

Public and Private Actors in Global Health Policymaking in Japan: Giving an Advocacy Role to Japanese NGOs?

Yasushi Katsuma[†]

In an era of globalization, what happens in one country cannot be considered irrelevant to any other country, organization, or individual around the world. Global health, which focuses on health systems strengthening in order to manage infectious diseases, is no exception to that rule. As many infectious diseases traverse national borders in much the same way that people do, it is clear that the responses to these diseases require a new approach that strengthens global health public-private partnerships.

In fact, a variety of public and private actors including international organizations, governments, research institutes, think tanks, foundations, private corporations, and non-governmental organizations (NGOs) are responding not only by providing health services on the ground in developing countries but also by creating a new political space at the global level in the fight against infectious diseases. In other words, it is not only governments any more but also other non-state private actors that actively participate in the global health policymaking process. Japan is no exception to this relatively new phenomenon.

In this context, the first objective of this paper is to assess the current status of Japanese public and private actors that participate in the global health policymaking process. Then, the second objective is to analyze how Japanese NGOs have become involved in this process since the 1990s.

1. PUBLIC AND PRIVATE ACTORS IN JAPAN¹

A variety of Japanese institutional actors participate in the global health policymaking process.² These public and private actors include the government, research institutes, think tanks, foundations, private corporations, and non-governmental organizations (NGOs). In the past, the government played a dominant role, but today, other non-state actors have become more proactive in making the global health policy.

(1) Government Agencies

First, the most influential public actors participating in the global health policymaking process are government agencies. In Japan, the Ministry of Foreign Affairs (MOFA), the Ministry of Health, Welfare and Labor (MHWL), and the Ministry of Finance (MOF) are major actors in making global health policy.

[†] Professor, International Studies Program, Graduate School of Asia-Pacific Studies (GSAPS), Faculty of International Research & Education, Waseda University

¹ This section is based on the author's earlier discussion that appeared in the chapter 4 of the following book: Chika Hyodo & Yasushi Katsuma (2009). *The Role and Challenges of Japanese NGOs in the Global Health Policymaking Process*. Japan Center for International Exchange.

² Masahiko Koumura (2007). "Global health and Japan's foreign policy," *The Lancet*, Vol. 26.

Generally speaking, the MOFA is the focal point for Japan's official contact with United Nations (UN) agencies including the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), and the United Nations Population Fund (UNFPA). By participating in their executive boards as a member state, Japan is capable of influencing their policymaking in the field of health. In addition to these UN agencies, the MOFA also represents Japan at the board meetings of the Global Fund for AIDS, Tuberculosis, and Malaria (GFATM) that is an increasingly prominent non-UN international organization in the health field.

Through multi-lateral financial contributions to these international organizations, the MOFA is also in a good position as a donor to influence the global health policymaking. However, it should be noted that there are very few Japanese health experts within the MOFA or the Permanent Mission of Japan to the UN in New York or Geneva who can take advantage of the opportunities available to influence these organizations at the policy level.

Within the MHWL, we can find many health experts, although most of them are oriented to domestic health issues in Japan. Nevertheless, there are some experts in global health who can communicate technically and effectively with the WHO.³ There are such posts in the international division of the minister's secretariat that serves as the liaison for international organizations, such as the WHO and the International Labour Organization (ILO).

The MOF is increasingly involved in global health cooperation through the policy dialogues with international financial institutions, particularly the World Bank. The World Bank has become very proactive in extending loans to support basic social services including health and education programs in developing countries. The World Bank is particularly active in formulating policies for global health financing.⁴

(2) Other Government-related Organizations

The International Medical Center of Japan (IMCJ), an institution under the auspices of the MHWL, is a notable example of the second category. It has a bureau of international cooperation and various research centers, and it also conducts exchanges, sending Japanese experts abroad and receiving trainees from developing countries.

One of its research centers is the Disease Control and Prevention Center that works to stop the spread of infectious diseases by dispatching experts to relevant locations in Japan and abroad, investigating the causes of infectious diseases, treating diseases that enter the country through infected travelers or goods, offering health counseling to those traveling abroad, and providing medical information. Although the scale is smaller, the functions of this center are similar to those of the U.S. Centers for Disease Control and Prevention (CDC) in Atlanta.

