Asia-Pacific Review

ISSN: 1343-9006 (Print) 1469-2937 (Online) Journal homepage: http://www.tandfonline.com/loi/capr20

Japan's Global Health Strategy: Connecting Development and Security

Keizo Takemi

To cite this article: Keizo Takemi (2016) Japan's Global Health Strategy: Connecting Development and Security, Asia-Pacific Review, 23:1, 21-31, DOI: 10.1080/13439006.2016.1195956

To link to this article: http://dx.doi.org/10.1080/13439006.2016.1195956

Published online: 05 Jul 2016.

Asia-Pacific Review, 2016
Vol. 23, No. 1, 21–31, http://dx.doi.org/10.1080/13439006.2016.1195956

Japan's Global Health Strategy: Connecting Development and Security

KEIZO TAKEMI

Japan has made its presence felt in the realm of power politics by focusing on the promotion of "human security" and sustainable development. At the core of both concepts lies the issue of health. As Japan prepares for the upcoming G7 Summit, Keizo Takemi examines the question of what sort of leadership role Japan should play in the critical field of health.

This year, Japan will take its turn hosting the G7 Summit. The world today is facing many challenges—economic instability, climate change, terrorism, regional conflicts, migration, and nuclear proliferation, to name a few. But at the same time, the first 15 years of the 21st century have also witnessed major successes in public health as life expectancy has increased and the world has finally begun to turn the tide in the fight against the three major communicable diseases of HIV/AIDS, tuberculosis, and malaria.[1] The role played by Japan at past G7 and G8 Summits has contributed substantially to these achievements, and if Japan strategically addresses the key topics and the timing, then the global health agenda can serve as an important diplomatic tool that can contribute to global peace and prosperity. In this article, I attempt to sort out the issues that the world must address and then present my personal views on health diplomacy as a means for Japan to successfully navigate the increasingly interdependent and complex world of 21st-century international politics. At the upcoming G7 Summit, to be held in Ise-Shima, Japan, in May 2016, I believe that Japan can make a real contribution to the global community by focusing on health—an area in which Japan holds a comparative advantage over other nations.

The legitimacy of Japan's diplomacy

International relations in the 21st century have seen the type of power politics whereby actors use military force to change the status quo, but at the same

time, a new model of 21st-century power politics is starting to emerge as well, as the freer flow of people, products, money, and information across national borders engenders increasing interdependence. This is a new power game in which international actors are attempting to expand their influence in various areas by demonstrating that they have the diplomatic initiative to help address global issues that cannot be resolved by any one nation alone. But because multinational cooperation is indispensable to this power game, any country wishing to succeed must produce policy concepts that are backed by universal values and that will be palatable to many other nations. It is for this reason that Japan has advocated "human security," which has revolutionized the traditional concept of security and has formed the theoretical backbone of Japan's policy of "proactive pacifism." Human security attempts to achieve "freedom from want" and "freedom from fear" by increasing the options available that allow individuals to live meaningful lives. Health is seen as a core element of human security because if an individual's health is compromised, it decreases the options available to them.[2]

Health is an area where Japan is considered to have a comparative advantage over other nations. This assertion is bolstered by the fact that postwar Japan achieved a level of health on par with that in Europe and North America even before it had achieved a similar level of economic development, and by the fact that Japan's citizens enjoy the longest life expectancy in the world.

Given this background, Japan has introduced a variety of global health initiatives at past summits, proposing the Hashimoto Initiative (a global parasite control initiative) at the 1997 G7 Summit in Denver; working on measures to counter infectious diseases at the Kyushu-Okinawa G8 Summit in 2000; and calling for health system strengthening at the 2008 G8 Summit in Toyako, Hokkaido. One of the achievements of these actions was the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2002, which has become a major international actor in the fight against infectious diseases. Today, the fund channels major contributions from governments and the private sector to low-income countries, which then use those contributions for the fight against the three major infectious diseases in an effort to break the vicious cycle between poor health and poverty. The creation of the Global Fund represents an excellent example where Japan was able to make skillful use of the consensus-building opportunities offered by the G8 Summit and link its initiative to the newly agreed UN Millennium Development Goals (MDGs), thereby enabling it to broadly extend its global leadership.[3]

This demonstrates that a country can make a substantial contribution to solving global issues if it uses its experience in an area where it has a comparative advantage, provides a certain level of funding, and presents a properly timed and broadly persuasive proposal on the diplomatic stage of a summit. From the per-

spective of 21st-century power politics, it would also seem to be an effective model of diplomacy that capitalizes on political leverage and an adept selection of issues. The 2016 Ise-Shima G7 Summit follows closely on the heels of the UN's adoption of the Sustainable Development Goals (SDGs) in September 2015, which lay out an array of new challenges for the global community to tackle. The circumstances surrounding the Ise-Shima Summit are thus similar to those of the 2000 Kyushu-Okinawa G8 Summit and present similar opportunities.

