

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

The Paradigm Shift Needed on ODA and Related Policies

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

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seisaku nado no paradaimu shifuto.”

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FREQUENTLY USED ABBREVIATIONS

ACT-A	Access to COVID-19 Tools Accelerator
ADB	Asian Development Bank
AMED	Japan Agency for Medical Research & Development
CFE	Contingency Fund for Emergencies (WHO)
CSO	civil society organization
C-TAP	COVID-19 Technology Access Pool
DAH	development assistance for health
GFF	Global Financing Facility for Women, Children and Adolescents
HRC-GH	Human Resource Strategy Center for Global Health
IHME	Institute for Health Metrics and Evaluation
JBIC	Japan Bank for International Cooperation
JICA	Japan International Cooperation Agency
LMICs	low- and middle-income countries
MDGs	Millennium Development Goals
MHLW	Ministry of Health, Labour and Welfare of Japan
MOF	Ministry of Finance of Japan
MOFA	Ministry of Foreign Affairs of Japan
NCGM	National Center for Global Health and Medicine
NGO	nongovernmental organization
ODA	official development assistance
OECD	Organisation for Economic Cooperation and Development
OECD DAC	OECD Development Assistance Committee
PEF	Pandemic Emergency Facility (World Bank)
PHC	primary health care
SATREPS	Science and Technology Research Partnership for Sustainable Development
SDGs	Sustainable Development Goals
TICAD	Tokyo International Conference on African Development
UHC	universal health coverage
WHO	World Health Organization

RECOMMENDATIONS

This report compiles recommendations by the Special Commission on Japan's Strategy on Development Assistance for Health, a high-level commission of leaders from Japanese government, academia, business, and civil society. It was convened to enhance Japan's strategy for donor assistance for health, make its development assistance more effective, and provide recommendations on revising the Strategy for Global Health Diplomacy and the Basic Design for Peace and Health. It also includes background information on the evolution of Japan's global health policy and potential measures that can be taken to implement the commission's broad recommendations.

This 23-member commission was launched in November 2019 and chaired by former Minister of Health, Labour and Welfare Yasuhisa Shiozaki, a member of the House of Representatives. Over the course of one year, commission members met frequently with one another, as well as with experts in Japan and around the world, and their deliberations were shaped by the emergence of the COVID-19 pandemic and the growing need for Japan and the rest of the international community to rethink how we strengthen global health systems for the post-COVID era. The commission's recommendations were initially rolled out in Japan on November 30, 2020, and on December 18, they were adopted as the basis for reforms proposed by the ruling Liberal Democratic Party's Policy Research Council.

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), for which the Japan Center for International Exchange (JCIE) serves as the secretariat. The work of the Executive Committee and the commission is supported, in part, by grant funding from the Bill & Melinda Gates Foundation. All of the recommendations in this report solely reflect the informed deliberations of the commission members, and do not represent the views of JCIE or its funders.

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. 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 the appendix 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.

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 (LMICs). 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” should 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, the Japan International Cooperation Agency (JICA), and the Japan Agency for Medical Research and Development (AMED), and an executive director should be selected to serve for some period of time. The executive director should have strong expertise, experience, capabilities, and networks in the field (for example, an individual who has held executive positions in an international organization) and should 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, as outlined below, Japan must further develop the type of domestic systems 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 sectors, 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.

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 percent of the assistance. According to statistics published by the Organization for Economic Co-operation and Development's Development Assistance Committee (OECD 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 percent of Japan's total ODA (5.4 percent in 2018), which is roughly one-fourth of the weighted average of G7 countries (21.4 percent 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 percent 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 should lead the way and double its contributions (i.e., ODA). 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, there is a need to better 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.

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, issue-based impact evaluations should be carried out 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 LMICs 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 LMICs, 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/bio-tech 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, Japan's 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 member countries.

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 for 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 Japan's limited resources, it needs to improve multilateral-bilateral partnership and create synergy in development assistance.

RECOMMENDATION In terms of bilateral assistance, 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 should be strengthened 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, Japan should strategically set forth policy targets and strengthen its 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.

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 LMICs. 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 percent (2016–2017 result) of Japan’s total ODA—the lowest ratio among G7 countries—representing merely one-tenth of the DAC average (14.7 percent).

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, the current system must be reviewed and resolutions should be found for the various issues that are impeding them from submitting bids for ODA schemes, such as grants or technical assistance. In doing this, a more flexible approach to project planning should be applied 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.

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]).
- Offer support for internships at international institutions.

In doing so, it is important to remember that there are many non-medical positions at international organizations, and thus Japan should 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, Japan 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 it 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.

BACKGROUND REPORT

1. Twenty Years of Global Health and the Advent of COVID-19

The emergence of new global health organizations and the expansion of international initiatives

From the mid-1990s, the spread of HIV/AIDS worldwide generated a growing sense of crisis and subsequently a greater recognition of the need for global initiatives to address health issues. The Millennium Development Goals (MDGs), adopted in September 2000, included three goals focused on health, and around the same time, several new public-private partnerships—including Gavi, the Vaccine Alliance (established in 2000) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (established in 2002)—were established outside of the UN system to mobilize funding for communicable diseases. With these, the scale of funding in the health sector expanded rapidly.¹ In addition, the 2005 Paris Declaration on Aid Effectiveness helped further promote donor coordination and development assistance cooperation based on ownership on the part of partner countries (OECD 2005/2008).

The rise of advocacy for health system strengthening and UHC

Along with the expansion of funding for the fight against infectious diseases, strong advocacy by Japanese stakeholders helped to raise awareness of the need for health system strengthening (World Health Organization 2000). Furthermore, the discussions at the International Conferences on Financing for Development (UN 2003, 2009, and 2015), turned the focus to the issue of sustainable health financing through the mobilization of domestic funding and its effective use (WHO 2005). In particular, there was increased attention paid to the risk of individuals falling into poverty as a result of having to pay for medical bills and so during the process of formulating the Sustainable Development Goals (SDGs) in 2015, universal health coverage (UHC)² was put forward as a shared global goal (UN System Task Team 2012).

The developing partnership between global health organizations and multilateral development banks

A report by the 2013 Lancet Commission on Investing in Health (Jamison et al. 2013) advocated the philosophy that “spending on healthcare is not consumption but investment,” and in 2018, the World Bank published a report on the “Human Capital Index” in 2018, indicating that health

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1. Development Assistance for Health (DAH), which stood at US\$12 billion a year in 2000, increased to US\$38 billion in 2015 according to the Institute of Health Metrics and Evaluation (IHME).
 2. UHC is defined as ensuring that all people receive quality healthcare services that meet their needs without exposing them to financial hardship in paying for them. (Definition by the World Health Organization (WHO) in its “Universal Health Coverage: Supporting Country Needs,” 2013).

issues were becoming a more mainstream focus at the World Bank and other multilateral development financing agencies. Following the 2014 Ebola epidemic in Western Africa, the World Health Organization (WHO) established the Contingency Fund for Emergencies (CFE) in 2015, and the World Bank created the Pandemic Emergency Facility (PEF) the following year. Also in 2015, the Global Financing Facility for Women, Children and Adolescents (GFF) was created as a mechanism for channeling World Bank and other funding into the area of maternal and child health, which was deemed to be one of the unmet goals of the MDGs. Since 2017, a UHC Forum has been held every other year under the auspices of the WHO and World Bank, and a report assessing the progress made toward achieving UHC is published regularly (WHO and World Bank 2020). This growing recognition of the necessity for close cooperation between national health and financial authorities in order to ensure the effective and efficient management of health financing led to the convening of a meeting of finance and health ministers at the G20 Osaka Summit in 2019 (MOF 2019).

An expanded role for nonstate actors in the SDGs era

In the era of the SDGs, which espouse the philosophy of “leaving no one behind,” there is a greater awareness than ever before of just how critical it is to ensure the participation of and partnership with a wide range of stakeholders. NGOs in particular are playing increasingly diverse roles, not only implementing projects at the grassroots level but also participating in the governance of international organizations, creating mechanisms for developing and providing equitable access to pharmaceuticals, and acting as agenda-setters by identifying emerging problems. The importance and the breadth of the roles played by such civil society organizations (CSOs) are growing. Public interest is also growing in corporate contributions to solving social problems. There are many examples of companies not just in the healthcare sector but also in non-health sectors such as ICT, logistics, finance, and natural resources as well that are working to resolve healthcare issues in low- to middle-income countries (LMICs) through product development, social contribution programs, social businesses, and so on. Moreover, private foundations such as the Bill & Melinda Gates Foundation and the Rockefeller Foundation, equipped with financial clout and expertise, have gained substantial influence on global health governance.

Status and challenges of promoting UHC

Despite the expansion of initiatives in the global health sector, there are still major regional gaps in terms of their achievement of coverage for health and medical services. In Africa, the Abuja Declaration, adopted in 2000, called for 15 percent of the national budgets of African Union members to be invested in the health sector, but most countries have failed to achieve that target, leaving the individual burden rate high.³ Moreover, many countries’ health systems will not be able to keep up with the future increase in the burden of noncommunicable diseases and the

3. According to WHO estimates in 2019, more than 930 million people (12 percent of the world population) spent 10 percent of their household budget to healthcare, with 100 million persons suffering from dire poverty due to healthcare payments every year.

subsequent changes in the population's health needs (GBD 2020). The WHO projects that it will require US\$371 billion a year in funding to realize UHC in LMICs by 2030, with US\$54 billion a year needed in financial assistance (Stenberg et al. 2017). In 2019, a High-Level Meeting on UHC was held in conjunction with the UN General Assembly, and the leaders of all UN member countries agreed to accelerate progress toward achieving UHC.

Significance of COVID-19

At the end of 2019, the novel coronavirus (COVID-19) pandemic began. The pandemic is having a devastating impact on LMICs' entire health systems and on their overall socioeconomic conditions, increasing the number of people living in poverty and jeopardizing the progress made thus far in global health (*Lancet Public Health* 2020).⁴ There have been reports estimating that interruptions in access to basic healthcare services and food due to travel restrictions and other causes will lead to a 9.8–44.7 percent increase per month in mortality among children under five years of age and an 8.3–38.6 percent increase in mortality rates for pregnant women in 118 LMICs (Robertson et al. 2020). While the need for development assistance is growing, aid funding is not expected to increase, which means that the funding gap will likely expand further.