The Japan International Cooperation Agency (JICA), as the principal agency to implement Japanese official development assistance (ODA), deals with global health programs and projects. In October 2008, the Overseas Economic Cooperation Operations of the Japan Bank for International Cooperation (JBIC) were transferred to JICA,

³ Japan proposed the following resolution, which was adopted by the 2009 World Health Assembly: WHO (2009). "Primary health care, including health system strengthening," 124th session, World Health Assembly, January 26.

⁴ World Bank (2007). *Healthy Development: The World Bank Strategy for Health, Nutrition, and Population Results* (Washington, D.C.: World Bank).

forming what is now called the “New JICA.”

The former JBIC was launched as a policy financing institution in 1999 through the merger of the Export-Import Bank of Japan and the Overseas Economic Cooperation Fund (OECF). As opposed to the original JICA, which carried out technical cooperation, the JBIC extended financial assistance, with primary focus on yen loans. In this context, the “New JICA” combines the functions of the original JICA and the former JBIC.

(3) Research Institutes

In the third category, research institutes include organizations such as the Japan Anti-Tuberculosis Association’s Research Institute of Tuberculosis, the National Institute of Public Health, and the National Institute of Infectious Diseases. As national health research centers under the MHWL, the National Institute of Public Health, the National Institute of Infectious Diseases, and the IMCJ carry out some of the same functions as the U.S. National Institutes of Health (NIH). In particular, the fact that these centers employ expert researchers in the global health field as well, and invite researchers and practitioners from abroad to conduct expert research on medicine, is somewhat similar to the NIH.

There are also research institutes in universities including the International Research Center for Medical Education at the University of Tokyo, the Institute of Tropical Medicine at Nagasaki University, and the Waseda Institute for Global Health.

The International Research Center for Medical Education specializes in providing medical education in developing countries. The Institute of Tropical Medicine conducts scientific research and human resource development on health issues facing primarily developing countries.

The functions of the Waseda Institute for Global Health include studying global health strategies, building global health partnerships, creating linkages between public and private actors, conveying messages that target policymaking and public opinion, and conducting human resource development in the field of global health policy.

(4) Universities and Academic Associations

While not exclusively specializing in research, graduate schools serve as educational institutes in the field of global health. Currently, the relatively large-scale, major graduate schools in the global health field include the following:

- The University of Tokyo, Graduate School of Medicine, School of International Health;⁵
- Tohoku University, Graduate School of Medicine, Department of Public Health, Division of International Health;⁶
- Nagoya University, Graduate School of Medicine, Program in Health and Community Medicine, International Health Department;⁷
- Kyoto University, Graduate School of Medicine, School of Public Health;⁸ and
- Nagasaki University, Graduate School of International Health Development.⁹

⁵ <http://www.sih.m.u-tokyo.ac.jp/english/index.html>

⁶ <http://www.tuih.jp/english/>

⁷ <http://www.med.nagoya-u.ac.jp/english01/402/p40285.html>

⁸ http://www.med.kyoto-u.ac.jp/E/grad_school/department/public_health/public_health.htm

⁹ <http://www.tm.nagasaki-u.ac.jp/mpH/english/index.html>

Apart from graduate schools, academic associations also provide a venue for gathering global health scholars, researchers, and practitioners. In the global health field, there is the Japan Association for International Health. The following includes other relevant academic associations as well.

- Japan Association for International Health (JAIH)¹⁰
- Japanese Society of Public Health (JSPH)¹¹
- Japanese Society of Tropical Medicine (JSTM)¹²
- Japan Society for International Development (JASID)¹³

(5) **Think Tanks**

The Japan Center for International Exchange (JCIE) and the Health Policy Institute, Japan, are representative examples of the fifth category.

