

Japan's Global Health Diplomacy in the Post-COVID Era

The Paradigm Shift Needed on ODA and Related Policies

Overview and Recommendations

Special Commission on Japan's Strategy on
Development Assistance for Health (DAH)

Japan's Global Health Diplomacy in the Post-COVID Era—The Paradigm Shift Needed on ODA and Related Policies: Recommendations

Originally published as “Posuto-Korona no wagakuni no kokusai hoken gaiko—motomerareru ODA seisaku nado no paradaimu shifuto.”

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Publisher: Japan Center for International Exchange (JCIE)

Cover design: Kiyoko Shiromasa

Layout: Patrick Ishiyama

Japan's Global Health Diplomacy in the Post-COVID Era

— The Paradigm Shift Needed on ODA and Related Policies —

Recommendations of the Special Commission on Japan's Strategy on Development Assistance for Health

Significant advances have been made in global health since the start of the 21st century, but as the world has become increasingly interconnected, the threat of pandemics has increased as well. The novel coronavirus (COVID-19) has clearly demonstrated that infectious disease poses a fundamental threat to the security of the world's health, economies, and societies. It has shown us again the devastating toll that health crises take on the most vulnerable elements of society and has highlighted the existence of health disparities, reminding us how important it is that we return to the concept of "human security." Now more than ever, we must adopt a human security approach—a human-centered, comprehensive, and cross-sectoral approach that focuses on the interconnectedness of health threats and other risks such as economic crises.

In light of the COVID-19 pandemic, countries around the world share a common goal of building national frameworks that can withstand COVID-19 or other yet-unknown diseases that may be even more infectious and virulent. To prevent such pandemics from occurring in the future, we must rebuild and dramatically strengthen systems at the international and regional levels. In a world where nations are inevitably connected, building resilience against infectious diseases at the individual, local, national, and global levels has become a top policy priority. It is clear that a new logical construct is needed to determine policy priorities while recognizing diverse perspectives and values. In addition, as the world population continues to age and we see an increase in noncommunicable diseases (NCDs), the demand for medical and long-term care services is expected to rise. Society as a whole must strengthen its ability to address and adapt to increasingly diverse health needs.

As the host of the 2008 G8 Toyako Hokkaido Summit, Japan successfully elevated health systems strengthening to a central place on the global health agenda. It also positioned universal health coverage (UHC) as a key issue and was instrumental in having UHC included as one of the objectives of the Sustainable Development Goals (SDGs) when they were adopted at the UN General Assembly in 2015. At the 2016 G7 Ise-Shima Summit, which was the first G7 Summit held after the adoption of the SDGs, global health was high on the agenda, leading to the adoption of the "G7 Ise-Shima Vision for Global Health." That vision, which was well received by the global community, set out a framework based on three pillars—(1) the attainment of UHC; (2) the reinforcement of the global health architecture to strengthen

responses to public health emergencies; and (3) the tackling of antimicrobial resistance (AMR). At the G20 Osaka Summit held in June 2019, the participating states affirmed their efforts to achieve UHC, and in conjunction with that event, Japan also hosted the first joint session of finance and health ministers, which helped establish UHC financing as a priority issue. This was also the first time the topic of population aging was included on the agenda of a G20 meeting.

While continuing to lead on these international efforts, Japan should strive to meet new and emerging needs as well. In the Political Declaration issued by the heads of all UN member states for the 2019 UN High-Level Meeting on Universal Health Coverage, the global community was urged to strongly commit to promoting primary healthcare as a way to improve access to basic health services, particularly for those who are vulnerable or in vulnerable situations; and to the creation of resilient and inclusive health systems. This was considered critical in order to achieve UHC as one of the core issues of the SDGs. Another crucial step, as COVID-19 has made clear, is the establishment of close collaboration between medical and public health systems at the local community level. Providing effective support on a global scale to reinforce systems that integrate the medical and public health sectors will help strengthen the global response capacity and framework for addressing infectious disease emergencies in the future.

Recently, the world has been undergoing a turbulent period referred to as a “G-Zero” era in geopolitical terms, and it is therefore important that Japan, as a democratic country that respects individual freedom and the rule of law, take firm steps and work together with other countries and international organizations to maintain international cooperation and avoid any gaps in assistance in order to ensure the security of both Japan and the world.

