

The Role and Challenges of Japanese NGOs in the Global Health Policymaking Process

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Chika Hyodo

*Researcher, Waseda Institute for
Global Health;
Assistant Professor, Hirayama
Ikuo Volunteer Center,
Waseda University*

Yasushi Katsuma

*Director, Waseda Institute for
Global Health;
Professor, Graduate School of
Asia-Pacific Studies,
Waseda University*



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Japan Center for International Exchange
4-9-17 Minami Azabu, Minato-ku, Tokyo 106-0047 Japan
URL: www.jcie.or.jp

Japan Center for International Exchange, Inc. (JCIE/USA)
274 Madison Avenue, Suite 1102, New York NY 10016 USA
URL: www.jcie.org

P R E F A C E

For many years, the work of the Japan Center for International Exchange (JCIE) has focused on Japan's role as a global civilian power. More recently, and in keeping with that theme, we have also been conducting a series of activities organized around the concept of "human security." Our decision in 2004 to take up the issue of communicable diseases is one example of this recent programmatic interest, and since that time, JCIE has conducted an array of activities that explore and promote global health cooperation—a field in which there is enormous potential for diverse sectors of Japanese society to contribute globally.

As part of its activities on global health cooperation, JCIE commissioned the Waseda Institute for Global Health to conduct a research project on "The Role and Challenges of Japanese NGOs in the Global Health Policymaking Process," with the support of the Bill & Melinda Gates Foundation. Expectations have been growing within the international community for Japan, with its unique experience and knowledge, to make a greater contribution in the field of global health. One area in which Japan could potentially play a more prominent international role is through the contributions of Japan's civil society to global health.

Accordingly, JCIE requested that the Waseda Institute for Global Health carry out a survey of current Japanese NGO activities in global health, with a particular focus on their advocacy efforts. The research team conducted a vigorous study, exploring the various issues that face Japanese NGOs working in global health, and conducting interviews with representatives of the major NGOs to find out how these issues are being addressed. As a result, they identified concrete issues for Japanese healthcare NGOs, as well as future tasks and directions that these NGOs must pursue if they are to play a greater international role. We believe that the research findings presented in this report will prove to be instructive for those interested in Japan's global health agenda, and particularly to those interested in the role of NGOs in forming and carrying out that agenda.

We are grateful to Professor Yasushi Katsuma and Assistant Professor Chika Hyodo of the Waseda Institute for Global Health for conducting this study. We would also like to express our sincere gratitude to those in the NGO community and in the global healthcare field who took the time to assist us with this project. Particular thanks go to the Bill & Melinda Gates Foundation for their generous support.

TADASHI YAMAMOTO
President
Japan Center for International Exchange

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1. Background and Objectives of the Study

The advance of globalization has had a major impact since 1990 and has brought about rapid changes in the environment surrounding global health. Today, what happens in one country or region can no longer be considered irrelevant to any country, organization, or individual around the world. Global health, which focuses on controlling infectious diseases and other issues, is no exception to that rule. In an age when many diseases traverse national borders in much the same way that people and goods do, it is clear that the responses to these diseases require approaches that transcend borders as well. In fact, a variety of institutions including international organizations, nongovernmental organizations (NGOs), private businesses, and foundations are responding not only by providing health services, but also by creating a new political space in the fight against infectious disease, and have been cooperating as new actors in the policymaking process. In recent years, we have seen an increasing number of academic attempts to understand this trend comprehensively as “global health governance,” and there is a deepening debate on the need for a new system and type of global health policymaking that incorporates diverse actors rather than taking the state or government as the primary unit of analysis (Dodgson and Lee 2002; Aginam 2005; Zacher and Keefe 2008).

Zacher and Keefe (2008) point to four factors that have energized the global health field since the 1990s: the adoption of the Millennium Development Goals (MDGs) in 2000, the AIDS epidemic, the expansion of civil society involvement in health programs, and the creation of global health partnerships. While this reenergizing is in part a response to the urgent issue of controlling diseases that threaten human existence—as symbolized by the AIDS epidemic—the consensus within the international community that is manifested in the MDGs, for example, has raised the level of priority accorded to global health measures within each national government.