Founded in 1970, the JCIE was not initially an organization committed to the field of global health, but in 2004 it established the Friends of the Global Fund, Japan, which is a Japanese nonprofit organization to support the GFATM. Since 2007, it has conducted policy dialogues and advocacy at the private level aimed at the Fourth Tokyo International Conference on African Development (TICAD IV) and the Hokkaido-Toyako G8 Summit including such projects as the Global Health Working Group's "Challenges in Global Health and Japan's Contributions" dialogue.¹⁴

The Health Policy Institute is a think tank that is independent of the government and is involved in policy advocacy centered broadly on medical and health policy. In the global health field, it convened a Global Health Summit in the lead-up to the Hokkaido-Toyako G8 Summit, with participation of Japanese policymakers.

One characteristic of these organizations is that they not only carry out the general think tank function of research and formulation of policy recommendations but have also played a role in creating a place for a new form of advocacy, in which the voices of civil society including NGOs are reflected for policymakers; they are creating that space for dialogue.

The difference between U.S. and Japanese think tanks is their scale and function. In the United States, there are influential think tanks such as the Brookings Institution, the Center for Strategic and International Studies, and the Center for Global Development that deal with the global health field. Global health is considered to be one of their important themes, and they receive funding from U.S. private foundations for it. They are said to have a very strong influence on U.S. government policy.

Compared with Japanese think tanks that usually have 20–30 staff members, U.S. think tanks have as many as 60–200 employees and are therefore extremely large organizations. This is an area that reflects the difference between American society, where think tanks have a strong impact on policy, and Japan's tendency to leave policy for the government bureaucracy to handle.

(6) **Private Foundations**

The sixth category is private foundations. The private foundations that offer

¹⁰ <http://jaih.umin.ac.jp/ja/>

¹¹ <http://www.jsph.jp/>

¹² <http://www.tm.nagasaki-u.ac.jp/society/jstm/>

¹³ <http://www.jasid.org>

¹⁴ Detailed information can be found at following URL: www.jcie.org

specialized grants for the health field include organizations such as the Nippon Foundation¹⁵ and the Sasakawa Memorial Health Foundation.¹⁶

The Nippon Foundation conducts grant programs and offers funding focused on leprosy in locations around the world to help the many who are recovering from the disease, who face the agony of groundless discrimination, and whose rights are not adequately recognized.

The Sasakawa Memorial Health Foundation seeks to eliminate leprosy and supports the social and economic independence of those suffering from leprosy. It also provides funding for parasitic disease control and for HIV/AIDS programs that focus on Asia, women, and NGOs.

Other private foundations include the Toyota Foundation and the Matsushita International Foundation that are major funders that offer large-scale grants, but their support for the health field represents an extremely small portion of their overall grant-making.

(7) Private Corporations

The seventh category is private corporations. Corporate contributions to global health include donations to the GFATM, health-related product development, corporate social responsibility (CSR), and so on. For example, Sumitomo Chemical provides mosquito bednets named “Olyset” to African countries through such organizations as the UNICEF. In 2003 it provided the technology free of charge to a Tanzanian manufacturer and established a system for local mass production of mosquito bednet in Africa. In response to growing demand, it began to greatly increase its production capacity in FY2005.

2. JAPANESE NGOS IN GLOBAL HEALTH¹⁷

Looking back at the historical beginnings of the NGOs active in Japan today in the health field, there are a number of organizations such as JOICFP¹⁸ (Japanese Organization for International Cooperation in Family Planning) that began in the midst of the economic boom in the 1960s and operated health projects onsite in developing countries based on the concept of “conveying the experiences of Japanese health-related private organizations.” That was when Japan’s global health NGOs began implementing substantial activities in developing countries.

Subsequently, in the 1970s and 1980s, health-related organizations including the Association for Aid and Relief, Japan¹⁹ (AAR) and the Services for the Health in Asian & African Regions²⁰ (SHARE) were launched in similar fashion to conduct assistance projects in developing countries.

The broadening of activities that occurred in the 1990s was built on the experiences

¹⁵ <http://www.nippon-foundation.or.jp/eng/>

¹⁶ <http://www.smhf.or.jp/e/>

¹⁷ This section is based on the author’s earlier discussion that appeared in the chapter 2 of the following book: Chika Hyodo & Yasushi Katsuma (2009). *The Role and Challenges of Japanese NGOs in the Global Health Policymaking Process*. Japan Center for International Exchange.