Over the past two decades, Japan has been a thought leader in international discussions on global health in areas such as infectious disease, health systems strengthening, UHC, and responding to health emergencies, and it has a strong track record of international cooperation as well thanks to the assistance it provides for building resilient health systems. The stable delivery of social services is conducive to peacebuilding. Japan introduced a universal health insurance system for its citizens before it became a rich country; it has become a world leader in healthy longevity; and, thanks to its strong R&D capacity, it has produced a large number of Nobel laureates. Given this legacy, Japan has the potential to exercise stronger leadership in the area of global health in keeping with the foreign policy approach of “human security.” Moreover, further strengthening official development assistance (ODA) would directly benefit Japan’s national security.

Japanese ODA stands out compared to that of other G7 countries in that infrastructure, energy, and water/hygiene account for a much larger ratio of its assistance. But as long as health security is not ensured, Japan’s development assistance will not be effective, even in an area such as infrastructure, where it has relative strength. Now that pandemic preparedness has become a common goal for all countries regardless of their income level, Japan needs to dramatically shift

its emphasis to the health sector, and while reviewing its approach to global health as a whole, it should reconsider its overall ODA strategy as well.

To this end, the Special Commission on Japan's Strategy on Development Assistance for Health (see page 12 for the objectives and members of the Commission) presents the following six recommendations for the Government of Japan's global health strategy. Specifically, the Commission requests that these recommendations be reflected in Japan's Strategy for Global Health Diplomacy, adopted by the relevant members of the Cabinet in 2013, and in a revision to the Basic Design for Peace and Health, which was developed and approved in 2015 by the Headquarters for Healthcare Policy (chaired by the Prime Minister and comprised of all Cabinet members) as a guideline for global health policy under the Development Cooperation Charter, and that they be implemented as part of the government's overall global health strategy.

Recommendation 1. Delineate “control towers” for global health and ODA and strengthen their capabilities

[**CURRENT STATUS AND ISSUES**] It is essential that the Government of Japan clearly delineate “control towers” and strengthen their ability to play a strategic planning function in order for Japan to exercise leadership in the process of building up systems at the global and regional levels to prevent future pandemics. The Council of Overseas Economic Cooperation-Related Cabinet Ministers (1988–2006) and Council on Overseas Economic Cooperation (2006–2011), headed by the prime minister, were formed as decision-making bodies within the Cabinet to drive the strategic planning and implementation of foreign economic cooperation, but when the Council on National Strategy and Policy was established in 2011 under the Democratic Party administration, the Overseas Economic Cooperation Council was eliminated. In the area of global health policy, the Strategy for Global Health Diplomacy was developed by the Ministry of Foreign Affairs (MOFA) in 2013, and the Basic Design for Peace and Health was developed and approved in September 2015 by the Headquarters for Healthcare Policy (chaired by then Prime Minister Shinzo Abe) as a cross-ministerial policy to further contribute to addressing global health issues, including those facing low- and middle-income countries. These measures provided an opportunity for the strategic planning functions for global health policy, including donor assistance for health, to be shifted in name at least from MOFA to the Cabinet Secretariat. However, the foreign policies of the Headquarters for Healthcare Policy and its secretariat, the Office of Healthcare Policy in the Cabinet Secretariat, are primarily focused on promoting international expansion by Japanese companies and medical institutions and they are not responsible for coordinating ODA policy. It therefore remains unclear which body is responsible for decision-making and leadership functions pertaining to ODA in the health sector.

[RECOMMENDATION] In order to facilitate more flexible and effective responses to developments worldwide, a restructuring should be undertaken to clearly delineate and strengthen the capabilities of a “control tower” at the Cabinet level, directly under the prime minister, that is responsible for decision-making on overall ODA policies. As part of this effort, a “control tower” for global health, including health-related ODA, should be clearly delineated and strengthened. That control tower would have the components and functions outlined below and it would serve to align existing strategies and policies, lay out a new global health strategy, and promote the implementation of that strategy in a way that allows Japan to serve as the type of real partner required by the international community.