The need for new international cooperation

In light of the COVID-19 pandemic, it has become evident that the current system of international cooperation, and particularly the mechanisms to ensure research, development, and equitable access to vaccines and other pharmaceuticals, is insufficient (Sachs et al. 2020). In April 2020, an initiative called the Access to COVID-19 Tools Accelerator (ACT-A)⁵ was launched, which then established COVAX for the global joint procurement of vaccines against COVID-19 (WHO 2020a and 2020b). And, in response to similar concerns, the COVID-19 Technology Access Pool (C-TAP) was launched in May 2020 by the WHO with the aim of making vaccines, diagnostics, therapeutics, and other health technologies for fighting COVID-19 “global public goods” that are accessible to all (WHO 2020c). The amount of funding needed in the coming year by the ACT-A is estimated to be US\$38 billion, requiring major countries to work together to strengthen international assistance as part of their domestic economic stimulus packages.⁶

4. Based on statistics from the IHME, the “2020 Goalkeepers Report” says the vaccination rate in 2020 is “going back to 1990s levels” and “has been set back about 25 years in about 25 weeks” due to COVID-19.

5. A framework of international cooperation for accelerating the development of and equitable access to new tools (vaccines, therapeutics, and diagnostics) to fight COVID-19. It came into being under the leadership of the WHO, France, the European Commission, and the Bill & Melinda Gates Foundation.

6. According to the ACT-A's investment plan, the total funding needs represent less than 1 percent of what the G20 governments have already committed to domestic economic stimulus packages, showing expectations that they will contribute 1 percent, or at least 0.34 percent, of such packages to the ACT-A. (“ACT Accelerator: An Economic Investment Case & Financing Requirements, September 2020–December 2021,” WHO, 2020.)

Toward 2030

It is estimated that the world population will increase from 7.80 billion at present to 8.55 billion in 2030 and that one in every six people will be over the age of 65 by 2050 (UN ECOSOC Population Division 2019). The double burden of malnutrition (i.e., undernourishment and obesity) and the disease burden stemming from noncommunicable diseases are expected to grow rapidly, boosting demand for medical and nursing care services (Foreman et al. 2018). Meanwhile, major gaps are expected to remain in sub-Saharan Africa in terms of the progress on addressing the challenges that were carried over from the MDGs to the SDGs.⁷ Moreover, the risk of infectious diseases spreading along with the movement of people will continue to rise, and it is possible that as-yet-unknown infectious diseases that are even more contagious and more virulent than COVID-19 could emerge through the spread of vector-borne and zoonotic diseases. Another concern is the growing diversity and complexity of health problems as a result of such factors as the increasing number of natural disasters and greater risk of food production shortages as a result of climate change, the subsequent outflows of the working population to urban areas (UN ECOSOC 2018), the adverse effects of air pollution on health, and the shortage of safe water.

The response & partnership required

In order to ensure health security in our own countries and on a global scale, it is essential that all countries in the world have resilient and inclusive health systems. While understanding how difficult it is in financial terms for LMICs—whose per capita national income is less than one-tenth that of Japan—to achieve UHC, Japan should, as a “peace-loving nation,” proactively contribute to the global good of ensuring health security worldwide by expanding development assistance for health, taking full account of analyses of the current status and reform timelines of individual countries. In order to enhance preparedness for the outbreak of another infectious disease and at the same time get back on track in the post-COVID-19 world toward achieving the SDG health targets, we must explore new types of international cooperation that engage governments, international organizations, businesses, CSOs, and academia. From the perspective of optimizing our use of limited resources, it is necessary to fundamentally rethink health systems and the provision of health services in order to substantially improve efficiency, and to strengthen collaboration between multilateral organizations and bilateral development agencies in order to promote greater synergy.

7. According to IHME (<https://vizhub.healthdata.org/fgh/>), 95 percent of countries that are unable to achieve the SDG goal for decreasing the under-5 mortality rate and 88 percent of countries unable to achieve the SDG goal for the mortality rate of expectant and nursing mothers as of 2030 are estimated to be in sub-Saharan Africa.

2. Japan's Development Assistance for Health: Background & Issues

The Japanese government's system for planning & implementing development assistance for health

From 1988 on, a ministerial council headed by the Prime Minister was established within the Prime Minister's Office and was tasked with driving the strategic planning and implementation of foreign economic cooperation—first as the Council of Overseas Economic Cooperation-Related Cabinet Ministers (1988–2006), then as the Council on Overseas Economic Cooperation (2006–2011)—but it was eliminated when the Council on National Strategy and Policy was established in 2011 under the Democratic Party administration. After the Great East Japan Earthquake, the country's reconstruction and economic revitalization became top priorities, and there was a growing tendency to discuss ODA strategy within the framework of Japan's growth strategy (Dan 2016). The Development Cooperation Charter adopted by the Cabinet in 2015 stipulates that development cooperation is essential to secure national interests. In particular, it identified the promotion of private sector-led growth through cooperation among the public and private sectors and local governments as a driver of economic development in developing countries, which it noted would lead to Japan's robust economic growth as well (MOFA 2015a).

In its health-related assistance, Japan promoted measures in the 1990s to address the population issue and HIV/AIDS as global problems, and from 2000 on, it played a leading role in international policy discussions on measures to cope with infectious diseases, strengthen health systems, and promote UHC. In keeping with that, departments supervising health issues have been set up within the government.⁸ A bimonthly meeting is held between the Ministry of Foreign Affairs (MOFA) and NGOs in the health sector, and the Japan International Cooperation Agency (JICA) has established a Human Development Department that includes numerous health experts among its staff.⁹ Furthermore, Japan introduced the New Global Health Policy

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8. The Global Health Policy Division was established under the Director-General for Global Issues at the International Cooperation Bureau of MOFA in 2011. In 2016, International Health & Cooperation Office was established in the International Affairs Division of the Ministry of Health, Labour & Welfare (MHLW) (renaming the International Cooperation Office that had been created in 2001). In 2016, MOFA and MHLW have alternated in posting their officials as the head of the Global Health Policy Division and of the International Cooperation Office. At the MOF, the post of Special Officer for Global Health was established at the Development Policy Division, International Bureau in 2018. And, when JICA overhauled the organization of its head office in 2004, it established a two-tiered system that combined a country-based approach and an issue-based approach, while also setting up a "Human Development Department," specialized in such issues as healthcare, education/vocational training, and social welfare, in an effort to beef up functions of identifying and formulating development projects and to strengthening capacity to address challenging issues.
 9. According to research by JICA's Human Development Department, as of March 2020, health group staffers and senior advisors in international cooperation in the healthcare sector at the department number 37 persons in total (excluding dispatch workers from staffing agencies specialized in clerical work and company-contracted in-house consultants). They include 12 employees with national qualifications in the healthcare sector (medical doctors, public health nurses, midwives, clinical

2011–2015 in 2010 and the Strategy for Global Health Diplomacy in 2013 (MOFA 2013), positioning health policy as an important issue on the diplomatic agenda.¹⁰ In September 2015, the Basic Design for Peace and Health was drawn up (MOFA 2015b) by the Headquarters for Healthcare Policy (chaired by then Prime Minister Shinzo Abe) as a cross-ministerial policy, which shifted the function of strategic planning on development assistance for health from MOFA to the Cabinet Secretariat. However, the international activities 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 do not have authority for coordinating ODA policy.¹¹ It therefore remains unclear where authority over the functions of decision-making and leadership is vested for development assistance for health.

Track record of Japan's ODA & development assistance for health¹²

As seen in figures 1 and 2, Japan's gross expenditure for ODA in 2018 was approximately US\$17.25 billion (roughly ¥1.905 trillion),¹³ ranking fourth after the United States, Germany, and the United Kingdom. The proportion of loan aid in bilateral assistance is relatively high compared with other G7 countries. Japanese ODA is characterized by the high percentage of development assistance that goes to the infrastructure and energy sectors, in which loan aid usually accounts for about 90 percent of the assistance. The proportion of multilateral aid is around 20 percent, the second lowest figure among the G7 countries, next to the rate of the United States. Japanese aid provided through NGOs at home and abroad accounted for 1.8 percent of the country's ODA in 2016–2017, the lowest among the G7 countries and only a little more than one-tenth of the Organisation for Economic Co-operation

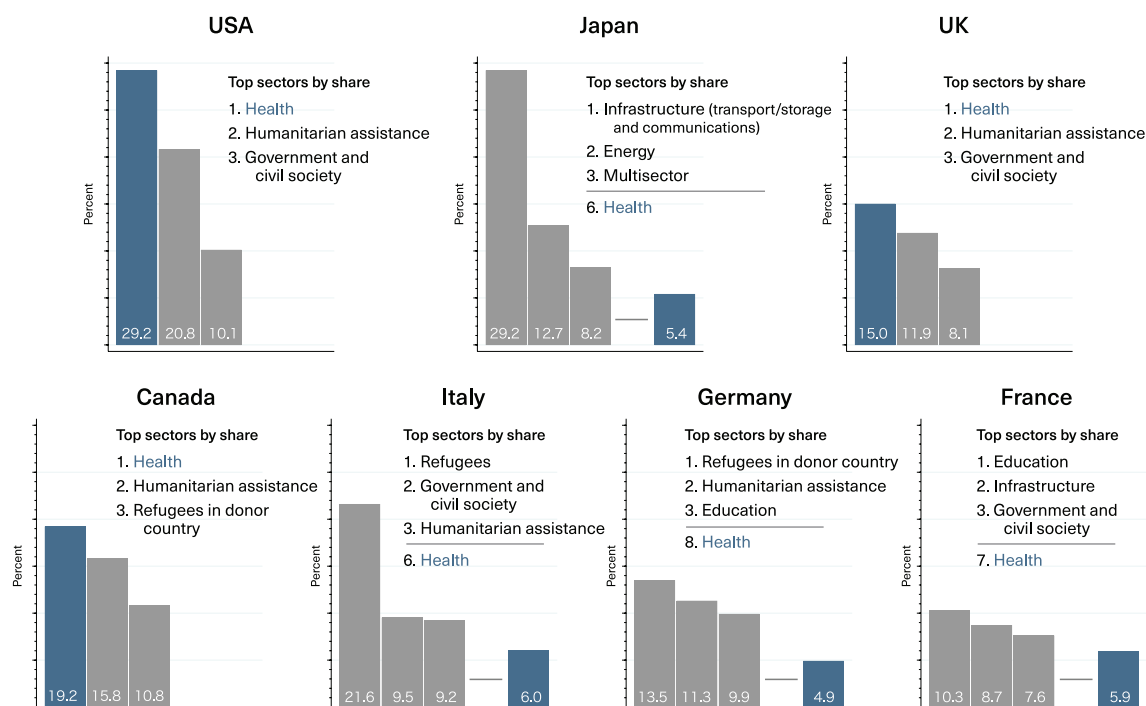
nurses, or occupational therapists), and 23 others with master's or higher degrees related to healthcare and public health. There are 26 healthcare-specialized employees having knowledge in particular on the medical care system and medical care finance (corresponding to any of the following careers: having experience in administrative work at relevant national, regional, and governmental special agencies; having completed related courses at universities or graduate schools; or having completed relevant short-term courses and undertaken related projects).