It was against this backdrop that Japan, as an industrialized nation, also began to assume responsibility in the global health field. To illustrate the Japanese government's efforts, table 1 shows the contributions made to international organizations in the global health field from Japan's FY2006 official development assistance (ODA) budget. These funds can be taken as one indication of the scale of Japan's influence on global health. In addition, figure 1 shows Japan's bilateral assistance and the changes in the portion of those budgets allocated to the health field. The uses of those funds are diverse, but as long as the Japanese government is making contributions, it is naturally responsible for those donated funds and the way in which they are used. Japan's contributions have not only been made through the provision of grants; it has had an impact as well through its leadership in such instances as the Okinawa Infectious Diseases Initiative (IDI), which was approved at the 2000 Kyushu-Okinawa G8 Summit, and the Toyako Framework for Action on Global Health, which was produced at the Hokkaido-Toyako G8 Summit in 2008. Increasingly, Japan has an important role to play, not just in setting its own policies but also in efforts to set global rules and agendas, and the international community is asking, "What can Japan contribute?"

One expectation of the international community is that Japan's global health commitment, which is extremely influential and has the potential to make even greater contributions in the future, will involve NGOs.

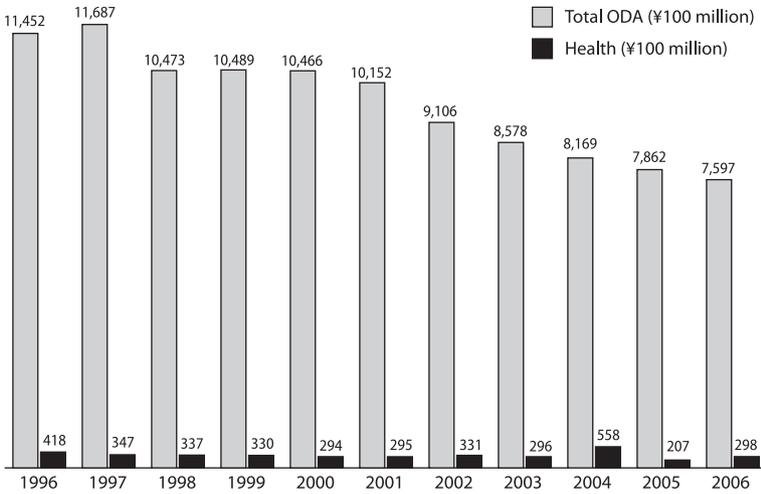
Table 1. Japanese government contributions to international organizations, 2006

| Recipient | Amount (¥1,000) |
|---|-----------------|
| Asian Development Bank (ADB) | 37,395,260 |
| Joint UN Programme on HIV/AIDS (UNAIDS) | 322,756 |
| International Planned Parenthood Federation | 1,476,268 |
| UN Children's Fund (UNICEF) | 13,426,292 |
| UN Population Fund (UNFPA) | 4,069,910 |
| Global Fund to Fight AIDS, Tuberculosis and Malaria | 20,646,755 |
| World Bank (includes IDA, IBRD, and GEF) | 205,015,526 |
| World Health Organization (WHO) | 4,271,946 |
| UN Trust Fund for Human Security (UNTFHS) | 2,000,000 |

Source: Ministry of Foreign Affairs website [modified by authors]

Within the context of global health governance, the role and the potential of civil society, including the NGOs that have been emerging on the global scene, have already been demonstrated in a variety of ways. In particular, attention is being paid not only to health services provided directly to users