¹⁸ <http://www.joicfp.or.jp/jpn/>

¹⁹ <http://www.aarjapan.gr.jp/english/index.html>

²⁰ <http://share.or.jp/english/>

gained in overseas projects conducted by these organizations.

(1) Evolving Roles of Japanese NGOs

If we look at the work of these NGOs to date from the perspective of “advocacy,” it was also the 1990s that those efforts began in earnest. From that time on, new efforts emerged based on the concept that they could have an impact on global health policy through the Japanese government. This coincided with the period when the role of civil society in the health field was gaining recognition internationally as well.

It should also be noted that in addition to domestic NGOs in Japan, the Japan branches of large-scale international NGOs that began developing their work in Japan in the 1980s such as the World Vision Japan,²¹ the Oxfam Japan,²² and the Plan Japan²³ have a very large presence in terms of their budget scale and commitment.

Currently, the Japanese NGOs that have developed domestically in the postwar period and the newly participating international NGOs are building partnerships to carry out advocacy in Japan.

(2) Fieldwork Rather Than Policy Work

There are roughly 30 NGOs that are engaged primarily in the field of global health in Japan, and the scope of their activities is extremely broad. The work of almost all of these organizations is centered on directly implementing aid projects on the ground in developing countries or within Japan.

There are also many NGOs in Japan that work in the broader field of international development cooperation rather than specializing in health. Among them, there are some NGOs that also address issues related to health and medicine. The work of most of these NGOs as well is focused mainly on operating projects in the field and on raising funds for those activities.

The organizations in the following list are global health NGOs that are relatively active in advocacy, but their number is small in absolute terms.

There is also a very large gap in the degree of their commitment, ranging from organizations that consider advocacy to be an important task of their work to organizations that say the person in charge of the project does it as a side job or that it is mostly done by volunteer staff.

There are organizations such as the Africa-Japan Forum²⁴ (AJF), the Japan’s Network for Women and Health, the JOICFP, the Oxfam Japan, and the World Vision Japan that have sections or staff that primarily handle advocacy, the media, and campaigns for the general public. These NGOs have a shared institutional awareness of the fact that advocacy, as well as fieldwork, is an important area for them.

In particular, the AJF does not conduct fieldwork in developing countries and views its primary work as “advocacy” in Japan. Also, the Japan’s Network for Women and Health, which was created to provide civil society input into the 1994 UN International Conference on Population and Development in Cairo (Cairo Conference), focuses on issues of “women’s health” and “reproductive health rights” and defines its basic objective as conveying information to the general public and conducting advocacy.

²¹ <http://www.worldvision.jp/>

²² <http://www.oxfam.jp/en/>

²³ <http://www.plan-japan.org/english/>

²⁴ http://www.ajf.gr.jp/lang_en/index.html

Global Health NGOs in Japan

<i>Domestic NGOs</i>	<i>Japan Branches of International NGOs</i>
Africa-Japan Forum (AJF)	Médecins Sans Frontières, Japon (MSF Japon)
Association for Aid and Relief, Japan (AAR Japan)	Oxfam Japan
Health and Development Service (HANDS)	Plan Japan
Japan Committee “Vaccines for the World’s Children” (JCV)	World Vision Japan (WVJ)
Japan’s Network for Women and Health	
Japanese Organization for International Cooperation in Family Planning (JOICFP)	
Services for the Health in Asian & African Regions (SHARE)	

While there are a number of organizations such as these that were created in the 1990s, there are very few NGOs overall that actively engage in advocacy as part of their work.

Among those few NGOs in Japan that carry out advocacy work, it can be noted that overall, many of them are organizations with a relatively large operating budgets. Some of the Japan branches of international NGOs have budgets in the range of billions of yen. On the other hand, when one looks at the budget breakdown, the portion that can be considered to be related to advocacy such as advertising expenses, and domestic program expenses tends to be small.

On the contrary, in case of domestic NGOs, a large portion of their budgets come from commissioned project income, and that gives greater weight to projects conducted in the field, which implies that it is difficult to set aside budget for advocacy.

So why does advocacy receive such low priority within the work of Japanese NGOs? One of the factors is that many NGOs receive funding for their activities in the form of government grants, so fulfilling those contractual obligations becomes a priority in their work. It is an issue of institutional priorities.