10. In an address to the Symposium on Human Security, a major event held at the Fifth Tokyo International Conference on African Development (TICAD V) on June 2, 2013, then Prime Minister Shinzo Abe said he has positioned global health as an important task of his diplomacy. https://japan.kantei.go.jp/96_abe/actions/201306/02symposium_e.html.
11. According to the Act for Promotion of Healthcare and Medical Strategy, a legal basis for the Headquarters for Healthcare and Medical Strategy Promotion, the headquarters' mandate is to prompt Japan's economic growth through leading-edge R&D on health and medical care, and the creation of new industries. Regarding the development of business activities abroad, the ultimate goal of the headquarters is to contribute to Japanese economic growth while also helping to improve the quality of healthcare abroad.
12. Based on data compiled by specially appointed Associate Professor Shuhei Nomura of Keio University's School of Medicine on the basis of data prepared by the OECD/DAC; the ODA results listed in this recommendation are gross expenditures.
13. According to the White Paper on Development Cooperation 2019.

and Development (OECD) Development Assistance Committee (DAC) average (14.7 percent) (OECD-DAC 2019).

Japan's total expenditure on development assistance for health in 2018 was US\$930 million (¥102.7 billion), ranking fourth among the G7 countries following the United States, the United Kingdom, and Germany. However, development assistance for health accounts for only around 5 percent of Japan's total ODA (5.4 percent in 2018), which is roughly one-fourth of the weighted average of the G7 countries (21.4 percent in 2018; obtained based on the total expenditure by each on development assistance for health), and less than half when compared with the simple average of the G7 countries (12.2 percent in 2018). Multilateral assistance occupies 60–70 percent of Japan's ODA for health, which is a larger proportion than that of the top donors in total expenditures, the United States, the United Kingdom, and Germany. Among the areas receiving assistance within the health field, health policy and infectious diseases (other than malaria, tuberculosis, and sexually transmitted diseases) usually represent a large portion (13.9 percent and 15.7 percent respectively in 2018). Assistance for water and sanitation, though not classified as the health sector, totaled US\$1.33 billion (7.7 percent) in 2018, representing the largest value and percentage of the ODA total among the G7 countries (followed in value by Germany with US\$1,292.23 million [4.5 percent], France with US\$952.91 million [6.2 percent], and the United Kingdom with US\$665.28 million [3.4 percent]).

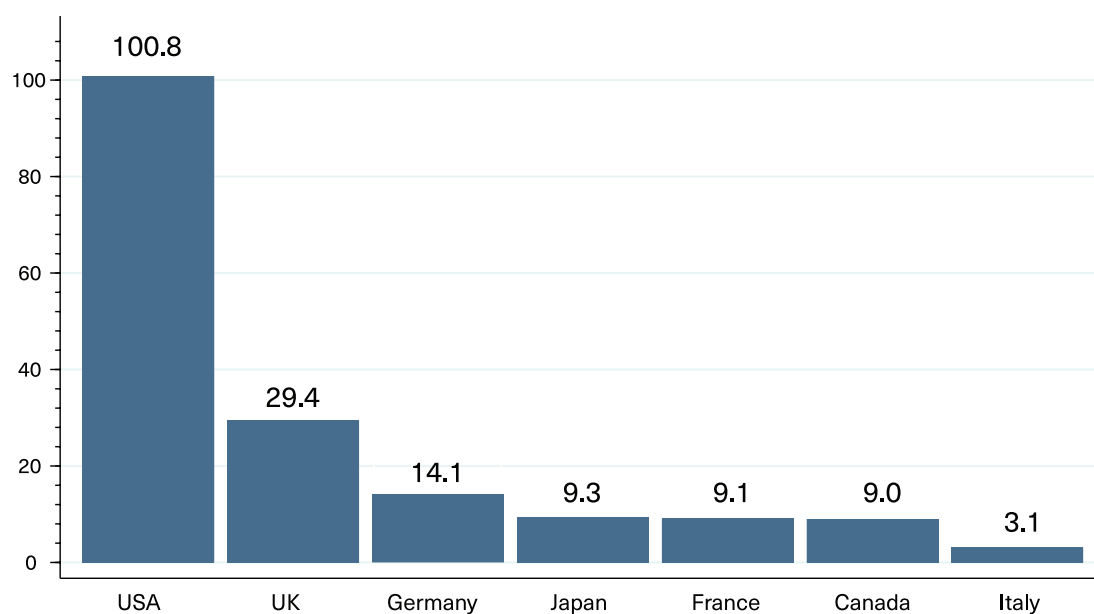
Figure 1. G7 countries' ODA by primary sectors (2018)



Source: OECD iLibrary.

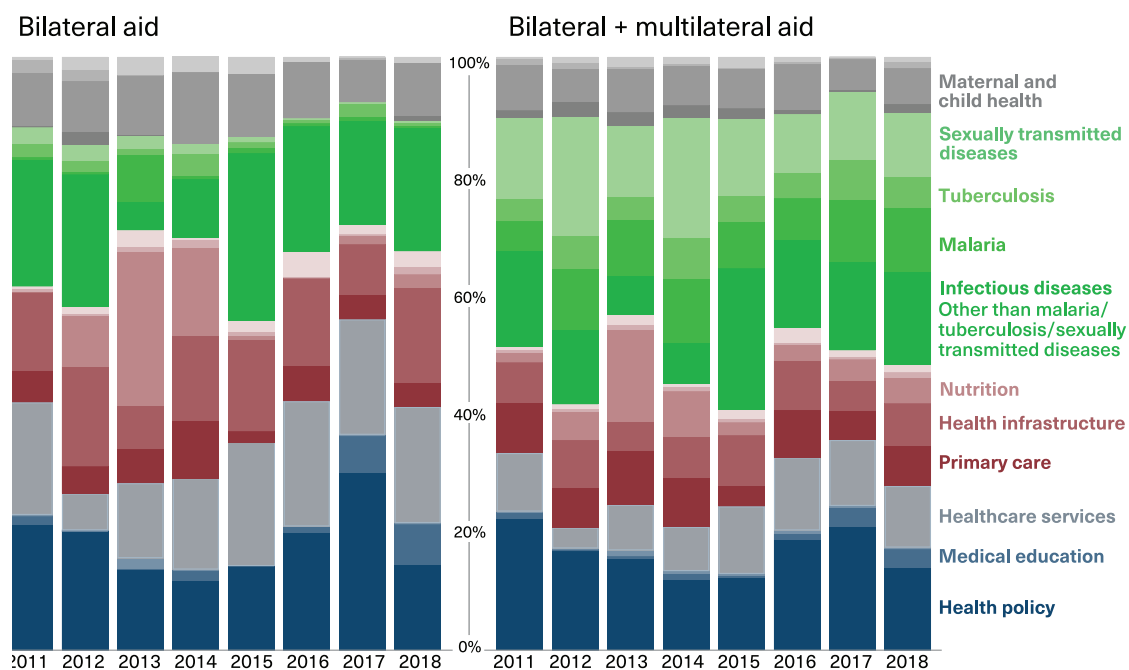
Figure 2. G7 countries' ODA disbursements for health (2018)

Total amount of disbursement
(US\$100 million)



Source: OECD iLibrary.

Figure 3. Japan's development assistance for health by field (2011–2018)



*Classification based on OECD statistics (e.g., health sector = statistical code 120+130)

Source: OECD iLibrary.

Trends & challenges in development assistance for health

(1) Bilateral aid

Japan's bilateral development assistance for health focuses on relatively small-scale loan aid and technical assistance. In terms of sectors, emphasis is placed on infectious diseases (other than malaria, tuberculosis, and sexually transmitted diseases) and healthcare services such as medical facilities and equipment (20.8 percent and 19.6 percent respectively of the 2018 total), followed by assistance for community-level healthcare infrastructure and the creation of systems for achieving UHC (15.98 percent and 14.4 percent respectively in 2018).

For sustained UHC, capacity-building in terms of human resources and systems is indispensable. Since 2015, development policy loans (i.e., yen loans for health programs) have been extended to several countries,¹⁴ and moving forward, it is necessary to undertake further regular dialogues on coordinated assistance that draws on analyses of national economic prospects and financing challenges in the recipient countries and that involves the partner country government, multilateral donors, and other bilateral aid agencies. In LMICs, it is often found that there is insufficient capacity on the part of healthcare facilities, communities, local governments, and other parties to implement plans that have been mapped out. Japan's technical cooperation assistance at the local government and community levels has been one of its strengths.¹⁵ It is important to show Japan's unique way of providing aid by leveraging development policy loans to further expand the model of collaboration through policy dialogue with the central governments (health and finance ministries) of partner countries and combining that with a further strengthening of technical and financial cooperation for the implementation of policy on the frontlines, near the beneficiaries of that aid.

In addition, in order to achieve UHC, it is essential that progress be made on primary health care (PHC), which contributes to better access to basic healthcare services for vulnerable populations. Assistance is currently being provided as well that is explicitly focused on the strengthening of services provided in regional and remote areas.¹⁶ It is important that Japan

14. This is a mechanism of granting loan aid once donor and recipient countries agree through bilateral policy dialogues on policy actions to be undertaken (e.g., establishment of standards for certifying medical facilities or introduction of a computer system for clerical work of a health insurance system) concerning the enhancement of capability to provide healthcare services, and of health finance and medical security systems, which are necessary to achieve UHC, and once such policy actions are executed. This mechanism has already been or is being implemented in such countries as Kenya and Senegal, and its execution is under consideration elsewhere. Assistance provided in the health policy sector in 2017, when development policy loans were granted, accounted for 30 percent of development assistance for health, constituting the largest proportion among all fields.

