Center. They formed a drafting committee and worked out an advocacy strategy.

The substance of their strategy addressed the question, “What are the current issues in the area of global infectious disease?” from the perspective of NGOs. The text was written with the idea that it would be submitted to the summit-related conferences and NGO forums, but it was also decided that the final recommendations would be submitted to MOFA, relevant members of the Diet, and others. A presentation of the recommendations was also made at the GII/IDI Dialogue, and the NGOs explained their proposal directly to MOFA. The text was prepared in both Japanese and English, and at the actual G8 Summit it was released as an independent press release by the NGOs and was picked up by the newspapers mainly as “advocacy by NGOs.”

In addition to this public drafting and presentation of policy recommendations by NGOs, it is also notable that MOFA, which was preparing its IDI for the summit as the position of the Japanese government, shared a draft of the text during the time they were developing their policies and asked NGOs for their ideas. This went a step further than the previous level of simply listening to what NGOs have to say in a formal setting and moved toward the drafting of policy as a collaborative effort. Suzuki of JOICFP, who at the time was serving as the liaison on the NGO side, calls it an epoch-making event that changed the relationship between MOFA and NGOs. Suzuki feels there were two important factors: the relationship of trust that was built through the dialogues that started in 1994, and the increased understanding of the usefulness of NGO experiences to MOFA.

The liaison at MOFA also stressed the trusting relationship built with NGOs since the 1990s as important in this drafting process and spoke of it as a mature relationship between the government and NGOs in which they worked together on what needed to be done. And in terms of that trust, the MOFA representative stated, “Because the NGO side did not take a stance of criticizing the government’s achievements but rather was willing to work together, we were able to collaborate on concrete actions.”

One thing that this case shows is that, when the government must implement an agenda in the context of global dynamics, there is space for advocacy that makes use of NGO experience and expertise. For NGOs, that is the best time for effective advocacy. In the case of the IDI, the recommendations of the NGOs are actually being applied. However, there are some slightly critical opinions of this method of advocacy from those who argue that NGOs should be setting their own agenda and creating trends rather than supporting what the Japanese government wants to do.

Suzuki also points to the actions of the American government as an external factor that encouraged this trend. The Clinton administration in the 1990s encouraged a commitment not only from the American government but also from the Japanese government to global health, particularly to the field of reproductive health. The fact that the Mori administration made the global health field a priority in 2000 was not unrelated to this American movement. Active NGO involvement is strongly affected by the political environment, and the support of Japanese Diet members was needed; it was therefore significant that there was an environment created already to accept the US trend toward supporting NGO participation. In that sense, the Kyushu-Okinawa G8 Summit, held in the final year of the Clinton administration, was a symbolic opportunity. In order to ensure that the trend would not come to an end after the summit, the NGOs have continued to approach the media and run public education campaigns.

Another notable development that came out of the Kyushu-Okinawa G8 Summit was that, with the commitment of the Japanese government, which had served as the chair of the summit, the Global Fund was created in 2002 as a new mechanism of support at the global level for the health field, and particularly for the fight against tuberculosis, malaria, and AIDS. It was a groundbreaking initiative that was achieved within the context of such global developments as the call by the UN secretary-general at the 2001 African Summit on HIV/AIDS for the creation of a fund and the support for the establishment of a fund expressed at the UN General Assembly Special Session on HIV/AIDS the same year. The 2000 Kyushu-Okinawa G8 Summit is considered to have been a pivotal event in that process.

**Figure 4. The Okinawa Infectious Diseases Initiative**

Japan's Initiative in the Fight against Infectious and Parasitic Diseases on the Occasion of the Kyushu-Okinawa G8 Summit

*Ministry of Foreign Affairs of Japan, July 2000*

**1. Basic Philosophy**

(1) Infectious and parasitic diseases as a central issue in development

Infectious and parasitic diseases are not only a matter of health that threatens the lives of individuals in developing countries, but they also pose a serious impediment to the social and economic development of these countries. Infectious and parasitic diseases take a particularly heavy toll on the poor. The risk of infection in developing countries is heightened by the high rate

of population growth, poverty, gender disparities, fragile health and medical systems, inadequate preventive, care, and treatment services, lack of safe water supply, malnutrition, etc. Poor health in turn aggravates poverty. There is therefore a pressing need to break such a vicious cycle of poor health and poverty. Fighting infectious and parasitic diseases should be a central part of the development programs of developing countries, particularly in the efforts of poverty reduction.

(2) Global partnership and community-based action

Issues of infectious and parasitic diseases are to be viewed as a global issue requiring approaches based on global partnership. Concurrently, effective measures to tackle these diseases require actions on a community level, based on the concept of primary health care (PHC). As such, it is important to incorporate measures against infectious and parasitic diseases in comprehensive programs for community development.