Many NGOs operating projects, particularly domestic NGOs, do not systematically attach significance to advocacy or connect their projects to policy at the organizational, conceptual, or operational level. It also means that the knowledge accrued through the experiences of the project-oriented NGOs is not adequately conceptualized and is not effectively applied to the formation of policy recommendations.

This trend was greatly influenced by the historical context of Japanese global health NGOs, which were founded to carry out projects that shared Japan’s postwar experience, following which domestic NGOs developed by carrying out micro-level projects, and have since been recognized by the public for doing exactly that.

While this is the general trend among NGOs, one notable characteristic of the Japan branches of international NGOs that have appeared in Japan since the 1980s has been their commitment from the start to advocacy. By nature, the fact that these organizations have an advocacy strategy as global NGOs and intend to apply that in Japan represents a different stance than that of domestic NGOs.

(3) Lack of Personnel Capable of Advocacy

Another issue raised by NGO representatives is that advocacy is heavily dependent upon the few organizations that are capable of forming policy recommendations. There is a common awareness of the need for personnel who are effective in carrying out advocacy and, in particular, personnel who have expertise in advocacy methods for dealing with policymakers, the media, and the public. Meanwhile, looking at NGOs as a whole, there are so few people who possess those talents, and the limited funds available tend to be concentrated where those people are. The fact that advocacy relies excessively on individual capabilities and has not been developed as an institutional capacity is a source of vulnerability for Japanese NGOs.

Moreover, advocacy is “information-intensive” work and therefore requires an extremely high level of expertise. But within these organizations there is currently no system in place for improving the expertise of young people in this area. Advocacy requires that different methods be used depending on the situation and context, for example when lobbying and directly interacting with policymakers or others, or when NGO representatives are trying to convey their experiences.

Currently, within each NGO, there is no clarification of the roles or substance of who handles what. While that ambiguity may allow NGOs to respond flexibly to various situations, it also makes it difficult to create a system for nurturing people with skills in this field. At present, those who have experience train younger personnel on a case-by-case basis when they actually engage in advocacy. As a result, among that already small number of people, there has been no systematic development of the capacity to train a lot of new people.

It was also noted that senior staff of NGOs need to speak at international conferences and have opportunities for active exchanges with people not only from other NGOs but also from other private organizations. Currently, however, those opportunities are extremely limited.

(4) Financial Vulnerability

One important factor that we can point to as a reason why domestic NGOs are structured primarily to carry out fieldwork and cannot seem to commit to the field of advocacy is the financial vulnerability of NGOs in Japan. There is a wide degree of variation in the scale of NGO operating budgets, but fundamentally, most NGOs are constantly facing difficulty in sustaining their organization’s operating funds. NGO operating funds generally come from private donations, commissioned projects, grants, and so on, but most of those funds are earmarked for costs directly related to actual projects in the field.

It is extremely rare for grants or budgets to include advocacy work itself. There are almost no cases of government grants being given for advocacy, nor of external funding from Japanese private corporations or private foundations being given for that purpose. Organizations such as the JOICFP and the AJF have received funds from U.S. foundations for advocacy, but they are the exception to the rule in Japan. In the majority of cases the budget for advocacy is taken from the domestic program budget or general operating expenses, or advocacy efforts are incorporated as part of a project and paid for in that way.

NGOs are often caught in a vicious cycle wherein the relative priority placed on

policy advocacy becomes lower due to the overall lack of funds. For that reason, when NGOs have to use limited resources, they inevitably place priority on promoting activities in areas where they know they can raise funds.

Under these circumstances, one would expect funding to come from private corporations and foundations. However, most NGO leaders stated that it is currently difficult to get funding from Japanese foundations and corporations, and most have never succeeded in getting their support. There are a few cases in which international NGOs such as World Vision Japan receive funds from their parent organization, but those are extremely exceptional cases.