15. In the Philippines, for example, establishment of a universal health insurance system and enhancement of public healthcare services in regional areas are listed as priority policy issues for the achievement of UHC. JICA has carried out technical cooperation to support local governments, branches of the Philippine Health Insurance Corporation, and health volunteers so that all expectant/nursing mothers and infants may receive health insurance and expectant women may give birth safely with the help of medical professionals in the country's rural areas, where many poor people live.

16. For instance, under its national policy, Ghana sends health workers to places where help is needed and they conduct community health service activities, such as outreach activities and community

be increasingly inclusive—both in terms of the scope of those assisted and the content of the aid—by strengthening dialogues and exchanges with civil society at home and abroad during the process of strategic and project development, by enhancing collaboration with civil society groups and networks that contribute to the empowerment of vulnerable populations, and by increasing the use of and support for local resources, including NGOs. In particular, given that Japanese NGOs that are engaged in projects at the grassroots level have an advantage in carrying out programs for the capacity-building of local communities, NGOs, local governments, and so on, Japan must design its ODA in a way that makes optimal use of the strengths of these types of NGOs.

Achieving UHC also requires that the social, economic, and environmental determinants of health be addressed (UN 2019). Multisectoral coordination on nutrition-improvement projects is underway in relevant countries, which has produced good examples of the health sector working closely with agricultural and water and sanitation projects.¹⁷ However, most projects to date for improving disease control and health services have been carried out within the health sector, and there are still just a limited number of cross-sectoral projects. One reason for that is that the partner agencies involved in intergovernmental cooperation projects are usually the ministries responsible for a particular field, and coordination among different ministries is often not incorporated into the project design. Another challenge is the ability to explicitly identify and broadly publicize the positive health impacts of work in the road infrastructure and water/sewage sectors.

As it pushes to help “build resilient health systems,” Japan has supported the ability of countries in Asia and Africa to prepare for and respond to health crises through such measures as capacity-building for infectious disease laboratories (JICA 2020).¹⁸ At the same time, however, the COVID-19 pandemic has made it clear that during a health crisis, there are limits to continuing technical assistance and training programs when those programs are premised on the ability of people to travel. There is also room for improvement in terms of information-sharing and cooperation among Japan’s ministries and agencies so they can contribute to deliberations on measures for individual countries.

education. JICA is backing up the implementation of regional health policies from multiple perspectives in Ghana through a series of technical cooperation projects and the dispatch of Japan Overseas Cooperation Volunteers.

17. In the province of Niassa in northern Mozambique, JICA has been pushing ahead with projects in the health and agricultural sectors at the same time as a project to ensure the stable supply of safe water, thus promoting comprehensive activities aimed at improving nutrition. In Rwanda, moreover, JICA has been assisting with measures for nutrition improvement, such as priority policies and plans, and nutrition-related projects in the agricultural sector, through policy dialogue and financial aid (¥10 billion) based on the country’s “Sector Policy Loan for Nutrition Improvement through Agriculture Transformation” extended by Japan, thereby contributing to forging an environment where local children find it easy to eat nutritious food.
18. These labs include the National Institute of Hygiene & Epidemiology (NIHE) of Vietnam; Research Institute for Tropical Medicine (RITM) of the Philippines; Noguchi Memorial Institute for Medical Research of Ghana; Kenya Medical Research Institute (KEMRI); School of Veterinary, University of Zambia (UNZA-SVM); University Teaching Hospital–Virology Laboratory (UTH-VL); National Institute of Biomedical Research (INRB), Democratic Republic of Congo; Nigeria Center for Disease Control (NCDC); etc.

Japan has a considerable number of patients with infectious diseases in general, but their proportion of the total population is low. As a result, human resources are concentrated in other fields and the scale of the budget for infectious disease research is relatively low as well (Study Group 2016). In 2012, the Japan-based Global Health Innovative Technology Fund (GHIT Fund)¹⁹ was established, supporting technological development in Japan for malaria, tuberculosis, and neglected tropical diseases, the treatment of which is in great need in LMICs. It is also promoting international collaborative studies by research institutes in Japan as well as in LMICs through the Science and Technology Research Partnership for Sustainable Development (SATREPS).²⁰ However, support for strengthening the R&D capacity of research institutes in LMICs, particularly for research involving clinical trials, remains insufficient.

(2) Multilateral assistance

More than 50 percent of Japan's development assistance for health goes through multilateral aid agencies. (In 2018, 43.2 percent of the multilateral assistance for health was channeled via the Global Fund to Fight AIDS, Tuberculosis and Malaria; 28.8 percent via World Bank; 8.6 percent via WHO; and 5.8 percent via UNICEF.) As for the fields of support covered by such ODA, sexually transmitted infections (including HIV/AIDS) and malaria, which are the fields supported by the Global Fund, account for much of the budget (17.96 percent and 17.77 percent respectively in 2018), followed by health policy and infectious diseases other than malaria, tuberculosis, and sexually transmitted diseases (13.49 percent and 12.18 percent respectively in 2018). Japan ranks fifth in cumulative contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria, following the United States, France, the United Kingdom, and Germany (JCIE 2020). Japan holds a seat on the Global Fund Board, and Japanese nationals are represented among the fund's senior officials of major departments and committees, including the Technical Evaluation Reference Group. Given that the establishment of the Global Fund was an outgrowth of discussions held at the Kyushu-Okinawa G8 Summit held in 2000, Japan has continued to show its commitments as the fund's "founder" ever since its establishment. Japan is the second largest contributor to the World Bank after the United States (MOFA 2018) and has a measure of influence on the Board of Directors as one of the five largest financial contributors. Japan is the fourth largest fund contributor to the WHO after the United States, the United Kingdom, and Germany (MOFA 2018). It has been selected as an Executive Board Member State, eligible to designate a Japanese expert to serve on the board, 13 times since joining the WHO, and Japanese nationals have been named the Director-General once and the Regional Director

19. A Japan-initiated international public- and private-sector fund for the promotion of the development of therapeutics, vaccines, and diagnostic for malaria, tuberculosis, and neglected tropical diseases.

20. SATREPS (Science and Technology Research Partnership for Sustainable Development) is a program covering global issues of particular concern to low- and middle-income countries. It is intended to promote international joint research in cooperation with Japan's ODA program under the support of the Ministry of Education, Culture, Sports, Science and Technology, and MOFA. Previously, SATREPS was promoted by JICA and Japan Science & Technology Agency (JST). Following the establishment of the Japan Agency for Medical Research & Development (AMED) on April 1, 2015, research in the infectious disease segment of the program has been transferred from JST to AMED. Clinical tests are excluded from SATREPS.

of the Regional Office for the Western Pacific (WPRO) three times. Japan's contributions to UNICEF have ranked between seventh and ninth (MOFA 2018), and it has long been a member of the Executive Board. Looking at other international organizations, there was a substantial change in this year's contribution to Gavi. The total contribution to Gavi in the previous funding cycle (2016–2020) was US\$95 million, but about US\$300 million has been pledged for the current cycle (2021–2025) with a view to fighting the COVID-19 pandemic and establishing a vaccine supply system, among other purposes (Gavi 2020). Since last year, Japan has dispatched an alternate director for a board seat it shares with the United States, Australia, and South Korea.

As described above, Japan has been actively engaged in decision-making through the boards of the international organizations where it ranks in the top echelon in terms of contributions. But because Japanese directors are frequently rotated out to new posts,²¹ it is difficult for them to build rapport with other board members or senior officials of those organizations, making it hard for Japan to substantively contribute to discussions. At home, there is also considerable room for Japan to transcend the stove-piped interests of ministries and agencies in order to strengthen systems for developing cross-cutting strategies, while also finding ways to involve experts working on the frontlines in policy deliberations.

(3) Coordinating bilateral and multilateral ODA at the country level

While Japan has promoted the harmonization of bilateral and multilateral assistance through such schemes as its Grant Aid through International Organizations, not enough has been done to ensure sufficient coordination in the field. Japanese bilateral assistance does a good job of training healthcare workers and health-related policy experts, helping partner countries strengthen health systems and institutions to make them more independent and sustainable. Taking advantage of that strength, Japan should consider providing bilateral assistance that leverages assistance from the international organizations that are large-scale funders in the partner country, or that aims to broaden and deepen the impact of bilateral assistance.

International organizations have gradually made greater use of Japanese technologies (e.g., pharmaceuticals, medical devices, and other technologies), partly thanks to the efforts of Japanese companies,²² but the government system for identifying applications for technologies already developed by Japanese companies is insufficient, and even if a technology is identified, companies often lack the know-how regarding how it can be utilized in LMICs, or they are wary about undertaking marketing campaigns in those countries. With regard to pharmaceuticals in particular, Japan needs to deepen partnerships with international organizations as part of a strategy of streamlining the entire process from the search for compounds through to improved access to the final products.

21. In the case of the Global Fund to Fight AIDS, Tuberculosis and Malaria, Japan is represented by its 17th director in 2020—the 18th year since the Fund was created.

22. To promote the use of Japanese technologies and the procurement of products by international organizations, the government is assisting organizations working to spread the use of pharmaceuticals, etc. (such as Unitaids and the Global Fund) and leveraging their partnership with Japanese companies; it is also holding seminars encouraging company-targeting procurements by international organizations, thus boosting interest on the corporate side.

Evaluation initiatives

Given growing public awareness of the importance of accountability for ODA, initiatives to assess ODA have been strengthened (MOFA Economic Cooperation Bureau 2005). Efforts have been made to improve the dissemination of information on ODA-funded projects, including through the establishment in October 2010 of a MOFA-JICA website intended to “visualize ODA.” But the mainstream of ODA evaluation is project evaluation, and evaluations focused on specific issues and themes are not regularly conducted.

The results of Japanese bilateral and multilateral assistance in the health sector are published annually by the OECD based on data compiled by MOFA. Also, in 2018, the Institute for Global Health Policy Research at the Bureau of International Health Cooperation of the National Center for Global Health and Medicine (NCGM) was commissioned by the Bill & Melinda Gates Foundation to set up a data platform dubbed the “Japan Tracker,” which visualizes the flow of financial resources for international cooperation in the health sector, although it is unclear how long this initiative will be continued.

For the effective use of ODA, in addition to having a clear grasp of its performance, Japan must evaluate the impact of the sector as a whole, combining both bilateral and multilateral assistance, and allocate its budget based on that as well as on domestic policy priorities.