(3) Japan's experiences in public health activities and its role

Not only can Japan's active contribution to international efforts in the fight against these diseases can not only help protect the health of the people in the developing world, but it will also have an impact on the health of the Japanese people. In the postwar period, Japan developed a Public Health Center system, trained public health workers, promoted measures for maternal and child health care, and enhanced health care services in schools. These steps significantly contributed to rapidly reducing infant mortality rates. Japan also mounted major initiatives for the eradication of infectious and parasitic diseases. For instance, by linking public health activities with measures for eradicating tuberculosis, Japan succeeded in sharply reducing the number of tuberculosis-related deaths in the postwar years. Okinawa itself has a history of successfully eradicating malaria, filaria, and other diseases. Drawing upon these experiences of its own, Japan will provide assistance to developing countries by way of the application and modification of its own achievements. In view of the rapid progress in information technologies (IT) in recent years, Japan will promote the utilization of telemedicine.

## 5-2. NOTEWORTHY EXAMPLE OF PARTNERSHIP IN DEVELOPING POLICY RECOMMENDATIONS

Next, we examine the case of the “Challenges in Global Health and Japan's Contributions” study and dialogue project, which is conducted with JCIE as its secretariat and which may be instructive for future advocacy work by NGOs. Although it is a relatively new initiative, having been launched in

2007, it has already created a partnership that involves diverse individuals and institutions, including NGOs.

Previously, JCIE had achieved results in its work serving as the secretariat for the Friends of the Global Fund, Japan, which supports the work of the Global Fund. In particular, it carried out advocacy aimed at broadening understanding within the Japanese government and among Japanese business leaders of the importance of support for the fight against infectious disease. This research and dialogue project builds on JCIE's previous work and features a Track 2 study group created to consider Japan's contribution in the field of global health in preparation for the TICAD IV meeting and the Hokkaido-Toyako G8 Summit, both of which were held in Japan in 2008. The project director, as mentioned above, is Keizo Takemi, former senior vice minister of health, labor, and welfare, and the working group is comprised of representatives of the government, academia, NGOs, foundations, and the medical field. The objective of the working group is to carry out advocacy targeted at the Japanese government's policy proposals; to engage in dialogue with international institutions, international NGOs, and researchers; and to conduct advocacy aimed at the G8 Summit. The current composition of the working group is given in table 7.

Activities to date include discussions starting at the end of 2007 through early February 2008 with researchers at the Harvard School of Public Health, after which the working group published an outline of recommendations in the *Lancet*. These discussions provided a theoretical basis for the argument that global health, as an issue occurring on a global scale, is an important area for international politics, and that by promoting the "human security" concept as a central concept for global health, Japan can play an important role. These discussions were influential in terms of the Japanese government position leading up to the G8 Summit. Subsequently, project members traveled to Thailand, Geneva, and elsewhere, deepening the debate through connections with Mahidol University, the Global Fund, the WHO, and other international organizations.

The project team also actively pursued opportunities for dialogue in the United States, holding workshops with the Brookings Institution in Washington DC and the Council on Foreign Relations in New York, as well as meetings with international organizations, international NGOs, and businesspeople. These results were shared with the working group in Japan upon their return, and the findings were announced at an international symposium in May 2008 in Tokyo, "From Okinawa to Toyako: Dealing with Communicable Diseases as Global Human Security Threats." This dialogue

Table 7. Working Group on “Challenges in Global Health and Japan’s Contributions” (as of August 2008)

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Project Director:	Keizo Takemi, former Senior Vice Minister of Health, Labour, and Welfare
Kazushi Hashimoto	Executive Director, Japan Bank for International Cooperation
Masami Ishii	Executive Board Member, Japan Medical Association
Sumie Ishii	Managing Director and Executive Secretary, JOICFP (Japanese Organization for International Cooperation in Family Planning)
Masamine Jimba	Professor, Department of International Community Health, Graduate School of Medicine, University of Tokyo
Yasushi Katsuma	Associate Professor, Waseda University Graduate School of Asia-Pacific Studies
Kiyoshi Kurokawa	Special Advisor to the Cabinet (in charge of science, technology, and innovation)
Daikichi Monma	Deputy Director-General, International Bureau, Ministry of Finance
Taro Muraki	Assistant Minister for International Affairs, Ministry of Health, Labour and Welfare
Yasuhide Nakamura	Professor, Department of International Collaboration, Graduate School of Human Sciences, Osaka University
Yohei Sasakawa	Chairman, The Nippon Foundation
Takehiko Sasazuki	President, International Medical Center of Japan
Shinsuke Sugiyama	Director-General for Global Issues, Ministry of Foreign Affairs
Takashi Taniguchi	Assistant Minister for Technical Affairs, Minister’s Secretariat, Ministry of Health, Labour and Welfare
Yoshihisa Ueda	Vice President, Japan International Cooperation Agency
Tadashi Yamamoto	President, Japan Center for International Exchange

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process and the resultant text became the Japanese government’s proposal in the global health field for the G8 Summit by, for example, providing the gist of Foreign Minister Koumura’s policy speech of November 25, 2007, “Global Health and Japan’s Foreign Policy—From Okinawa to Toyako.” Also, this advocacy had a strong impact on the “Toyako Framework for Action on Global Health” that was initiated by the Japanese government.