The relationship between the government agencies, government-related organizations, and health-related NGOs will be reviewed more in details from the financial point of view. First, there is financial assistance given to NGOs by the MOFA. For example, in 2004, the MOFA provided approximately ¥1.04 billion for 72 projects carried out in 32 countries by 46 NGOs.²⁵ This is known as “Grant Aid for Japanese NGO Projects.” The program covers such activities as rebuilding schools, medical cooperation for women and children’s health, aid to disaster victims, and rural development, as well as efforts to clear landmines or unexploded ordinance. The health field is considered as one important field among these.

Also, in terms of JICA’s relationship with NGOs, it provides “Technical Cooperation for Grassroots Projects” that supports joint activities among Japanese NGOs, universities, local governments, and others, and includes financial support under its “support,” “partnership,” and “regional proposal” project categories. For example, in 2003–2008, 24 NGO projects were selected under the category of “regional proposal,” and of those, five were in the health field.²⁶

3. PARTNERSHIPS WITH OTHER ACTORS²⁷

In this section, the NGO relationship with the government agencies and government-related organizations, private foundations, and corporations will be reviewed in terms of building advocacy capacities of NGOs, contributing to global health partnerships in Japan. In order to illustrate the working environment in which Japanese NGOs make efforts to engage in advocacy, the similarities and differences with that of the United States will be analyzed.

(1) NGO Partnerships with Public Actors

Through the “NGO Capacity Building Program,” the MOFA, the JICA, and the Foundation for Advanced Studies on International Development (FASID) conduct NGO study groups, an NGO consultant scheme, an NGO consulting specialist scheme, joint seminars with overseas NGOs, and other efforts to improve the professionalism of NGO staff and strengthen their institutions. Also, in order to promote dialogue with NGOs,

²⁵ Japan, the Ministry of Foreign Affairs (2005). “Supporting the joy of learning: Japan’s support for education,” Ministry of Foreign Affairs.

²⁶ Japan, the Ministry of Foreign Affairs (2007). “International cooperation and NGOs: Partnership between the Ministry of Foreign Affairs and Japanese NGOs,” Ministry of Foreign Affairs.

²⁷ This section is based on the author’s earlier discussion that appeared in the chapter 4 of the following book: Chika Hyodo & Yasushi Katsuma (2009). *The Role and Challenges of Japanese NGOs in the Global Health Policymaking Process*. Japan Center for International Exchange.

the MOFA holds regular NGO-MOFA meetings, and they also conduct dialogues on set themes such as the Global Issues Initiative on Population and HIV/AIDS (GII) talk and the Okinawa Infectious Disease Initiative (IDI) talk.

In the field of global health, the relationship between NGOs and the MHWL is not as strong as that between NGOs and the MOFA. In terms of the relationship, the MHWL holds workshops aimed at nurturing NGO leaders in order to create a system for assisting the work of AIDS-related NGOs and to promote activities to spread an accurate understanding of AIDS. It also cooperates with NGOs in holding symposiums together to commemorate the World No-Tobacco Day. Also, there are organizations under the jurisdiction of the MHWL such as the Japan Foundation for AIDS Prevention that conduct training for experts from developing countries, and the ministry has worked collaboratively with NGOs from within Japan and abroad to jointly hold international conferences such as the International Congress on AIDS in Asia and the Pacific (ICAAP) that has been held seven times to date, and for which the ministry has been a sponsor.

The relationship between Japanese NGOs and governmental organizations such as the MOFA and the JICA is probably close to that between American NGOs and the United States Agency for International Development (USAID). For example, the JICA and the USAID use a similar format in that they have contract-based relationships with NGOs. On the other hand, one difference is that while the USAID in many cases contracts with consortia of multiple NGOs and private companies, for the JICA contracts with single NGOs are the standard. Also, the consortia that receive USAID contracts have multiple NGOs under them and they have contracts with local NGOs, so it is a multi-tiered contract system, whereas the JICA essentially uses direct contracts with Japanese NGOs.

In USAID's case, having received large amounts of funding, private companies, private consultants, and NGOs form consortia within the framework of a public-private partnership, and the private companies sometimes provide funds as well. By contrast, Japanese NGOs conduct individual projects based on small-scale contracts with the government.

Also, under the U.S. system, there is a great deal of diversity among USAID-NGO relationships in the global health field. For example, there are NGOs that handle the provision of health services for the USAID, policy advocacy NGOs that lobby Congress on issues related to USAID's mandates, and some faith-based NGOs that have religious backgrounds, which are the main organizations that apply for direct USAID funding.