Issues associated with human and intellectual resources

In September 2017, the Human Resource Strategy Center for Global Health (HRC-GH) was established within the NCGM in response to a proposal on the Vision for the Development of Human Resources for Global Health Policy calling on Japan to establish a culture that promotes job rotation among sectors through industry-academia-government partnership. The HRC-GH encourages the posting of Japanese global health professionals in UN organizations, and while it has had some success in the placement of young professionals,²³ the impact of its strategic support of such postings for senior-level professionals remains limited. Jobs that are grade P5 or higher are decreasing at UN organizations due to financial constraints and other factors, and priority has been given to consultants, locally hired staff, and internal promotions. Moreover, the COVID-19 pandemic has left the financial prospects of such organizations uncertain, and coupled with the fact that new recruitment itself has been on the decline, it is expected it will become increasingly difficult to post Japanese personnel to these organizations. Therefore, Japan needs to take the perspective that it will strategically identify positions to which it wants to have Japanese professionals posted in the future, and then develop potential executive candidates over the medium to long term.

And despite a common recognition that greater diversity is required among global health personnel in terms of areas of specialization and job experience (Nakatani et al. 2020), 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,

23. In FY2019, Japan had 18 professionals newly employed, promoted, or appointed as expert panel members.

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 nurture different types of experts, or to facilitate collaboration with academic experts. Reflecting this, although there are some Japanese staff—while few in number—in UN agencies due to the presence of a system under which a certain number of people are to be employed from each member country, including Japan (as a large financial contributor), there are very few Japanese nationals working actively in organizations that operate as public-private partnerships, which are likely to play a growing role in the future. As Japan considers its human resource development strategy, in addition to setting quantitative targets for personnel to be posted in international organizations—including not only UN agencies but public-private partnership organizations as well—it must consider measures for improving the qualifications of such personnel as well.

One of the factors that make Japanese nationals reluctant to work in international organizations is that the status of employment is unstable, with the positions being either fixed-term or short-term in principle, which does not provide a great deal of incentive for people (particularly healthcare professionals) to leave Japan—fundamentally “a seller’s market”—to acquire skills. Furthermore, mid-career workers usually choose not to actively pursue these types of positions because of such concerns as their spouse’s employment, children’s education, and nursing care for family members, and so on. However, domestic positions intended for young people are increasingly leaning toward short-term, contract-based employment, making it easier for them to accept work for international organizations. Yet, many people still hesitate to take the first step toward international working experience. Therefore, Japan must be aware that there are subtle differences in the barriers facing different generations and consider putting together comprehensive support, including improvements to the domestic system and discussions on work-style reform. The circulation of human resources between domestic and overseas positions can also be expected to help strengthen Japanese organizations working in the global health field.

In the field of development assistance in Japan, the goal is often to “make use of Japanese knowledge.” In fact, Japan has a great deal of knowledge that can be applied to development assistance for health, including its experience in achieving universal health coverage and a wide array of measures taken as one of the world’s leaders in terms of population aging. But Japan has yet to develop systems and personnel capable of relativizing its experiences, exploring the possibility of applying them to the situations of other countries, and thereby sharing them globally. Japan needs to promote efforts to undertake studies and recommendations in international contexts regarding knowledge of policies and practice, participate in international policy evaluation and policymaking frameworks, hone practical studies and policy theories, evaluate domestic systems based on the international context, and then apply that to future overseas assistance.

3. Action Plans: Examples of Potential Actions

Below is a summary of some of the diverse opinions expressed in the course of developing these recommendations, organized in line with the overall recommendations. These do not necessarily represent the consensus of committee members, but rather are proposed measures that may be a useful reference in carrying out the recommendations.

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

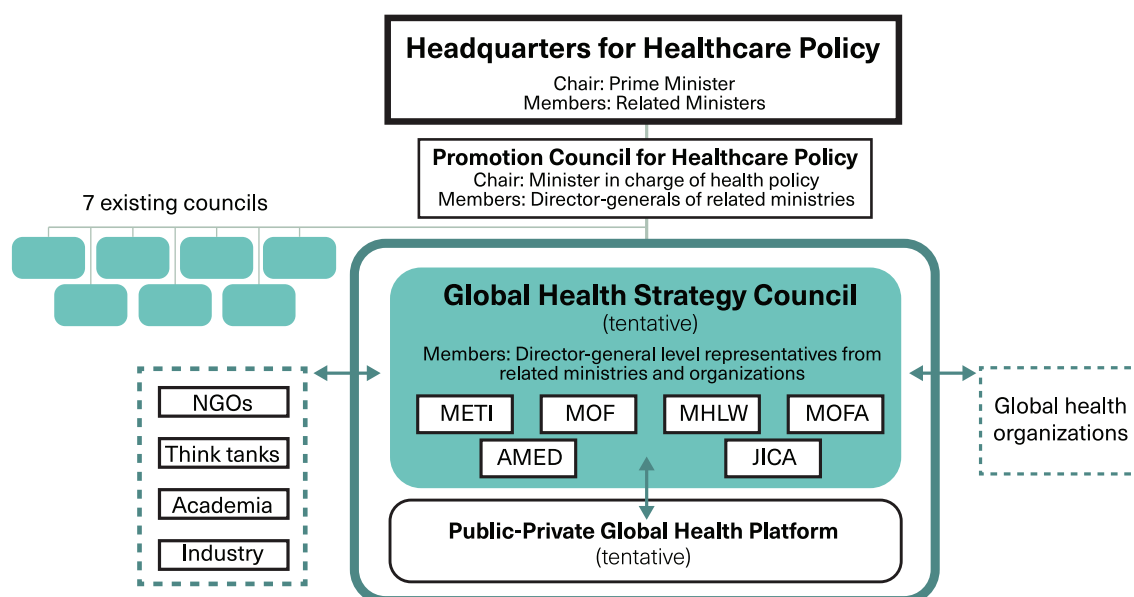
Short-term: Clearly delineate a “control tower” for strategic decision-making on the allocation of ODA and construct a “control tower” to coordinate global health policy as a whole (see fig. 1).

REVISE THE BASIC DESIGN FOR PEACE AND HEALTH AND CLARIFY THE INSTITUTIONAL FRAMEWORK FOR DESIGNING AND IMPLEMENTING JAPAN’S DOMESTIC AND GLOBAL HEALTH STRATEGIES Clarify the system for developing and implementing strategies on overall domestic and foreign policy related to healthcare, and based on that, revise the “Basic Design for Peace and Health.” [Diet members, relevant ministries/agencies]

ESTABLISH A “GLOBAL HEALTH STRATEGY COUNCIL” (TENTATIVE NAME) Under the “control tower” for global health, create a “Global Health Strategy Council” (tentative name) comprised of director-general-level personnel from MOFA, the Ministry of Health, Labour and Welfare (MHLW), the Ministry of Finance (MOF), the Ministry of Economy, Trade & Industry, JICA, and the Japan Agency for Medical Research & Development (AMED). The purpose of this office is to work across ministries and agencies to share the overall picture of Japan’s global health projects and to promote the formulation and implementation of a strategy for global health, including ODA. An executive director should be appointed for an extended period of time (i.e., longer than the usual term for government posts) who is a talented person with sufficient knowledge, experience, capability, and networks in the field, going beyond the government agencies or public-private organizations, such as a person who has served in an executive position in an international organization. [Diet members, relevant ministries/agencies]

CREATE A PUBLIC-PRIVATE PLATFORM TO INFORM THE “GLOBAL HEALTH STRATEGY COUNCIL” Organize a “Public-Private Global Health Platform” (tentative name) that reports up to the council and is comprised of representatives from academia, NGOs, industry (including the pharmaceutical and medical equipment sectors), etc., in order to obtain the broad array of knowledge and viewpoints required to map out strategies. [Diet members, relevant ministries/agencies]

Figure 4. Control tower for global health (draft)



ESTABLISH A STRONG SECRETARIAT STRUCTURE FOR THE “CONTROL TOWER” WITH THE ABILITY TO PROVIDE TECHNICAL ADVICE AND DRAW UPON OUTSIDE EXPERTISE

Select an individual to serve as a technical advisor to the proposed “Global Health Strategy Council” who has expertise and practical experience in global health, such as someone with experience working for an international organization or as an advisor to the health ministry of an LMIC, and who also has experience in negotiations in international arenas and a strong professional network. In addition, there should be a technical assistant post in the council secretariat as well. That assistant should be a mid-career person with expertise and practical experience in global health, such as a former international organization employee or former leader of a global health–related ODA project in an LMIC, and should be well versed in the international discourse in the field. The proposed technical adviser and assistant should provide the following types of services to the council and secretariat: utilize their international networks to gather and summarize major health-related evidence, provide support and advice for external communications and negotiations, control traffic related to the use of domestic knowledge and networks (e.g., determine the applicability of international trends), etc. Also, the secretariat should be staffed with experts—such as specialists well versed in the assessment of global health indicators, management consultants knowledgeable about strategy formulation, etc.—thereby creating a strong secretariat system. Moreover, the secretariat should collaborate with external intellectual resources (academia, think tanks, and NGOs) and convene specialized working groups as needed in each major field, such as health systems, infectious diseases, preventive healthcare, nutrition, healthcare economy/finance, and so on. For example, it can utilize MOUs with relevant academic societies and universities that have related departments, or the NGO consultant system, etc. [Diet members, relevant ministries/agencies, academia, NGOs]

STRENGTHEN THE “RIGHT PERSON IN THE RIGHT PLACE” SYSTEM FOR ASSIGNING SPECIALISTS TO GOVERNMENT POSTS IN JAPAN AND OVERSEAS DEALING WITH GLOBAL HEALTH Personnel (including “multilateral-bilateral health partnership advisors,” described below) should be posted in places deemed priority countries under the “Five-Year Global Health Strategy” (mentioned below) in a right-person-in-the-right-place manner, thus boosting their authority and mobility. In that event, given the limited number of global health specialists available, consideration should be given to dispatching experts in charge of a particular region. [Relevant ministries/agencies, JICA]

2) Set new targets for contributions to global health

Short-term: Map out a “Five-Year Global Health Strategy” and build a foundation for mobilizing private-sector resources

ESTABLISH A “FIVE-YEAR GLOBAL HEALTH STRATEGY” The proposed “Global Health Strategy Council” should adopt a “selection and concentration” strategy regarding the fields, countries/regions, international organizations, etc., into which ODA and non-ODA resources should be invested; discuss targets for global health contributions to be achieved in the next five years based on an analysis of funding demands and other factors in priority countries; and then draw up a plan to provide the personnel (including human resource development) and funding needed to achieve that. The planning and execution of this strategy should involve the participation of MOFA’s International Cooperation Bureau, JICA’s Operations Strategy Department and regional departments, and other departments overseeing the partner country as a whole, and their opinions should be appropriately reflected in the bilateral development assistance policies for the priority countries. [Diet members, relevant ministries/agencies, JICA, NCGM, AMED, NGOs, industry, academia, think tanks, etc.]