Precisely for that reason, various stakeholders are profoundly interested in and have high expectations regarding the way in which Japan exercises its leadership at this year's summit.

The global health playing field

Before examining what Japan should do, however, we must first discuss the SDGs, which represent the consensus of the entire international community and form the basic premise to address global health. The SDGs differ from the MDGs, which concluded in 2015, in a number of ways. First, the MDGs consisted of a small number of very focused goals and targets that were formulated with a strong emphasis on providing assistance to low-income countries. By contrast, the SDGs present comprehensive performance objectives for the world as a whole—including developed countries—and establish 17 broader goals and 169 targets.[4] They reflect the principle that in order to ensure the sustainable development of human society, all countries must participate and must work together to pave the way for a brighter future. Another feature of the SDGs is that they go beyond measures to combat specific diseases; they now demand that countries devise cross-sectoral policy concepts that address interrelated areas such as poverty, health, and the environment. In the field of health, the third SDG (SDG3) stipulates that countries are to "ensure healthy lives and promote well-being for all at all ages." In other words, in addition to the "unfinished business" of improving maternal and child health and overcoming the three major communicable diseases, SDG3 added a number of health challenges that have been increasing the global disease burden in recent years— noncommunicable diseases such as heart disease, stroke, cancer, and diabetes; traffic accidents; drug dependency; and smoking—as well as the target of achieving universal health coverage (UHC). UHC is defined as "ensuring that all people can use the promotive, preventive, curative, rehabilitative, and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship." It occupies a special place in health policy as a prerequisite for supporting the achievement of targets for each category of disease. There is a vast amount of work that must be done in order to achieve the SDGs by the target year of 2030. As was the case in September 2000, when

the UN General Assembly approved the MDGs, the international community must work together to set priorities and formulate specific measures. Consequently, many are looking to Japan to provide direction in this area.[5,6]

Issues and measures for achieving UHC

Given that UHC is a major policy theme in current discussions about global health, it is useful to examine some examples of specific issues and how they relate to one another.

The first issue, which has received considerable attention lately, concerns initiatives for responding to large-scale infectious disease outbreaks. The Ebola virus outbreak in West Africa that started in late 2013 raised serious questions about the fragility of the global health crisis management system and about the capacity of the UN organizations that responded to the outbreak—particularly that of WHO—to respond to such crises.[7] With the advance of globalization, there are emerging concerns about the sudden onset of the global spread of infectious disease outbreaks that were previously endemic and therefore confined to a specific area. This is not just a challenge for the health field; the economic and social impact of stopping the flow of goods and people is incalculable. Further complicating the situation, there have been significant outbreaks in middle-income and developed countries, as seen in the spread of Middle East Respiratory Syndrome (MERS) in South Korea and of the Zika virus in Brazil. This has made the creation of effective crisis management systems to combat infectious disease outbreaks at all levels—local, national, and global—a pressing issue.

The next issue is achieving the goal of UHC. There has been a dramatic shift in the causes of death worldwide in recent years. In low-income countries, the residents of which account for 800 million people out of a total global population of 7 billion, the top three causes of death are infectious diseases. However, in middle-income countries, where 70 percent of the world's population resides, noncommunicable diseases are now the major causes of death, just as in developed countries. Global economic growth, urbanization, aging, and other phenomena are expected to accelerate the proportion of the health burden caused by noncommunicable diseases in the future, and this change will have a significant impact on the way in which health and medical services are provided.[8] If noncommunicable diseases are detected early and treatment is sustained, then patients will be able to avoid comorbidities and other complications and can continue to be active members of their communities. This is demonstrated, for example, by the fact that lowering a hypertensive patient's blood pressure through medication or lifestyle improvements can prevent the occurrence of stroke.[9]

A stable supply of such services is provided by health systems, which are comprised of human resources for health, health financing, health information