On the other hand, in Japan the scale of NGO work itself is very small, and there are very few NGOs that have actually received project commissions from the JICA. And in terms of the relationship with the Japanese government, another difference is that in Japan the emphasis is on independent aid projects by NGOs, and government agencies give priority to those projects as something that the government can manage down to the details.

(2) NGO Partnerships with Private Foundations

The primary relationship between private foundations and NGOs is that the foundations provide funding for NGOs to implement projects. One major difference between the global health fields in Japan and the United States is in the way that private foundations operate.

In the United States today, there are private foundations with enormous funding power such as the Bill & Melinda Gates Foundation, the Clinton Foundation, the Ford Foundation, the Open Society Institute, and the Rockefeller Foundation that are carrying out diverse activities in the global health field.

Direct funding for advocacy work by domestic and foreign NGOs is a given, along with support for vaccine development and research, international conferences, funding for UN agencies, and other initiatives, giving them a truly global impact on health policy. Another characteristic of these U.S. private foundations is that they use their funding power to create opportunities for cooperation between international organizations, private corporations, and NGOs.

Meanwhile, in terms of Japanese foundations, the Nippon Foundation has worked with NGOs and has been able to have an impact on global policy in the area of leprosy. In particular, by lobbying UN agencies, it has had major success in positioning leprosy as a global human rights issue. However, other than that, there has been almost no support for the global health field, particularly for advocacy.

The Toyota Foundation and the Matsushita International Foundation provide only a few grants for Japanese NGO activities or research grants in the health field. In the United States, there is a trend toward private foundations being influential political actors, and the staff members of private foundations have strong identities as experts and are able to influence global policy including the content of advocacy by NGOs.

The fact that the role of foundations is recognized as important by the general public is another difference between the United States and Japan.

(3) NGO Partnerships with Private Corporations

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

In terms of the U.S. connection between business and NGOs, there are cases of corporate funding for citizen-led efforts in the HIV/AIDS field. For example, the jeans company the Levi Strauss and Co. actively supports NGOs that are working in the field of HIV/AIDS, and the Levi Strauss Foundation explicitly supports NGO advocacy to eliminate discrimination and prejudice against those living with HIV.

In Japan, corporate foundations have been somewhat visible in such fields as the environment, but other than that, and particularly in the global health field, there is little proactive support, and the scale of assistance is small as well.

In addition, in the United States, because private corporations and private consultants benefit from entering the global health field, the scale of private business support for global health cooperation itself is very large, and they have a cooperative relationship with NGOs. It also means that funding is secured for work by NGOs. One example is private companies that conduct statistical studies in the health field or that provide the logistical technology to support the distribution of medicine.

On the other hand, in Japan there are very few cases like this where the companies benefit, and as a result, one does not see any cases of corporate strategic partnerships

with NGOs in Japan.

4. NGO ADVOCACY IN GLOBAL HEALTH POLICYMAKING²⁸

The sections above describe the current conditions shared by a relatively large number of NGO representatives regarding the advocacy capacity of Japanese NGOs in the health field. At the same time, despite facing those issues, each NGO has developed its own advocacy work and has carried out various advocacy efforts related to their mandate at certain points in time.

(1) Advocacy Targeting Policymakers

One example of advocacy that directly targets policymakers is a supra-partisan gathering of female Diet members, the “Reproductive Health/Rights Study Session,” which has been conducted by JOICFP since 2002. The primary goal of these meetings is to raise the priority place on developing policies in those areas. To do that, JOICFP brings experts from Japan and abroad to talk with the Diet members about global trends in specific areas, thereby raising the priority of policies in those areas. To date, 15 sessions have been held, and they continue to be conducted on a regular basis.

The World Vision Japan works to promote the rights of children, and when senior managers of its own international headquarters visit Japan, it tries to set up direct dialogues with government bureaucrats and members of the Diet.