- A “Council on Global Health Strategy” (tentative name) should be established as a central component of the overall global health control tower. Coordinating some of the functions of the existing offices and mechanisms in the Cabinet Secretariat, its role will be to develop and advance a global health strategy, with particular focus on health-related ODA in the areas listed in the “Strategic Selection and Concentration” section below. The “Council on Global Health Strategy” shall be comprised of director-general level personnel from concerned ministries and agencies including MOFA, the Ministry of Health Labor and Welfare (MHLW), the Ministry of Finance (MOF), the Ministry of Economy, Trade and Industry (METI), the Japan International Cooperation Agency (JICA), and the Japan Agency for Medical Research and Development (AMED), and an executive director shall be selected to serve for some period of time. The executive director shall have strong expertise, experience, capabilities, and networks in the field (for example, an individual who has held executive positions in an international organization) and shall be selected from a wide range of candidates from both the public and private sectors, irrelevant of ministry affiliation.
- In light of the fact that the Basic Design for Peace and Health was approved by the Headquarters for Healthcare Policy, it would be appropriate to position the “Council on Global Health Strategy” under the auspices of that body. Members of the secretariat for the Council would be seconded from MOFA, MHLW, MOF, and other organizations with due consideration to building an effective team.
- A mechanism for public-private exchange (for example, a “Public-Private Global Health Platform”—tentative name) should be created under the Council so that members of academia, NGOs, and industry, including pharmaceutical and medical device companies, can participate in policymaking.
- Staffing and institutional arrangements should be improved, and at the same time efforts should be made to establish clear and systematic decision-making processes and two-way lines of communication between, on the one hand, the “control tower” and the ministries and agencies involved with health-related ODA, and on the other hand, those actually implementing development assistance on the ground (e.g., diplomatic missions, local

JICA offices, NGOs working the field, etc.), especially for countries and regions that are high priorities for Japan's development assistance for health.

In addition, we must enhance the development of the type of domestic systems outlined below, which are necessary to delineate and strengthen the functions of the “control tower” for overall global health policy. To do so, a certain percentage of the ODA budget should be used to improve human resource development and multistakeholder cooperation within Japan.

- Develop and enhance the capabilities of government personnel involved in global health cooperation, and implement human-resource development and exchanges in cooperation with NGOs and other private-sector actors, including through the creation of a “revolving-door” scheme.
- Help strengthen NGOs and encourage them to be more active as important partners of the government.
- Allocate personnel to provide technical advice to the Council and its Secretariat to support the strategic planning functions of the “control tower” and set up a specialized working group for each strategic area by actively utilizing external experts and think tanks, including NGOs.
- Invest in human resource development efforts, training initiatives, and the creation of networks connecting relevant personnel in the public and private sector, including Ministry of Defense medical officers, to enable the government to expeditiously dispatch humanitarian assistance when a health emergency occurs. In addition, promote knowledge-sharing to learn from Japanese staff of UN agencies and other international organizations who have firsthand experience on the ground in providing humanitarian assistance.
- Improve the IT environment and information dissemination capabilities of government ministries and agencies.

Recommendation 2: Set new targets for contributions to global health

[**CURRENT STATUS AND ISSUES**] According to the *White Paper on Development Cooperation 2019*, Japan's gross expenditures for ODA in 2018 was approximately US\$17.25 billion (roughly ¥1.905 trillion), ranking fourth after the United States, Germany, and the United Kingdom. The proportion of loan aid in bilateral assistance is relatively high compared to the other G7 countries. When we look at the breakdown by sector, Japanese ODA is characterized by the high percentage of development assistance that goes to the infrastructure and energy sectors, in which loans usually account for about 90% of the assistance. According to statistics published by the Organization for Economic Co-operation and Development's Development Assistance Committee (DAC), Japan spent US\$930 million (¥102.7 billion) on donor assistance for health in 2018, making it the fourth-largest donor among the G7 countries

after the United States, United Kingdom, and Germany. However, donor assistance for health accounts for only around 5% of Japan's total ODA (5.4% in 2018), which is roughly one-fourth of the weighted average of G7 countries (21.4% in 2018; obtained based on the total expenditure by each on donor assistance for health), and less than half when compared to the simple average of G7 countries (12.2% in 2018).

[RECOMMENDATION] Japan should aim to double the funding directed to global health activities from both the public and private sectors in the next five years. First, the public sector (i.e., ODA) should lead the way and double its contributions. Then, efforts should be made to ascertain the private-sector trends in the global health field and, based on a clearer understanding of the characteristics of private-sector funding, Japan's contributions in global health should be increased through public-private cooperation. To this end, we need to consider ways to understand the extent to which private resources are being directed toward global health.