On December 16, 2015, global health leaders assembled in Tokyo for a conference on "Universal Health Coverage in the New Development Era: Toward Building Resilient and Sustainable Health Systems," which was held in the run-up to the Ise-Shima G7 Summit. The author is second from the left. Immediately to his right is WHO Director-General Margaret Chan. Second from the right is Bill Gates, co-chair of the Bill & Melinda Gates Foundation. (Photo: Japan Center for International Exchange.)

systems, essential medical products and technologies, service delivery, and leadership and governance. The thinking behind UHC is that these components must be enhanced and more people should be able to utilize health services. In the process of achieving that goal, the health system, which is essentially the individual and collective levels. It should also be noted that behavior and lifestyle changes needed to improve health cannot be achieved at the individual level—i.e., through interaction between individual patients and their healthcare providers—alone. Any effective impact requires cooperative efforts among the numerous sectors that comprise the social determinants of health—education, society, and the economy—and thus the health sector must greatly broaden its perspective to engage these sectors more effectively.

Present crises and investments for the future

As described in the previous section, global health discussions often take up communicable and noncommunicable diseases as dual challenges facing the world today. But viewed from another perspective, we might consider framing the challenges as "how to respond to emergencies" and "how to design sustainable systems." This is because the world can be plunged into a global crisis not only by major outbreaks of infectious diseases, but also by other physical factors

such as large-scale environmental pollution. Meanwhile, HIV/AIDS, although a communicable disease, shares many similarities with noncommunicable diseases in that it requires a system to support long-term treatment and care. In other words, when it comes to preventing or addressing the phenomena that threaten human security, it may be more appropriate to think of the differences between approaches during emergencies and those during normal times rather than to differentiate between infectious and noninfectious causes of diseases.

First, there is an urgent need for responses during emergencies to alleviate concerns about present crises. Consider the following: The severity of the Ebola outbreak was not recognized until it was too late, thereby allowing the disease to spread and forcing multiple organizations—with little coordination among them—to mount a response to contain the disease, which resulted in transmission continuing for more than two years. A great number of reports have been written with the aim of applying the lessons learned from the recent Ebola virus epidemic to future outbreaks, but here I would like to note the findings of four major reports, those produced by the WHO,[10,11] the UN High-Level Panel,[12] and the US National Academy of Medicine (NAM),[13] and a joint publication by Harvard University and the London School of Hygiene and Tropical Medicine.[14]

Some of the common challenges raised in these reports include how to recognize the early signs of a large-scale infectious disease outbreak; who "pushes the button" to initiate an international response; who takes the lead in coordination, given that large-scale operations require the participation of a range of actors to perform tasks such as providing medical services and supplies; who evaluates the success or failure of such efforts and uses those findings to make improvements; and what role the WHO should play as the UN's specialized health and medical organ. Other questions raised include the following: How can we strengthen health systems during normal times so that they will be "physically fit" to handle emergencies that may arise? How can we stimulate the research and development of medicines to treat so-called "neglected tropical diseases" and other illnesses that pharmaceutical companies have failed to address because of the lack of a market for such drugs?

While research and development are now underway to combat the problem posed by multidrug-resistant (MDR) bacteria, efforts to deal with the issue as a health crisis must also be strengthened in order to ensure that MDR bacteria do not become the next Ebola. While the nuances may differ among the various reports, generally these points are raised repeatedly in all four. The reports also all emphasize the need to bolster the personnel and financing structures of the organizations that play major roles in these efforts, and to implement systems for performance evaluation. The issue of funding sources for these measures is also discussed.[15,16]

Thus, the strengthening of the health crisis management system is an urgent, "here-and-now crisis" type of issue that must be addressed in order to prevent the

next Ebola or, if that cannot be done, to at the very least minimize the human and economic tragedy. However, as Japan takes up its role of leading the discussions among world leaders, it should go one step beyond focusing solely on the crisis of the moment, and should create the opportunity for a significant movement to promote the health of people in all countries around the world. Specifically, this movement would promote the achievement of UHC through health system strengthening. Would this, then, be a completely separate question from that of health crisis management?

Rather than the two being independent issues, it is my belief that they are mutually dependent, like two sides of the same coin. The reason why the recent Ebola outbreak persisted for so long was that the health systems had not recovered from disruptions caused by civil unrest, and efforts to test patients suspected of having Ebola were thwarted by a lack of testing sites and diagnosticians. The fact that there was a critical scarcity of health workers who understood the psychology of local patients also had a tremendous impact. In short, health system strengthening with the aim of achieving UHC would provide healthcare to local residents during normal times to protect their day-to-day health and at the same time would provide the foundation for countermeasures during emergencies. The end goal of this would be the actual achievement of UHC, which is counted among the targets of SDG3. Thus, it is my belief that the creation of a health crisis management system and the achievement of UHC are neither contradictory nor competing objectives.