Figure 1. Changes in proportion of bilateral ODA allocated to health



Source: Ministry of Foreign Affairs website [modified by authors]

with various needs but also to policy advocacy by NGOs. This advocacy can target various levels—global, national, and local—and actors, and many have pointed out its importance in terms of “representing the voice of civil society” and having an impact on policymaking. For example, the World Health Organization (WHO) has cited “policy setting” and “resource mobilization and allocation” as two functions of civil society in the health system (WHO 2001). The WHO understands health to be the outcome of social, economic, and political actions, and this perspective recognizes the significance of having the active involvement of not only professional medical groups but civil society as well in the policy process. Also, it has been pointed out that theoretically civil society has the ability to influence the process by setting the objectives, agenda, and discourse (Peter Wall Institute for Advanced Studies 2007, 6). While there have been counterarguments emerging—e.g., “To what degree do NGOs represent civil society?” and “For whose benefit do these organizations exist?”—there seems to be a definite international recognition of the importance of civil society involvement in global health. In his discussion on the “creation of the global community, Iriye (2002, 167) cites several factors for the increased relevance of NGOs at the end of the 20th century, including “the need for private funds for carrying out important projects, the unwillingness of sovereign states to

undertake certain projects, (and) the growth of global issues for which only transnational solutions were possible.” Global health, which focuses primarily on measures to address infectious disease, is certainly symbolic of those factors.

On the other hand, if we examine the actual activities conducted to date by global health NGOs operating in Japan, it would be a stretch to say that they have been active in policy advocacy. Of course, it is true that the global health NGOs have held regular dialogues with the Ministry of Foreign Affairs (MOFA) since the 1990s, have conducted advocacy at UN conferences, have held study group meetings with members of the Diet, and so on, and they have produced some results in terms of ODA health policy, for example. However, considering the scale, methods, and other aspects of their activities, these NGOs have not influenced Japan’s global health policy in a way that effectively reflects Japanese civil society.

Based on this understanding of the current trends in the field, our study had the following two objectives:

- a) to analyze why Japanese NGOs in the field of global health are not adequately fulfilling their expected role in the policymaking process
- b) to offer suggestions on ways to build the capacity of Japanese NGOs to formulate policy recommendations

This study is intended to clarify the issues and challenges facing today’s Japanese NGOs from the perspective of policy advocacy and, based on that, to outline possible future avenues that these NGOs might explore.

1-1. PROJECT METHODOLOGY

This study surveyed the current work of global health NGOs in Japan in order to analyze the advocacy they are conducting. The methodology entailed an analysis of the literature as well as an analysis based primarily on interviews with actual NGO employees involved in advocacy efforts. As shown in tables 2 and 3, the interviewees were those at Japanese global health NGOs who are relatively active in policy advocacy. Accordingly, the analysis in this study of the current situation among NGOs relies on data from evaluations by NGO practitioners of their own activities and those of NGO networks.

Table 2. List of interviewees

| Name | Title | Name of NGO |
|-----------------|--|---|
| Masaki Inaba | Program Director of Global Health Division | Africa-Japan Forum |
| Kazuo Miyata | Executive Director | Japan AIDS & Society Association |
| Takumo Yamada | Advocacy Manager | Oxfam Japan |
| Miki Nishiyama | Program Officer for Thailand | SHARE (Services for the Health in Asian & African Regions) |
| Sumie Ishii | Executive Director | JOICFP (Japanese Organization for International Cooperation in Family Planning) |
| Ryoichi Suzuki | Deputy Executive Director | |
| Reiko Ezaki | Deputy Director General | Japan Committee "Vaccines for the World's Children" |
| Tsutomu Nemoto | Program officer | |
| Minori Tanimura | Advocacy | World Vision |