In setting a target for contributions to global health, a future-back approach should be adopted, which is a method of defining the desirable future state and working backwards, in reverse time-lapse fashion, to design programs to get to that desired future. Applying this approach, a demand analysis should be conducted to identify the desired future outcome, a global health strategy should then be developed accordingly, and finally, a target should be set for public- and private-sector contributions to achieve the strategy.

In doing this, Japan should increase its funding to multilateral organizations, strategically enhance support to the governments receiving bilateral assistance (such as providing yen loans for recipient countries to plan and implement policies on health finance reform based on close dialogue with their Japanese counterparts), and significantly enhance support for advancing and increasing the efficiency of the health policies/strategies of recipient governments.

Recommendation 3: Pursue strategic selection and concentration

[CURRENT STATUS AND ISSUES] Project evaluation has long been the mainstream of ODA evaluation, while issue-based evaluations that transcend individual projects or schemes have not been conducted on a sufficiently regular basis. In order to make Japanese ODA more effective, we need to conduct issue-based impact evaluations that cover both bilateral and multilateral assistance and, taking Japan's domestic policy priorities into account, those results should then be used to allocate resources. In these cases, given that a large amount of private-sector funding is flowing to low- and middle-income countries and that the mobilization of local funding for the self-sustaining development of the recipient country is being encouraged, ODA, which is primarily aimed at the development of low- and middle-income countries, should be used as a catalyst to mobilize various resources.

[RECOMMENDATION] Japan should aim to contribute in the following areas, taking into account bilateral priorities, national security and economic implications, and the potential for Japanese industry to contribute, including through Japanese R&D and digital innovation or medical/biotech venture businesses:

- Contributions for health policy reform, including the achievement of sustainable health financing in the recipient countries, and contributions that will directly promote UHC based on primary healthcare, including programs for maternal and child health, preventive healthcare, and health promotion
- Contributions to the provision of international public goods that cannot be entrusted to market principles
- Contributions to evidence-based, high return-on-investment activities

In addition, our global health strategy should be strengthened, taking into consideration demographic shifts, growing disease burdens from NCDs, and the market potential of not just low-income countries like those in Africa, but also middle-income countries such as the ASEAN members countries.

Recommendation 4: Create synergy through the improved alignment of multilateral and bilateral ODA

[CURRENT STATUS AND ISSUES] While the harmonization of bilateral and multilateral assistance has been promoted through such schemes as grant assistance through international organizations, there has been insufficient collaboration at the operating level. Although Japan has tried to be actively involved in decision making by dispatching representatives to the boards of organizations where it is a leading donor, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank, the World Health Organization, and UNICEF, these Japanese board members struggle to have a substantial influence on deliberations because they are frequently rotated out to new posts and do not have sufficient time to win recognition from other board members or the executives of those organizations. Another weakness arises from the fact that the ministries and agencies involved in development assistance to health tend to be stove-piped and there is no sufficient framework for considering an overarching strategy nor for linking up with experts who are on the ground and involved in implementing development assistance. In order to make the maximum use of our limited resources, we need to improve multilateral-bilateral partnership and create synergy in development assistance.

[RECOMMENDATION] In terms of bilateral assistance, we should strengthen the institutional arrangements (including human resources) for engaging in policy consultations and

dialogues with development partners—including recipient government and international organizations—prior to project formation as a step toward developing strategic consistency in Japan’s bilateral and multilateral assistance and improving development outcomes in a cost-effective manner.

For multilateral assistance, prior to deliberating on whether to make or increase contributions to international organizations, we should strategically set forth policy targets and strengthen our involvement with the management, strategy development, and financial planning of those organizations by implementing the following measures.

- Actively take part in board meetings and other important governance meetings (e.g., participate in working groups, serve as the chair of meetings, etc.).
- Build a domestic framework, including collaboration and dialogues with civil society and academia, in order to enhance Japan’s contributions to these governance meetings.
- Strive to have Japan’s viewpoint reflected in the policies and strategies of international organizations by strengthening policy dialogue and communication with the top management of multilateral institutions.
- Deepen mutual understanding with multilateral institutions and regularly evaluate them from the viewpoint of Japan’s national interests, reflecting the results in decision-making on Japan’s future handling of those institutions.
- Significantly enhance dialogue and coordination with the country offices of multilateral institutions. To that end, carry out the needed reforms at the country level for Japan’s ODA planning and implementation systems (e.g., delegation of authority, strengthening of human resources, etc.).