Advancing health systems globally through summits

Given the circumstances described above, and in light of Japan's comparative advantage in the health field and its well-established reputation as a peaceful nation that advocates human security, what measures might Japan be able to promote at the Ise-Shima G7 Summit?

The first item it should consider is health crisis management systems. When it comes to strengthening the global-level system for health crisis management, it may very well be appropriate to reform the WHO to take on greater responsibility. The four reports discussed above all rejected the idea of establishing a new organization to focus on health crisis management, recommending instead that emergency response capabilities be added to the WHO so that it can serve as the primary actor in collaboration with other relevant organizations both within and outside the UN. For this to occur, the relevant actors must work to enhance the WHO's capacity to quickly ascertain the severity of emergency situations, create a system for securing the necessary funding, and introduce mechanisms for working with organizations to provide effective and efficient support as a whole. It is clear, however, that all of these reforms will be difficult tasks that

will require overcoming the bureaucratic obstacles within the UN system. Japan has a long history of engagement in UN reform, and it should utilize the Ise-Shima G7 Summit to create political momentum capable of overcoming those institutional barriers. This is precisely the type of role that Japan should play as the host country of the G7 Summit.

It will also be crucial to help raise the effectiveness of the International Health Regulations (IHR), which prescribe legally binding international rules on health crisis management. Following fundamental revisions in 2005, the IHR came to be a set of regulations under which the global community—rather than just the country or countries immediately affected—was to work together to respond to all public health crises that may be of international concern, not just those related to infectious diseases. The Public Health Emergency of International Concern (PHEIC) declarations made by the WHO in response to the Ebola and Zika epidemics were based on the IHR. However, many countries have yet to meet the standards for basic public health crisis response capabilities (IHR Core Capacity) that the IHR requires. As was clearly demonstrated in the case of the Ebola outbreaks, many emerging and re-emerging infectious diseases first flare up in regions where public health response capabilities are weakest and then affect the rest of the world. From the perspective of global health security—which encompasses one's own national health security—new initiatives to bolster public health response capabilities in fragile countries are essential.

Sharing Japan's experience with the world

As governments work to achieve UHC by the SDG target year of 2030, it should be noted that UHC does not necessarily materialize as a natural consequence of economic development. A good example of this is the fact that there are currently a considerable number of people with limited access to healthcare in the United States, and the Affordable Care Act ("Obamacare"), which aims to increase the number of people who are insured, is still a work in progress.

Meanwhile, there are many countries that, despite being low- or middle-income nations, are making gradual improvements in terms of the number of people with health insurance, the types of healthcare services covered by insurance, and the share of out-of-pocket medical costs borne by patients at the point of care, and they are achieving UHC at an early stage of economic development. In recent years, Thailand is frequently cited as a model, but it was Japan that was the pioneer in this area.[17]

Even prior to World War II, Japan was working to expand the coverage base of its health insurance system. In the early 1960s, when Japan was still a developing country in terms of its economy, it succeeded in creating a universal health insurance system. It has maintained that system to this day, making minor

tweaks to it over the years. Japan's achievement of UHC at the early stage of its economic development stimulated neighbors, including Korea and Taiwan, to follow suit in the 1980s and 1990s.

However, many of these successful systems were designed during periods of high economic growth and population expansion. They are no longer sustainable in an environment of stable but lower growth and shrinking as well as aging populations, and it has become essential that these systems be reviewed. Currently, the overall global demographic trend is toward aging populations. The experience of and lessons learned by Japan will likely be of considerable interest, particularly to the Asian nations whose populations in recent years have been aging at a pace that is similar to or faster than that of Japan. Those countries must now design systems that anticipate the graying societies that they will face a few decades from now. This is a point that Japan, as the host country of the G7 Summit and the only Asian nation in attendance, should raise.

An opportunity to reap additional benefits from crisis response

As asserted in the previous sections, if global cooperation cannot be ensured, then it will be impossible to sustain a health crisis management system that can respond to infectious disease outbreaks like Ebola or to achieve UHC in the face of rapidly aging populations. We must come up with ways to foster partnerships among governance mechanisms at the local, national, and global levels. The Ise-Shima G7 Summit provides a unique opportunity for Japan to do just that.