PROVIDE SUPPORT FOR HEALTH FINANCING AND THE ACHIEVEMENT OF UHC IN DEVELOPING COUNTRIES IMPACTED BY COVID-19 In parallel with the formulation of the “Five-Year Global Health Strategy” noted above, countries should be selected as soon as possible that, based on their needs and the state of their domestic finances/debt burdens, should receive support to strengthen “UHC financing”—the importance of which was reaffirmed at the G20 Summit meeting held in November 2020—and dialogues should be carried out together with the World Bank, WHO, Asian Development Bank (ADB), etc., to create programs centered on yen loans. In granting yen loans, the possibility of using matching loans to mobilize domestic funding should be explored. [Relevant ministries/agencies, JICA]

MANAGE ROLLING PLANS FOR INDIVIDUAL PARTNER COUNTRIES FROM A SECTOR-BASED PERSPECTIVE Looking about five years ahead, a sector-specific perspective to project development plans (rolling plans) should be added for each country and the allocation of resources for healthcare in priority partner countries should be

managed on the basis of the “Five-Year Global Health Strategy.” [Relevant ministries/agencies, JICA, etc.]

CREATE A STRONG BASE FOR MOBILIZING PRIVATE-SECTOR RESOURCES FOR GLOBAL HEALTH In order to set targets for mobilizing private-sector resources for global health, the target-setting baseline should be clarified, private-sector needs should be identified, and investment risk should be assessed. Also, keeping in mind that, in addition to ODA, there are currently many public-sector funds being set up to supply risk capital to the private sector both at home and abroad, private-sector engagement in global health should be encouraged.

- ***Understand private-sector funding trends*** At the OECD DAC, propose a means of measuring private-sector contributions sector by sector—including for the health sector—and identify private-sector funding flows in the health sector either by including health-related companies and organizations in the coverage of the annual OECD survey of the flow of funding to low-income countries, or by working cooperatively with organizations such as GBCHealth. [Relevant ministries/agencies, academia]
- ***Understand private-sector needs*** Identify private-sector needs in the global health sector more independently, and then identify areas where the involvement of private business should be supported through ODA. [JICA, JETRO, industry]
- ***Establish guidance function*** Expand partnerships among relevant organizations to help support actual project development by private businesses in the global health sector (overseas pilot projects, direct investments/sales, social business, strategic social contribution projects), and consider launching a program to provide guidance at the national level. Distinguish between what should be assisted through matching partnerships (i.e., with international organizations, various global health initiatives, local companies, local NGOs, etc.), through ODA, or through or public-private funding, and what should be developed by companies on their own, and thereby connect projects to the necessary resources. (An investment example might be to assign a person with expertise in the healthcare sector to JETRO’s Global Acceleration Hub.) [Relevant ministries/agencies, JICA, JETRO]
- ***Understand and reduce investment risk in the health sector*** Improve the investment environment for private businesses by identifying regulations and systems that pose risks and encourage their reforms. Also, encourage the private sector to actively use funding from the Japan Bank for International Cooperation (JBIC), public-private funds, and JICA’s overseas loan and investment scheme in the health sector, as part of measures to reduce financial risk (blended finance combining grants, share purchases, investments in preferred stocks and subordinated debt,

providing subordinated loans, lending at below-market interest rates, etc.). [Relevant ministries/agencies, JBIC, JICA, academia]

Medium-term: Execute the “Five-Year Global Health Strategy” and ensure its impact is visible

STRENGTHEN HEALTH FINANCING SYSTEMS BY HELPING PARTNER COUNTRIES PROMOTE COLLABORATION BETWEEN FINANCE AND HEALTH AUTHORITIES In promoting the “Five-Year Global Health Strategy” at the national level, Japan needs to strengthen support for the health policy sector, including assistance for health financing. To that end, Japan should consider, when so requested by a partner country, sending a health policy advisor to their health ministry, but also a finance advisor (focusing on public expenditure management, etc.) to the finance ministry, thus indirectly assisting closer partnership between both ministries and improved sustainability of health financing. [Relevant ministries/agencies, JICA, academia]

ESTABLISH A SYSTEM FOR PERIODIC MONITORING AND EVALUATION OF GLOBAL HEALTH ODA Set up a third-party committee for evaluating and verifying progress in the “Five-Year Global Health Strategy” and a “Five-Year Plan for the Development of Global Health Professionals” (see below) and then make course adjustments as necessary at the “Global Health Strategy Council.” [Relevant ministries/agencies, academia, think tanks, NGOs, etc.]

MEASURE AND PUBLICLY DISCLOSE THE RETURN ON INVESTMENT FOR GLOBAL HEALTH ODA Based on the five-year strategic baseline, measure the impact of bilateral assistance (participating in the government’s initiative for annual evaluation) jointly with multilateral aid, measure national-level investment effects (system strengthening and health improvements in partner countries), and the effects of investments on global health as a whole through multilateral aid, and publish the results at home and abroad in an easy-to-understand manner. [JICA, NCGM, NGOs, academia]

3) Pursue strategic selection and concentration

Short-term: Strengthen the foundation for strategic selection and concentration

STRENGTHEN ANALYSIS OF ODA FOR GLOBAL HEALTH Gain a clearer overall picture of the funds allocated to the global health sector according to countries/regions and health fields (resource mapping) in cooperation with Japan Tracker, and work to share that information with ministries/agencies and relevant organizations. [Relevant ministries/agencies, JICA, AMED, academia, etc.]

RESTRUCTURE THE EVALUATION OF INTERNATIONAL ORGANIZATIONS TO PROMOTE EVIDENCE-BASED, STRATEGIC CONTRIBUTIONS TO THEIR WORK Restructure the Evaluation of International Organizations carried out by MOFA and

regularly conduct a comprehensive evaluation (in the form of a questionnaire seeking replies from each organization) of international organizations related to the health field (at present, WHO, UNAIDS, Global Fund, Gavi, Stop TB Partnership, Unitaid, and GFF). The evaluation should use common indicators such as consistency with Japan's global health strategy and organizational strength (performance, transparency, etc.), and the results should be viewed as evidence when considering ODA disbursement strategy and the priority international organizations. [Relevant ministries/agencies; the opinions of NGOs and other experts should be sought in formulating indicators]

PROMOTE INTERNATIONAL POLICY RESEARCH AND DIALOGUE ON GLOBAL HEALTH In order for Japan to take the lead in the international debate on issues that are growing in priority (e.g., health issues associated with aging populations, health system resiliency to health emergencies, preventive medicine, noncommunicable diseases, cross-sectoral health promotion and disease prevention, data-driven healthcare, improvement of legal systems in the healthcare sector, value-based care, etc.), promote international policy research and dialogues in partnership with international organizations, WHO collaborating centers (WHOCCs), and NGOs, think tanks, and academic institutions at home and abroad. In doing so, seek to develop human resources capable of actively taking part in the process of international policy formation and policy dialogues by encouraging the participation of mid-career and younger people from organizations involved in the formulation and execution of ODA strategy. [Relevant ministries/agencies, JICA, NCGM, academia, NGOs, think tanks, etc.]

STRENGTHEN SYSTEMS FOR MUTUAL LEARNING IN WHICH JAPANESE KNOWLEDGE CAN BE SHARED AS AN INTERNATIONAL PUBLIC GOOD While strengthening the support system for academic work in the spheres of global health and policy research (e.g., research grants, data provision, relaxation of qualifications for participating in the Japanese delegation to various UN forums and international conferences), identify how the body of knowledge in Japan can inform policy-oriented research at the global level, and encourage researchers to publish the findings of such analyses in major international journals. In terms of compiling health data, consider going beyond just conventional "national medical expenditures" to include estimates of disease prevention and health promotion expenses in order to compile data that sheds light on funding allocations in the area of PHC. Also, using the WHOCCs in Japan as a bridge, link the WHO to domestic local governments, companies, and organizations, which so far have had little involvement in global health, in order to explore the possibility of communicating Japan's beneficial knowledge to the rest of the world. [Relevant ministries/agencies, academia, think tanks, WHOCCs, local governments, industry, etc.]

Reference: Proposed direction for ODA projects

Short-term: Expand support to strengthen systems at the global and national levels capable of responding to COVID-19 and future infectious diseases

LEAD INTERNATIONAL COOPERATION ON THE COVID-19 PANDEMIC Keeping in mind the need for an integrated process from health technology R&D through to the ensuring of access to technologies contributing to global health, the immediate challenges that need to be tackled include close coordination between ODA and non-ODA funding; promoting the development of COVID-19 pharmaceuticals, vaccines, and diagnostics (CEPI, AMED, etc.); and increasing investments in international frameworks working to ensure equitable access to COVID-19 therapeutics, vaccines, and testing (ACT Accelerator, C-TAP, etc.). Then, Japan should utilize bilateral-multilateral collaboration to help LMICs establish systems to deliver these technologies without fail to the people who need them. Drawing on networks with the LMIC governments, infectious disease research centers, major medical facilities, and so on, Japan should conduct international joint studies (including epidemiologic research) on infection, treatment, etc., from a public health perspective and share its experiences and technologies globally, thereby playing a leading role in international cooperative efforts to adapt to a world in which COVID-19 is an endemic disease. [Relevant ministries/agencies, JICA, AMED, academia]

ENHANCE LMICS' EFFORTS TO BUILD UP SUSTAINABLE CAPACITY TO RESPOND TO EMERGING INFECTIOUS DISEASES Japan should ensure that cooperation does not end up being short-lived and sporadic by helping LMICs to build up independent and sustainable disease response capabilities that involve local-level cooperation between the medical and public health sectors. To give a specific example, Japan should help strengthen PHC-based health systems that carry out and support local-level health initiatives intended to improve health literacy in a manner that enables individuals to take the appropriate actions for disease prevention and health promotion, and that provide the most fundamental preventive and treatment services. Japan should actively consider providing co-funding and parallel support in the field of maternal, newborn, and child health and nutrition as a GFF donor and Investors Group member. It should further strengthen the capabilities and networks of infectious disease research centers; establish systems that allow epidemic outbreaks to be caught swiftly and enable genomic and epidemiologic data to be accumulated and shared globally; and improve testing and quarantine systems to allow the resumption of cross-border movements of people and of economic activities. Japanese ODA should improve medical facilities and train healthcare specialists in LMICs to enable treatment of serious cases in these countries as well. [Relevant ministries/agencies, JICA, NCGM, NGOs, academia]

USE YEN LOANS TO EXPAND "HEALTH POLICY FUNDING" SUPPORT FOR GLOBAL HEALTH While Japan provides financial support in the short term to ease the economic impact of COVID-19, it should actively consider providing health policy

support from a medium- to long-term perspective that looks beyond simply addressing COVID-19 by combining yen loans (including joint funding with development finance institutions such as the World Bank and Asian Development Bank) with technical assistance (including by remote means), taking partner countries' debt situations into account, in order to build resilient health systems. In so doing, Japan should try to gain the understanding of local NGOs as much as possible. Also, when there is a request from a partner country for help to improve healthcare infrastructure, Japan should provide necessary and reasonable support from a medium- to long-term perspective, taking account of the position and role of relevant medical facilities within the health system as a whole, employment and strengthening of healthcare personnel, financial sustainability, etc. [Relevant ministries/agencies, JICA, NGOs, academia]

PROVIDE ASSISTANCE TO PREVENT A SECONDARY HEALTH CRISIS Japan should provide support to ensure steady access to essential healthcare services, including through partnership with international organizations and NGOs at home and abroad. [Relevant ministries/agencies, JICA, NGOs, etc.]