The SHARE, as a domestic NGO with expertise in health issues affecting foreigners in Japan, has offered recommendations on ways to handle those issues to the MHWL and to the Embassy of Thailand, and has also made efforts to approach the media. NGO websites are one notable example of efforts to educate the general public through the dissemination of information and recommendations, as is the publication by the AJF of an e-mail magazine on the global AIDS issue.

There are other examples of NGOs that are working individually to reach policymakers, but another characteristic of Japanese NGO advocacy is that the majority of the efforts are done through ad hoc alliances of NGOs. In particular, this is the method employed in almost all cases where NGOs are trying to influence the Japanese government’s global policies. These alliances have become particularly active since the mid-1990s, as represented by such efforts as the MOFA-NGO Open Regular Dialogues on the GII & the IDI, as well as the Global Health Working Group’s “Challenges in Global Health and Japan’s Contributions” dialogue²⁹ in the lead-up to the Hokkaido-Toyako G8 Summit held in 2008.³⁰

The efforts of these NGO alliances have shown some results such as the inclusion of NGO representatives in a Japanese government delegation to a UN conference, having a spillover effect on adopted documents, and gaining commitments from the Japanese

²⁸ This section is based on the author’s earlier discussion that appeared in the chapter 2 of the following book: Chika Hyodo & Yasushi Katsuma (2009). *The Role and Challenges of Japanese NGOs in the Global Health Policymaking Process*. Japan Center for International Exchange.

²⁹ The Global Health Working Group has produced a number of documents including the following: Keizo Takemi, Masamine Jimba, Sumie Ishii, Yasushi Katsuma, and Yasuhide Nakamura (2008). “Human security approach for global health,” *The Lancet*, Vol. 372, pp. 13–14.

³⁰ One of the outcome documents was the following: “Toyako Framework for Action on Global Health: Report of the G8 Health Experts Group,” *mimeo*, July 8, 2008.

Transitions in Advocacy by NGO Alliances³¹

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

government. A notable example was the Cairo Conference in 1994.

The IDI launched at the Kyushu-Okinawa G8 Summit in 2000 became a turning point when the Japanese government's awareness of NGO involvement in policymaking began to change. The UN conferences, G8 Summits, and international AIDS conferences were thus effective opportunities for NGOs to offer policy recommendations to the Japanese government.

On the other hand, many NGO representatives noted that their own experience has been that the willingness to receive recommendations relies on the individual policy-maker's personality and abilities. In particular, in terms of creating policy trends at the macro level, there is a strong need to work cooperatively with policymakers, but there is a relatively limited sphere in which NGO alliances are able to exert any influence, and they are vulnerable in that when the target person changes, the whole situation changes as well.

(2) Japanese NGOs in Formulating Strategies

From the perspective of formulating strategies and creating trends, the ability of Japanese NGOs to convey their ideas is important, but the communication with the rest of the world has not been smooth. The lack of capable personnel and funding is also a factor, as mentioned above, but there is a common recognition that communicating in English is a large burden.

International NGOs are getting information from the Internet in English every day, but for many Japanese NGO staff, it is major efforts to translate the information they get in order to convey it to others. In addition, to reformulate that information within the Japanese context in order to create some strategy requires still more effort.

For that reason, the total amount of information transmitted is very small, and the fields and scope are limited. This places these organizations at a disadvantage when they carry out advocacy efforts as one member of an international network. Some NGOs such as the AJF and the World Vision Japan are dealing with this issue by effectively using student volunteers and interns, but this has remained a small and exceptional trend.

There have been many attempts among global health NGO alliances to hold meetings, collect and analyze information, and formulate effective strategies that can

³¹ Chika Hyodo & Yasushi Katsuma (2009). *The Role and Challenges of Japanese NGOs in the Global Health Policymaking Process*. Japan Center for International Exchange, p. 45.

serve as the basis for practical action. These efforts have resulted in policy recommendations for the Japanese government.

However, they do so with limited time and personnel. To address this challenge, one could imagine, for example, that effective ties to research institutes could not only assist in the provision and analysis of statistics and basic data but also contribute to debates by considering from an academic perspective how on-the-ground experiences in projects might be applied to global policy advocacy, or how the most up-to-date theoretical and analytical frameworks can be developed for the global health field. Such coordinated linkages, however, are currently being carried out only within a very narrow scope.