In addition, to maximize the synergy and impact of multilateral and bilateral investments in a specific target country, collaboration should be strengthened in the following areas in a way that applies a consistent strategy to optimally leverage the funding and expertise invested through both multilateral and bilateral assistance channels.

- Engage in program development from the earliest stages via multilateral cooperation.
- In the process of implementing projects, strengthen dialogues and cooperation on country-level program evaluation between the multilateral assistance and bilateral assistance agencies involved.
- Provide strategic technical cooperation related to support for health policies and health systems strengthening in alignment with multilateral institutions.
- Strengthen the training and allocation of relevant Japanese human resources from a medium- to long-term perspective.

- Based on the specific conditions of each recipient country, improve and strengthen bilateral assistance activities in order to realize effective development assistance that leverages the respective strengths of multilateral and bilateral assistance.

Recommendation 5: Strengthen partnership with NGOs and other players from within and outside of Japan

[**CURRENT STATUS AND ISSUES**] In the era of the SDGs, which espouse the philosophy of “leaving no one behind,” there is greater awareness than ever before of just how critical it is to ensure the participation of and partnership with a wide range of stakeholders. In particular, the importance and the breadth of roles played by civil society organizations (CSOs) are growing. Their increasingly diverse roles include not only implementing projects at the grassroots level but also participating in the governance of international organizations, creating mechanisms for developing and providing equal access to pharmaceuticals and other medical supplies, and acting as agenda-setters by identifying emerging problems. Amid the COVID-19 pandemic, there have been published reports projecting that interruptions in the access to basic healthcare services and food due to travel restrictions and other causes will lead to increased mortality among children under the age of five and pregnant women in low- and middle-income countries. It is therefore of even greater importance than ever to support local NGOs that have been steadily working to improve access to essential healthcare services for vulnerable populations. However, support offered through NGOs in Japan and overseas account for only 1.8% (2016–2017 result) of Japan’s total ODA—the lowest ratio among G7 countries—representing merely one-tenth of the DAC average (14.7%).

[**RECOMMENDATION**] Consultations and dialogues with NGOs and CSOs should be promoted, paying respect to the diverse roles they play and their autonomy, and partnerships should be strengthened with domestic and foreign NGOs and other organizations in the development of global health strategies and related policies as well as in the planning and implementation of ODA projects. Moreover, full support should be provided to realize the rapid development of the human resources and capabilities of Japanese NGOs so that they can play a leading role in international cooperation.

In terms of project planning and implementation, an analysis should be conducted of the bottlenecks responsible for the fact that too few ODA funds are currently channeled through NGOs and concrete measures should then be taken to expand that support. In particular, while working to mainstream social development-related projects, we should review the current system and resolve the various issues that are impeding them from submitting bids for ODA schemes, such as grants or technical assistance. In doing this, we should take a more flexible approach to project planning that takes into consideration the size of implementing institutions

and the structure of individual projects, and NGOs with strong fundraising bases, solid financial foundations, and specialized expertise should be permitted to engage in larger-scale projects and in creating international initiatives with Japanese ODA funding, being treated in the same way as JICA and other partners that implement ODA projects. In addition, the participation of social entrepreneurs, local municipalities, and others should also be encouraged. JICA should increase its collaboration with NGOs by actively engaging them (either through commissions or joint implementation) in the project planning and implementation phases.

In addition, based on the understanding that local NGOs are delivering highly effective support to vulnerable populations through their ongoing efforts to improve access to essential healthcare services and disease prevention, even if a host country government does not submit a request to support local NGOs' projects, Japan should expand its mechanisms to support local NGOs and should strengthen collaboration between local and Japanese NGOs.

Recommendation 6: Strengthen human resource initiatives to develop innovative personnel who can respond to the changing global health landscape

[CURRENT STATUS AND ISSUES] In September 2017, the Human Resource Strategy Center for Global Health (HRC-GH) was established within the National Center for Global Health and Medicine (NCGM) in response to a proposal in the Vision for the Development of Human Resources for Global Health Policy calling on Japan to establish a culture that promotes the circulation of human resources through industry-academia-government partnership. The HRC-GH encourages the posting of Japanese global health professionals in UN organizations, and while it has yielded some impact in the placement of young professionals, the impact of its strategic support of such postings for senior-level professionals remains limited. And despite a common recognition that greater diversity is required among global health personnel in terms of areas of specialization and job experience, the currently available career paths lack flexibility, and we are far from seeing the type of smooth and dynamic circulation of human resources across sectors and specializations that is needed. Moreover, despite the increasing diversification of health issues and policy-support needs, and the resultant need for greater diversity in terms of the capabilities of health experts, there are still limited opportunities for existing experts to develop their capabilities and acquire new skills and there are inadequate mechanisms to discover and cultivate diverse experts or to collaborate with experts in academia.