STRENGTHEN JAPAN'S CAPACITY TO SUPPORT PANDEMIC RESPONSES IN LMICS In preparation for new infectious diseases that may emerge, Japan should strengthen the systems that enable joint development with other Asian countries of therapeutics, vaccines, testing equipment, etc. (including through joint clinical trials), building on the networks that have been cultivated with the governments of developing countries, infectious disease research centers, major medical facilities, etc. In addition, steps should be taken during "peacetime" to improve Japan's human contributions and prepare for the dispatch of medical personnel for humanitarian assistance by building a network encompassing a broad array of talented individuals from the public and private sectors—including medical officers from the Defense Ministry and Japanese staff of international organizations who have frontline experience with humanitarian assistance in international emergencies—as well as by strengthening human resource development and training. Accordingly, Japan should review existing frameworks such as the program for developing infectious disease emergency specialists (IDES) and the Field Epidemiology Training Program (FETP) at the National Institute of Infectious Diseases. [Relevant ministries/agencies, AMED, JICA, NCGM, academia, industry]

Medium-term: Expand support for the establishment of sustainable "resilient & inclusive health systems" and for the expansion of PHC intended to promote improvement in access by vulnerable people to basic healthcare services.

STRENGTHEN ASSISTANCE FOR HEALTH POLICYMAKING, INCLUDING FOR HEALTH FINANCING REFORM Work in partnership with the World Bank and other international development finance institutions to push for health financing reform based on the partner countries' economic, financial, and debt situations, and on an analysis of relations between central and local governments, thereby promoting greater mobilization of

domestic funding for healthcare and more efficient use of public expenditures. Japan should encourage dialogue and cooperation between international organizations supporting health financing reform so that this support is carried out in a sustained manner and in a way that invites local ownership by partner countries. [Relevant ministries/agencies, JICA, NCGM, academia]

SUPPORT INITIATIVES ON REDUCING HEALTH-RELATED RISK FACTORS Stress the importance of providing health-related services—including evidence-based disease prevention activities and nutrition—in achieving sustained UHC; work together with the WHO, World Bank, and others to continuously monitor trends in health-related risk factors in each country; and strengthen the capacity to reflect those trends in policies. [Relevant ministries/agencies, JICA, NGOs, academia, industry]

STRENGTHEN EFFORTS TO ADDRESS SOCIAL, ECONOMIC, AND ENVIRONMENTAL DETERMINANTS OF HEALTH Focusing on the root causes of vulnerability, facilitate public-private efforts on health promotion through an integrated approach, partnering with actors in multiple sectors such as social welfare, water and sanitation, climate change, social infrastructure, and agriculture. In particular, Japan should explicitly measure the health improvement impact of projects in the water and sewage field, where Japanese ODA is strong, and publicly communicate those effects. [Relevant ministries/agencies, JICA, NGOs, industry, academia]

EXPAND SUPPORT FOR COMMUNITY HEALTH SYSTEM STRENGTHENING Promote the achievement of UHC based on a strong foundation of PHC by increasing support to institutions and organizations in partner countries to strengthen health financing, especially so that countries preparing to graduate from receiving ODA can improve their capacity to expand health services on their own. Japan should also provide technical assistance to reinforce community health systems, including by providing assistance through local NGOs. [Relevant ministries/agencies, JICA, NCGM, NGOs, academia]

EXPAND INVESTMENT IN HEALTH INFRASTRUCTURE THAT CONTRIBUTES TO STRENGTHENING PHC SYSTEMS Japan should expand its investment in health infrastructure that contributes to stronger systems for the provision of medical services at the community level, and in other infrastructure that has significant health impacts. [Relevant ministries/agencies, JICA, industry, NGOs]

4) Create synergy through improved alignment of bilateral and multilateral ODA

Short-term: Create systems to enhance strategic synergy between bilateral and multilateral assistance

CREATE A “GLOBAL HEALTH AMBASSADOR” POSITION In order to boost Japan’s contribution to the governance system of international organizations, consider creating a position for a “global health ambassador” who will be consistently involved in the governance of major international organizations, irrespective of government ministries’ normal personnel rotations every year or two. Also, the Japanese government should establish a system to support that ambassador within the secretariat of the “Global Health Strategy Council.” The post of ambassador should not be limited to personnel from government ministries/agencies, but rather should be selected from a range of candidates—including those in the private sector—on the basis of their experience, capabilities, etc. [Diet members, relevant ministries/agencies]

INITIATE POLICY CONSULTATIONS AMONG JAPANESE MINISTRY OFFICIALS AND SENIOR OFFICIALS FROM GLOBAL HEALTH ORGANIZATIONS In addition to consultations held by each ministry with its counterpart international organization(s), hold joint policy consultations with members of the proposed “Global Health Strategy Council,” thereby strengthening multilateral partnerships that engage all of the ministries and agencies concerned with health. Moreover, provide opportunities for private sector–led exchanges of opinion that involve representatives of NGOs, academia, and industry as well as relevant ministries/agencies and government-affiliated agencies such as JICA. [Relevant ministries/agencies, JICA, AMED, JCIE, etc.]

CREATE A “MULTILATERAL-BILATERAL HEALTH PARTNERSHIP ADVISOR” POSITION Reinforce the relevant functions of the country-based ODA task forces to improve the partnership between bilateral and multilateral efforts at the country level. The Japanese government should assign global health professionals (“multilateral-bilateral health partnership advisor”) to embassies, etc., as needed, so they will be responsible for overseeing that work. Alternatively, the government should add the role of coordinating bilateral and multilateral assistance to the portfolio of a health ministry advisor or a JICA expert at the country level and take other measures such as strengthening the system of providing headquarters support from home ministries, JICA headquarters, etc., to the country-based ODA task forces. Also, the personnel in charge of promoting multilateral-bilateral partnership should maintain close and frequent communications with the country-level offices of international organizations, NGOs, etc., while also maintaining close coordination with headquarters officials from the ministries and agencies involved in the governance of international organizations or seconded to them. [Diet members, MOFA, JICA]

EXPAND THE INPUT FROM EXPERTS THROUGH ADVISORY COMMITTEES, ETC., TO SUPPORT JAPAN'S ENGAGEMENT IN GLOBAL HEALTH ORGANIZATIONS In addition to improving contributions to the boards of international organizations through the appointment of a “global health ambassador,” the Japanese government should pave the way for academia and industry representatives to participate in advisory committees involved in the formulation of the standards and norms of international organizations, dispatching personnel capable of making contributions to international organizations at various levels. [Relevant ministries/agencies, academia, industry, etc.]

CREATE A MODEL FOR COORDINATION WITH MULTILATERAL ASSISTANCE AT THE COUNTRY LEVEL Create a framework for deeper, mutually beneficial Japanese coordination with multilateral organizations in each partner country that builds on existing, country-level donor coordination mechanisms. This will engage Japan's country-based ODA task forces and the multilateral-bilateral health partnership advisors, as well as locally based JICA health experts and others, and it will aim to develop a “collaboration model” that employs measures such as joint project evaluations carried out by Japan and multilateral organizations to deliver results. [MOFA/embassies, JICA]

Medium-term: Formulate strategy toward each international organization and deploy the “coordination model” at the country level

FORMULATE INVESTMENT STRATEGIES FOR EACH GLOBAL HEALTH ORGANIZATION Set policy targets for each global health organization that Japan supports and draw up individual strategies for each in keeping with the overall strategy for multilateral ODA for health, as stipulated by the “Five-Year Global Health Strategy” as well as cross-ministerial coordination on multilateral ODA through the “Global Health Strategy Council.” These targets and strategies should be reflected in strategic adjustments to ODA contributions. [Relevant ministries/agencies, JICA, academia, NGOs, etc.]

