Japan's Role in Global Health
and Human Security

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Why is global health on the global agenda?

- Reflections on the 2000 Okinawa G8 Summit
- Clarification of issues to be tackled
- Recommendations from an experienced policymaker
- Japan’s past experience and progress on health
- Human security and health
- Issues to be discussed for Japan’s future innovative role in global health
Why is global health on the global agenda?

- Poverty/Development and Health : Inseparable relations.
  - Social Determinants of Health
- Increasing interdependence in Health
  - Influenza, HIV ; a matter of security, not limited to health

→ Health as Global Agenda
  - Foreign Policy and global Health
  - Issue on G8 and UN Assembly
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Reflections on the 2000 Okinawa G8 Summit

- **The Okinawa Infectious Disease Initiative**
  - “Selection & concentration” strategy
  - Focusing on HIV/AIDS, malaria, and tuberculosis.

- **It is estimated that global development assistance for health has grown from about US$6 billion in 2000 to US$14 billion in 2005.**
  - L leverage effects of disease-specific assistance to develop new treatments for neglected tropical diseases.
  - Including, to name a few, the Global Alliance for Vaccines and Immunization, the Global Polio Eradication Initiative, the global health activities of the Bill & Melinda Gates Foundation and other private foundations, and various public and private initiatives.

- **However, new challenges continue to emerge...**
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Issues to be tackled

- Social Determinants of health: Inevitable intersectoral cooperation

- Delay in achieving health-related MDGs
  - especially maternal, newborn, and child health (MNCH)
  - especially in Sub-Saharan Africa

- Weak health systems to deliver services
  - Human resource crisis in the health field

- Mushrooming of global health initiatives
  - IHP (International Health Partnership), Global Business Plan for MDGs 4&5, PEPFAR & PMI, International Catalytic Initiative, WHO, World Bank, etc.
  - Complex and overlapping set of activities with weak coordination

- Need to create political momentum and policy space
  - Health systems strengthening through a human security approach
  - Better coordination of global health initiatives to make a difference for people
Concern: fragmented understanding of health systems

- Need to re-establish a common understanding

- That is why global health is on the global agenda.

- Swinging pendulum
  - Stress on disease specific approach
  - Stress on health system strengthening

  - Need for well-balanced approach: Minister Koumura’s speech.
Need to establish a common understanding through the G8 process

- Effective utilization of limited funding resources
- Rediscovering the importance of health workforce alliances and maternal and child health (MCH)
- Need for political commitment
  - Need to advocate tailor-made policies for each country
Japanese can contribute to establishing health systems, underpinned by Japan’s own experience with improving healthcare, particularly in areas of MCH and health system strengthening.

- Promotion of human security approaches, reflecting Japan’s own experience.

**Health System Strengthening**

-Supporting healthcare workers-

- Human resource development and retention as the essence of health system strengthening
- Human resource development through empowerment including training, learning, motivation, etc.
- Human resource retention through protection including financing, leadership and political commitment, etc.
What is human security?

- **Definition of human security**
  - To protect the vital core of all human lives in ways that enhance human freedoms and human fulfillment

- **Strategies**
  - *Empowerment*
    - enable people to develop capacity to cope with difficult conditions
  - *Protection*
    - set up by states, international agencies, NGOs and the private sector to shield people from threats

*Human Security Now, Commission on Human Security, 2003*
Japan’s experience as a developing country right after World War II

- High prevalence of infectious diseases
- High infant mortality rate (IMR)
- Strengthening health care delivery system both in rural and urban areas
- Civilian efforts on infectious diseases and maternal and child health (MCH) through formal and informal collaboration
Japanese government's domestic strategy in the middle of the 20th century

- **Strong commitment by central government**
  - Promoting good practices as a way to scale up

- **Integrated Approach on MCH**
  - MCH handbook as a tool for integrated services.

- **Service expansion to the communities by health workers**
  - Public health nurses, midwives, as well as private physicians
  - Face-to-face communication in communities through outreach activities

- **Support of the workers’ activities by community volunteers**
  - Child Rearing Associations by community volunteer groups (AIKU Groups; 1936-), Women’s Anti-Tuberculosis Association (1950-)

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**Top Down**
One positive outcome

“Rapid decrease of IMR in Japan”

Sources: Ministry of Health, Welfare and Labor, Japan, 2006
Lessons learned from Japan’s Experience

- **Success of “two-sided” strategy**
  - Strengthening of both top-down and bottom-up approaches

- **Success of “selection and concentration” strategy**
  - Focusing mainly on tuberculosis and MCH

- **Success of health system strengthening**
  - Service Integration through guidance tools such as Mother and Child Health (MCH) handbook
  - Wide spread of health workers to local communities

- **Success of capacity development both for health workers in the community and volunteer organizations**
Health System Strengthening
-Two sided strategy-

Government

Protection

Sanitation Workers

Health Workers

School Teachers, etc.

Mutual Empowerment

Community & People including volunteers

Top-down approach

Bottom-up approach
Health System Strengthening
-Support of health care workers-

- Human resource development and retention as essence of health system strengthening
  - Human resource development through **empowerment** including training, learning, motivation, etc.
  - Human resource retention through **protection** including financing, leadership and political commitment, etc.

- The essence of health systems is humans
  - *People are a vital ingredient in the strengthening of health systems.*
  - *When health workers leave to work elsewhere, there is a loss of hope and a loss of years of investment.*

*Dr. Lee Jong-wook, World Health Report, 2006*
Better balance in global health financing

- Challenges for more efficient investment between vertical program v.s. HSS:
  - Seeking new funding sources for HSS, while maintaining existing resources for vertical programs.
  - Seeking new ways to reallocate existing resources such as the GF to health system strengthening.
How can we work them out?
Global action through participatory approach

- Creating political momentum and widening policy space in global politics

- G8 summit is the place to facilitate policy implementation
Study group on “Challenges in Global Health and Japan’s contributions”

- **WG Leader**: Prof. Keizo TAKEMI

**WG members**

- **NGO representatives**
  - JCIE (Japan Center for International Exchange) → **WG secretariat**
  - JOICFP (Japanese Organization for International Cooperation in Family Planning)
  - Health Policy Institute, Japan
  - The Nippon Foundation

- **Experts**
  - Univ. of Tokyo, Osaka Univ., Waseda Univ.
  - IMCJ (International Medical Center of Japan)
  - NIPH (National Institute of Public Health)

- **Governmental agencies**
  - JICA (Japan International Cooperation Agency)
  - JBIC (Japan Bank for International Cooperation)

- **Ministries**
  - MOFA (Ministry of Foreign Affairs)
  - MHLW (Ministry of Health, Labour and Welfare)
  - MOF (Ministry of Finance)

*UN agencies are invited at moments as observers*