[RECOMMENDATION] In order to increase the numbers of Japanese personnel in international organizations, a medium-term plan should be formulated for the training and strengthening of human resources, and the functions of the existing HRC-GH and the

Recruitment Center for International Organizations should be enhanced with a particular focus on the discovery and successful placement of executive-level personnel. The medium-term plan may include the following measures: take a medium- to long-term approach and cultivate exceptional individuals who would be appropriate candidates for top- and executive-level positions in those international organizations that Japan prioritizes; consider dispatching Japanese personnel, the costs for whom would be covered by the Japanese government in combination with an increase in its voluntary contributions to the receiving organization, to increase the number of Japanese mid-level officers who are responsible for the practical operations of international organizations (establishment of senior professional officers [SPOs]); and offer support for internships at international institutions. In doing so, we must remember that there are many non-medical positions at international organizations, and thus we must look for people across a broad range of professions, developing and strengthening internationally oriented human resources from academia, think tanks, industry, and NGOs.

In light of the broad range of organizations and jobs related to global health, we must develop systems to boost the circulation of human resources among diverse fields, including systems for human resource development and exchange across sectors and job types including government, international organizations, academia, industry, and NGOs; and we should create support systems, such as a “perch” mechanism for job seekers (a position in Japan where people can segue in and out of international posts). Members of academia, industry, and NGOs should be encouraged to participate in expert meetings for setting standards and international business leaders such as managers in foreign subsidiaries or foreign companies should be encouraged to consider a career shift.

Special Commission on Japan's Strategy on Development Assistance for Health

The Special Commission on Japan's Strategy on Development Assistance for Health was launched in November 2019 and is chaired by Yasuhisa Shiozaki, member of the House of Representatives. The commission seeks to enhance Japan's strategy for donor assistance for health and make development assistance more effective toward 2030, the target year of the SDGs, and to provide recommendations on revising the process of the Strategy for Global Health Diplomacy and Basic Design for Peace and Health. The initial members are listed below. Following five commission meetings, three thematic sub-committee meetings, and an opportunity to participate in the Mahidol Award Conference UHC Forum held in Thailand in January 2020, the commission convened a side meeting—co-organized with the JICA and the Japan Center for International Exchange (JCIE)—to exchange views with government officials from countries that receive JICA support, international organization representatives, academics, and civil society experts.

The commission was formed as part of the activities of the Executive Committee on Global Health and Human Security (Chair: Keizo Takemi, Member, House of Councillors; Senior Fellow, JCIE) and was operated in cooperation with the Executive Committee members and related agencies and with JCIE serving as the secretariat.

Alphabetical order

Members of the Commission

Noriko Fujita	Director, Department of Global Network and Partnership, Bureau of International Health Cooperation, National Center for Global Health and Medicine (NCGM)
Yasumasa Fukushima	Vice-Minister for Health, Chief Medical and Global Health Officer, Ministry of Health, Labour, and Welfare
Noriko Furuya	Member, House of Representatives; Member, Executive Committee on Global Health and Human Security
Katsumi Hirano	Executive Senior Research Fellow, Institute of Developing Economies (IDE), Japan External Trade Organization (JETRO)
Masaki Inaba	Representative, Japan CSO Network on Global Health; Policy Advisor, Japan Civil Society Network on SDGs (SDGs Japan)
Sumie Ishii	Chairperson, Japanese Organization for International Cooperation in Family Planning (JOICFP)
Kiyoshi Kodera	Chair of the Board, Water Aid Japan; Senior Research Associate, Overseas Development Institute (ODI), United Kingdom
Shunsuke Mabuchi	Secretariat for the Independent Panel for Pandemic Preparedness and Response (on leave from Bill & Melinda Gates Foundation)
Karen Makishima	Member, House of Representatives
Atsushi Mimura	Deputy Director-General, International Bureau, Ministry of Finance