STRENGTHEN CAPACITY TO OFFER EFFECTIVE POLICY INPUT FOR GLOBAL HEALTH ORGANIZATIONS Build a process to facilitate dialogue and partnership between the “global health ambassador” and the secretariat of the “Global Health Strategy Council,” on the one hand, and NGO, academic, and JICA experts who possess knowledge of the issues handled by international organizations on the other; this process should take into account each organization's schedule of strategic planning assessments and pledging/replenishment cycles. [“Global Health Strategy Council” secretariat, NGOs, academia, JICA]

PROMOTE COORDINATION BY THE MULTILATERAL-BILATERAL HEALTH PARTNERSHIP ADVISORS With the support of officials at ministry headquarters who serve as liaisons to each international organization as well as officials at JICA headquarters, the “multilateral-bilateral health partnership advisors” posted at embassies, etc., should support the more effective and efficient achievement of national health targets through the

coordination of bilateral and multilateral ODA, working in cooperation with JICA's country-level health experts and others as well. [MOFA/embassies, JICA]

5) Strengthen partnership with NGOs and other actors in Japan and abroad

Short-term: Apply the knowledge and expertise of Japanese and foreign NGOs when formulating policy and consider ways to expand their participation in ODA projects

EFFECTIVELY INCORPORATE THE KNOWLEDGE AND EXPERTISE OF NGOS IN THE POLICYMAKING PROCESS For the purpose of mainstreaming ODA policy principles—such as the realization of “human security” and women’s empowerment—on which the government and NGOs can agree, carry out joint studies on global health policy and new, emerging issues based on advice and proposals from Japanese and overseas NGOs. These should make use of regular exchanges of opinion between the secretariat of the “Global Health Strategy Council” and Japanese and overseas NGOs with specialized expertise, consultative forums with domestic NGOs (NGO consultative process), and funding for project formulation. [Relevant ministries/agencies, JICA, NGOs]

ORGANIZE A TASK FORCE TO SUPPORT GREATER ENGAGEMENT OF NGOS IN ODA PROJECTS With strong political leadership, organize a task force comprised of members from implementing NGOs, MOFA’s International Cooperation Bureau, JICA, etc., to discuss the positioning of social development issues in ODA strategy and the role of NGOs at home and abroad in that context. Based on those deliberations, an assessment should be undertaken, and recommendations should be developed on concrete ways that NGOs, social entrepreneurs, local governments, etc., can be involved as implementing organizations in project schemes that seek development solutions, as a means to expand the engagement of Japanese and foreign NGOs. [Diet members, NGOs, MOFA, JICA, etc.]

EXPAND SUPPORT FOR LOCAL NGOS Further boost partnerships with local NGOs through the Grant Assistance for Japanese NGO Projects program. At the same time, connections should be built among the “multilateral-bilateral health partnership advisors” posted at embassies, JICA experts, etc., and the networks of health-related NGOs that are already involved with each country’s health ministry. More proactive use should also be made of schemes such as the Grant Assistance for Grassroots Human Security Projects, which supports the activities of local NGOs. In doing this, the Japanese government should consider the possibility of coordinating approaches to align with multilateral support for CSOs as well, for example by providing supplementary funding to NGOs that are receiving assistance from health-related international organizations. Furthermore, steps should be taken to make the proportion of Japanese nationals required in technical assistance projects flexible and to allow the involvement of a higher ratio of local staff and other non-Japanese personnel. [MOFA, JICA, NGOs]

REFLECT THE PERSPECTIVES OF NGOS AND OTHERS STARTING IN THE PROJECT ASSESSMENT AND FORMULATION STAGES Replicate the project formulation studies that were previously conducted under Japan's Global Issues Initiatives (GII) on Population and AIDS to assess new projects in countries identified as priorities under the "Five-Year Global Health Strategy" in an effort to encourage the engagement of NGOs and others. [MOFA, JICA]

Medium-term: Expand social development projects led by NGOs, etc.

EXPAND SCHEMES THAT SUPPORT SOCIAL DEVELOPMENT ACTIVITIES Revisit the maximum amount of funding allowed under the Grant Assistance for Japanese NGO Projects scheme to enable the implementation of projects that are larger in scale. Meanwhile, as part of those projects, have Japanese and foreign NGOs, social entrepreneurs, local governments, etc., work to improve and expand project schemes intended to provide solutions to development challenges. [MOFA, JICA, NGOs]

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

Short-term: Strengthen human resource development and assignment strategies in line with the categorization of global health professionals, based on the experience of the Human Resource Strategy Center for Global Health.

CONDUCT AN EVALUATION OF THE HUMAN RESOURCE STRATEGY CENTER FOR GLOBAL HEALTH (HRC-GH) The HRC-GH was created within NCGM based on the "Report of the Working Group on Human Resource Development in Global Health Policy" that was published in 2016. A third-party review of the center should be carried out and the future direction of its expansion should be considered. [Third-party committee]

IDENTIFY POSTS AND HUMAN RESOURCE NEEDS THAT SHOULD BE PRIORITIZED FOR GLOBAL HEALTH ODA Set posting and personnel priorities to strengthen human resource development, discovery, and postings based both on (1) the fields where global health professionals are needed and (2) the backgrounds of personnel seeking to work in the global health sector. [Relevant ministries/agencies, JICA, NCGM, NGOs, academia, industry]

EXPAND THE ROLE OF THE HRC-GH UNDER THE CONTROL TOWER Place the HRC-GH under the abovementioned control tower so as to permit support for strategic deployment of human resources, including the training and dispatch of global health personnel across relevant ministries/agencies and organizations; expand the center's functions and systems; and enhance cooperation with MOFA's Recruitment Center for International Organizations. Also, the Japanese government should create a system that permits relevant organizations and centers to be involved in the HRC-GH's governance so as to

support the realization of a “revolving door” career path that enables personnel to truly rotate through government, academia, medical institutions, businesses, international organizations, NGOs, think tanks, etc. [Diet members, relevant ministries/agencies, NCGM, NGOs, industry, academia, JICA]

CREATE A “FIVE-YEAR PLAN FOR GLOBAL HEALTH HUMAN RESOURCE DEVELOPMENT” Identify fields that the HRC-GH should emphasize under the “Five-Year Global Health Strategy,” think through specific positions where the posting of Japanese staff should be sought in international organizations, and set targets and action plans accordingly. [Relevant ministries/agencies, NCGM, JICA, industry, NGOs, academia]

ESTABLISH MECHANISMS FOR CULTIVATING TECHNICAL EXPERTISE (EXPERT MEETINGS, EXPERT COMMITTEES, ETC.) In concert with relevant domestic academic associations, establish a systematic staffing system to take advantage of highly specialized opportunities, such as expert advisory commissions, thus strengthening involvement in the formulation of international norms. [Relevant ministries/agencies, academia]

EXPAND OPPORTUNITIES FOR NONGOVERNMENTAL ACTORS TO BE ENGAGED IN POLICY DISCUSSIONS OF GLOBAL HEALTH ORGANIZATIONS Expand the involvement of experts from NGOs, academia, etc., in global health-related policy discussions in order to reduce information gaps between the government and other sectors regarding the policies of international organizations, invigorate cross-sectoral policy discussions, and promote both the development of global health policy professionals and their rotation among different sectors. [Relevant ministries/agencies, NGOs, academia, etc.]

Medium-term: Improve the quality and quantity of global health professionals

INCREASE THE NUMBER OF JAPANESE NATIONALS IN EXECUTIVE POSTS AT MAJOR GLOBAL HEALTH ORGANIZATIONS Once a goal is set of having Japanese nationals serve in executive posts in specific organizations, then Japan should consider establishing a mechanism to provide additional funding to them while at the same time dispatching Japanese personnel to those organizations in a way that creates opportunities for people to develop the experience and expertise needed to work at the highest levels in international organizations. This can include steps such as the creation of a new system for dispatching senior professional officers (SPOs). [Relevant ministries/agencies]

EXPAND SUPPORT FOR PEOPLE STARTING CAREERS IN GLOBAL HEALTH Expand scholarships in fields related to global health within programs assisting overseas study, such as the “Tobitate! (Leap for Tomorrow) Study Abroad Initiative,” and at the same time, increase support for interns working at international organizations in the health sector. The Japanese government should also expand the Junior Professional Officer (JPO)

dispatch scheme, enlarge JICA's Japan Overseas Cooperation Volunteers, etc., and support applications for consultant positions solicited by international organizations, thereby mobilizing public-private partnership to broaden opportunities for young Japanese professionals to pursue careers in the global health sector. [Relevant ministries/agencies, industry, etc.]

STRENGTHEN SYSTEMS FOR IDENTIFYING AND SUPPORTING PROMISING CANDIDATES WITHOUT MEDICAL BACKGROUNDS WHO CAN MAKE MID-CAREER SHIFTS TO THE GLOBAL HEALTH FIELD Consider means of identifying candidates for executive positions at international organizations from among nonmedical personnel with international leadership experience at foreign-owned businesses and elsewhere, and expand support for the acquisition of academic degrees related to global health. [HRC-GH, relevant ministries/agencies, academia]

ESTABLISH A SYSTEM TO SUPPORT MORE FLEXIBLE “REVOLVING DOOR” CAREER PATHS While recognizing that overseas projects undertaken by NGOs are precious occasions for global health-oriented personnel to experience work on the ground, strengthen personnel exchanges among global health-related sections of ministries/agencies/JICA, the private sector and NGOs, and between ministries/agencies/JICA and academia, thus reinforcing (or establishing) frameworks that enable a “revolving door” career path in which people can fully experience policymaking, practical duties, and research. In addition, boost overseas postings by creating a cross-sectoral employment information system concerning positions requiring knowledge of global health, and by introducing opportunities for domestic employment for those returning from overseas assignments, among other means. [Relevant ministries/agencies, NGOs, academia, industry, JICA]

PROVIDE OPPORTUNITIES FOR TRAINING AND EDUCATION FOR GLOBAL HEALTH SPECIALISTS TO RESPOND TO INCREASINGLY DIVERSE NEEDS Provide opportunities not only for ad hoc training and study meetings but also for organized and systematic training and education throughout the year. For example, the Japanese government should expand coaching and mentoring systems by implementing a program similar to the MHLW's Infectious Disease Emergency Specialist (IDES) Training Program in other fields as well, set up a special quota (training quota) to allow trainees to participate throughout the year together with their mentors in board meetings of various international organizations (such as the WHO's World Health Assembly and Executive Board meetings, Global Fund board meetings, etc.) as a form of policy-level on-the-job training, and make it possible for experts other than those in the global health sector to use these options. [Relevant ministries/agencies]

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APPENDIX

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.

Members of the Commission

Alphabetical order

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 Akio Okawara	Nutrition Specialist, Health, Population and Nutrition, World Bank Group President and CEO, Japan Center for International Exchange (JCIE); Director, Executive Committee on Global Health and Human Security
Keiichi Ono Yasuhisa Shiozaki	Director-General for Global Issues, Ministry of Foreign Affairs Member, House of Representatives; Senior Advisor, Executive Committee on Global Health and Human Security [Chair]
Yukio Takasu Keizo Takemi	Special Advisor on Human Security to the UN Secretary-General 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 Atsushi Ueno	Vice President for Human Security and Global Health, JICA 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 Shuhei Nomura	Program Officer, JCIE 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 Ikuo Takizawa	Chief Program Officer, JCIE Senior Deputy Director General and Senior Director, Office for COVID-19 Response, Human Development Department, JICA (see above) [Group Leader]
Makoto Tobe Tomoko Yoshida	Senior Advisor on Health, Human Development Department, JICA 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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