One notable feature of this series of government-oriented advocacy efforts was the expertise and strong commitment of Takemi, who had already produced results in this field during his time as senior vice minister of health, labor, and welfare. Itoh and Tomoko Suzuki of JCIE gave the following four reasons why they believe this project was able to have an impact on global policy:

- a) As the host nation for the G8 Summit, there was a need for Japan to do something.
- b) The project leader, Keizo Takemi, was able to vigorously carry out the project by drawing on his personal resourcefulness as an expert and a politician.
- c) The project had the cooperation and financial support of the Gates Foundation.
- d) JCIE, which carries out the project, has an established system for promoting cross-sectoral cooperation that involves the government and politicians.

While taking into consideration the fact that Takemi's individual leadership was a big factor, the roles and functions played by this working group, which provided a place for ongoing dialogue between diverse stakeholders including politicians, government representatives, academics, NGO representatives, and others, can be perceived as an extremely new development for advocacy in the Japanese global health field. In particular, there has probably never been such an influential proposal that had combined expertise and political strength.

If one analyzes the role of this working group from the NGO perspective, one can point to the important role played by JOICFP's managing director, Ishii, who not only served as a member of the working group but also participated in the Geneva workshop. Also, Inaba of the AJF participated in the April 2008 meetings in the United States as an outside expert. These occasions offered an opportunity for NGOs to convey their own experiences and expertise to people who have an impact on policy. During the same period that this working group was carrying out its project aiming at the G8, the NGOs created the NGO Forum to undertake efforts geared toward the Hokkaido-Toyako G8 Summit, and health-related NGOs were conducting advocacy efforts ahead of the G8 Summit under the rubric of the "Health Working Group." In this context, the NGOs in the Health Working Group took a very positive view of the Takemi Working Group, which shared information with them. In particular, the fact that Takemi was extremely positive about the role of NGOs and civil society in policy advocacy was important to the NGOs.

Inaba of the AJF said of this process, "I think that MOFA was strongly influenced by Mr. Takemi. In any case, MOFA shared a lot of health-related information, and the NGO side was also very careful, given the trust involved in the disclosure of that information, not to take any missteps in its relations with the government. In that sense, I believe that the project was able to achieve advocacy based on cooperation." Inaba views this as a



positive case that achieved results through cooperative advocacy. JOICFP's Ishii notes that it was not just the sharing of information; the Takemi group played another role as well:

The international community was able to establish the MDGs because there was consensus built on international directions. At the same time, however, there is a need to some degree for databases and other academic foundations to be used to make those development goals more universal. When making recommendations to the Japanese government, one has to present the basis for the recommendation as well. The reason that was possible to some extent this time was because of the Takemi project. I think it was very significant that, because the Takemi project engaged people from Harvard University and Japan's University of Tokyo, it was able to incorporate an interdisciplinary element.

As noted in the third section of this report, this type of comment suggests the potential for making NGO advocacy targeting the Japanese government more effective through organic cooperation with academia. It can also be said that the Takemi group's active approach to holding repeated dialogues with overseas networks was effective as a method of having an impact on the Japanese government.

Cross-sectoral cooperation is a requirement of the times, and this working group proves that there is fertile ground in Japan for that type of work as well. At the same time, however, the average NGO must be cautious about whether this example is applicable to them. In particular, this project owed a lot to the personal abilities of Takemi, and there were some elements of chance in terms of the timing of some of the actors' meetings and so on. For example, Inaba of the AJF pointed to the exceptional nature of this case, stating, "I think that this was a very unique case. I mean, the political environment was created largely by the Takemi Working Group, and because there was a good understanding of NGO work among them, it opened the way for NGOs to have input on specific health policies."

While pointing out these contingencies, however, politics is always fluid, and so it is important in advocacy to constantly keep an eye on the political situation and act when the timing is right. One can say that this was a successful case of advocacy in that sense.

Related to that point, Ishii of JOICFP says,

It was by chance, but among those who wanted to do something on health, there was the will. If there had been no will, then there would have been no

cooperative strength no matter what impetus or cause there might have been. The combination of people who had the will to do something about health was important, as was the fact that high-level elements and civil society cooperated well.

In this case, one can assume that the will of the participants was a factor, and that they were able to take advantage of the political trends. On the other hand, what is also needed is an organized structure or system that can make those trends materialize. In the future, organizations trying to engage in advocacy on health-related issues will need to also consider the feasibility of efforts on that front at the same time.

In addition, because this series of activities relied on the abilities of specific people, on the NGO side, there was a sense of fatigue. However, this working group project suggests that it is possible for advocacy to have a strong impact on the Japanese government when the place and opportunity are presented.