Daikichi Momma	Executive Advisor, Nippon Life Insurance Company
Hiroshi Naka	Professor, Institute for Future Initiatives, University of Tokyo
Hiroki Nakatani	Board Member and Director of the Human Resource Strategy Center for Global Health, National Center for Global Health and Medicine (NCGM); Project Professor, Global Research Institute at Keio University (KGRI); Board Chair and Representative Director, Global Health Innovative Technology Fund (GHIT Fund)
Kyoko Okamura	Nutrition Specialist, Health, Population and Nutrition, World Bank Group
Akio Okawara	President and CEO, Japan Center for International Exchange (JCIE); Director, Executive Committee on Global Health and Human Security
Keiichi Ono	Director-General for Global Issues, Ministry of Foreign Affairs
Yasuhisa Shiozaki	Member, House of Representatives; Senior Advisor, Executive Committee on Global Health and Human Security [Chair]
Yukio Takasu	Special Advisor on Human Security to the UN Secretary-General
Keizo Takemi	Member, House of Councillors; Senior Fellow, JCIE; Chair, Executive Committee on Global Health and Human Security
Ikuo Takizawa	Senior Deputy Director General and Senior Director, Office for COVID-19 Response, Human Development Department, Japan International Cooperation Agency (JICA)
Takao Toda	Vice President for Human Security and Global Health, JICA
Atsushi Ueno	Director-General / Assistant Minister, International Cooperation Bureau, Ministry of Foreign Affairs
Mitsuhiro Ushio	Director, Hitachinaka Public Health Center, Ibaraki Prefectural Government; former Health Policy Advisor to the Vietnamese Ministry of Health (JICA Expert)

※All members participated in their individual capacity and the Office for Healthcare Policy, Cabinet Secretariat, joined the process as an observer. Due to personnel changes, members from the ministries were changed midway through.

Members of the Working Group

Satoko Itoh	Managing Director, JCIE
Kenichi Komada	Assistant Director, Division of Global Health Policy and Research, Department of Health Planning and Management, Bureau of International Health Cooperation, National Center for Global Health and Medicine (NCGM)
Shiori Nagatani	Program Officer, JCIE
Shuhei Nomura	Assistant Professor, Department of Global Health Policy, Graduate School of Medicine, University of Tokyo; Project Associate Professor, Department of Health Policy and Management, School of Medicine, Keio University
Haruka Sakamoto	Project Researcher, Department of Global Health Policy, Graduate School of Medicine, University of Tokyo
Motoko Seko	Former Expert (Health), JICA; Member, Technical Review Panel, the Global Fund to Fight AIDS, Tuberculosis and Malaria
Tomoko Suzuki	Chief Program Officer, JCIE
Ikuo Takizawa	Senior Deputy Director General and Senior Director, Office for COVID-19 Response, Human Development Department, JICA (see above) [Group Leader]

Makoto Tobe Senior Advisor on Health, Human Development Department, JICA
Tomoko Yoshida Senior Program Officer, JCIE/USA
Representatives from the Ministry of Foreign Affairs; Ministry of Finance; Ministry of Health, Labour,
and Welfare

(As of November 2020)

Executive Committee on Global Health and Human Security

The Executive Committee on Global Health and Human Security is a high-level, public-private platform that facilitates the Japanese government's policymaking on global health and public-private collaboration in that field. Under the chairmanship of Professor Keizo Takemi, the committee holds quarterly meetings to provide a venue for unofficial exchanges of views and information-sharing among senior representatives from government ministries, academia, private companies, and civil society organizations in Japan. Relevant global health experts are invited to speak at the meetings to offer their knowledge and advice. The committee is an integral part of the Global Health and Human Security Program of the Japan Center for International Exchange (JCIE), which manages all aspects of the committee's work.

Japan Center for International Exchange (JCIE)

Founded in 1970, JCIE is one of Japan's leading foreign policy institutes. With offices in Tokyo and New York, it organizes legislative exchanges and policy dialogues that bring together key figures from diverse sectors of society, both in Japan and overseas. During the 1990s, it played a leading role in encouraging the adoption of human security as a pillar of Japanese foreign policy, and this led to the launch of a series of major initiatives on global health. The Friends of the Global Fund, Japan, was created in 2004, the Global Health and Human Security Program in 2008, and the Healthy and Active Aging in Asia in 2017 to strengthen public-private partnership and Japan's role in global health.

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