Japan will convene the May G7 Summit attended by Prime Minister Shinzo Abe and other world leaders, the Tokyo International Conference on African Development (TICAD VI) in August, and the G7 Health Ministers' Meeting planned for September. It thus bears a heavy responsibility for making the world a healthier, more secure community.

Notes

1 Centers for Disease Control and Prevention. "Ten Great Health Achievements Worldwide 2001-2010." Available from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6024a4.htm; Internet; Accessed 6 March 2016.

2 Takemi, Keizo. "21st century type power politics and Japan's health diplomacy." Gaiko Forum Vol.05 (2011): 36-47. (In Japanese.)

3 Abe, Shinzo. "Japan's vision for a peaceful and healthier world." The Lancet 386. 10011 (2015): 2367-2369.

4 United Nations General Assembly. " Transforming our world: the 2030

Agenda for Sustainable Development." Available from http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E; Internet; Accessed 6 March 2016.

5 Murray, Christopher JL. "Shifting to Sustainable Development Goals—implications for global health." New England Journal of Medicine 373.15 (2015): 1390-1393.

6 World Health Organization. "Health in 2015: from MDGs to SDGs." Available from http://apps.who.int/iris/bitstream/10665/200009/1/9789241565110_eng.pdf?ua=1; Internet; Accessed 6 March 2016.

7 World Health Organization, "Report of the Ebola Interim Assessment Panel, 15 July 2015." Available from http://www.who.int/csr/resources/publications/ebola/report-by-panel.pdf; Internet; Accessed 6 March 2016.

8 World Health Organization. "Burden of diseases: DALYs." Available from http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_part4.pdf; Internet; Accessed 6 March 2016.

9 Ikeda, Nayu. "What has made the population of Japan healthy?" The Lancet 378, 9796 (2011): 1094–1105.

10 Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies. "First Report." Available from http://www.who.int/about/who_reform/emergency-capacities/advisory-group/first-report.pdf?ua=1; Internet; Accessed 6 March 2016.

11 Advisory Group on Reform of WHO's Work in Outbreaks and Emergencies. "Second Report." Available from http://www.who.int/about/who_reform/emergency-capacities/advisory-group/second-report.pdf?ua=1; Internet; Accessed 6 March 2016.

12 UN High Level Panel on Global Response on Health Crises. Advance Copy, "Protecting Humanity from Future Health Crises." Available from http://www.un.org/News/dh/infocus/HLP/2016-02-05_Final_Report_Global_Response_to_Health_Crises.pdf; Internet; Accessed 6 March 2016.

13 NAM Commission on a Global Health Risk Framework for the Future. "The Neglected Dimension of Global Security: A Framework to Counter Infectious Disease Crises." Available from http://nam.edu/wp-content/uploads/2016/01/Neglected-Dimension-of-Global-Security.pdf; Internet; Accessed 6 March 2016.

14 Moon, Suerie, et al. "Will Ebola change the game? Ten essential reforms before the next pandemic. The report of the Harvard-LSHTM Independent Panel on the Global Response to Ebola." The Lancet 386.10009 (2015): 2204-2221.

15 World Health Organization. "Contingency Fund for Emergencies, November 2015." Available from http://www.who.int/about/who_reform/emergency-capacities/contingency-fund.pdf; Internet; Accessed 6 March 2016.

16 World Bank. "Pandemic Emergency Facility: Frequently Asked Questions, December 2015." Available from http://www.worldbank.org/en/topic/pandemics/brief/pandemic-emergency-facility-frequently-asked-questions; Internet; Accessed 6 March 2016.

17 Ikegami, Naoki et al ed. "Universal health coverage for inclusive and sustainable development: lessons from Japan." World Bank Publications, ISBN: 978-1-4648-0297-3, July 2014.

About the author

Keizo Takemi, Member of the House of Councillors of Japan. Born in 1951. Earned a master's degree from the Graduate School of Law, Keio University. First elected to the House of Councillors in 1995. Served as parliamentary vice-minister for foreign affairs; chair of the House of Councillors Committee on Diplomacy and Defense; and vice-minister in the Ministry of Health, Labour and Welfare. Current positions include chair of the Liberal Democratic Party's Special Committee on International Health Strategy and member of the UN's High-Level Commission on Health Employment and Economic Growth. He also serves as a senior fellow at the Japan Center for International Exchange.