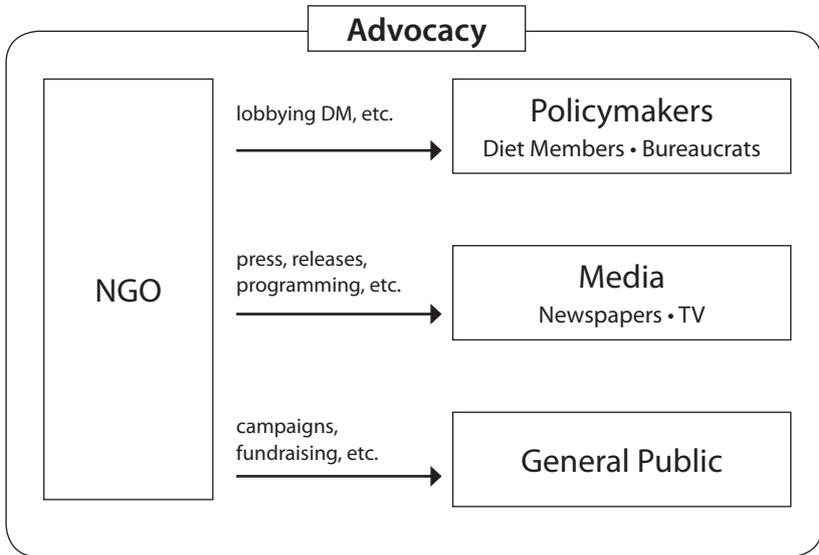
Table 3. List of advisors

| Name | Title | Organization |
|-------------------|--|--|
| Hiroyuki Nagasawa | Secretary General | Foundation for Advanced Studies on International Development (FASID) |
| Tomoya Yoshida | Assistant Director, Project Management Division, Financing Facilitation and Procurement Supervision Department | Japan International Cooperation Agency (JICA) |
| Ken Kubokura | Reproductive Health Division, Health Systems and Reproductive Health Group, Human Development Department | |
| Miki Nagashima | Board Member, Africa 2008 Campaign Coordinator | TICAD Civil Society Forum |
| Satoko Itoh | Chief Program Officer | Japan Center for International Exchange (JCIE) |
| Tomoko Suzuki | Program Officer | |
| Kazuo Kuroda* | Professor | Waseda University Graduate School of Asia-Pacific Studies |

* In October 2008, the authors held a meeting at Waseda University's Graduate School of Asia-Pacific Studies to present their interim report. The presentation was given by Chika Hyodo, and Kazuo Kuroda and Miki Nagashima offered comments as advisors.

It should also be noted that, for the purpose of this study, the NGO activities are analyzed from the perspective of “advocacy” (*seisaku teigen katsudo*) in the English sense of the word. As shown in figure 2, the study assumes that there are three targets of NGO advocacy: policymakers, the media, and the general public. Within these three categories, advocacy aimed at members of the Diet, bureaucrats, and other policymakers includes what is also called lobbying, and equates to “direct advocacy.” On the other hand, press releases and other efforts to work through the media or advocacy in the form of “campaigns” that reach out broadly to the public cannot be considered to be advocacy in the direct sense. The English word “advocacy,” however, in its broad sense connotes all of these activities.

Figure 2. Advocacy as defined in this study



The analytical perspective taken in this study focuses on NGO advocacy as comprising this comprehensive set of activities and capabilities. This recognizes the close relationship that exists between advocacy aimed at policymakers, the ability of the media to convey information, and the formation of public opinion by citizens. The study is also premised on the idea that there is a strong relationship between advocacy and other NGO operations and that educational efforts targeting the media and the public are an extremely important factor for NGOs and their overall operation.

1-2. STRUCTURE OF THE REPORT

The second section of this report analyzes the current status of policy advocacy being conducted by Japanese NGOs in the field of global health. It considers the general outline of the issues facing Japanese NGOs from the perspective of their advocacy capabilities and their partnerships with other organizations.

Drawing on the circumstances identified in section two, section three concentrates on areas in which Japan's global health NGOs can feasibly achieve improvements in the short term. In particular, the discussions focus on the creation of strategies for advocacy and on fundraising.

Section four analyzes functions and roles of various Japanese organizations related to global health cooperation in order to deepen our understanding of the background behind issues facing NGOs and the NGOs' potential for advocacy. It also tries to present an overall picture of global health cooperation within Japanese society and the position of NGOs within that context. At the same time, this section considers the factors behind the organizational vulnerability and difficulties in conducting advocacy that face NGOs in Japanese society.

Section five examines representative cases of actual NGO accomplishments to date and provides case study analyses. In these case studies, particular attention is given to notable partnerships from a policy-advocacy perspective, and their results and causes are analyzed.

The final section offers suggestions, based on the above analysis and inquiry, regarding potential areas of future activity for Japan's global health NGOs.

2. Analysis of the Current Status of Japanese NGOs

2-1. REQUISITES FOR NGO POLICY ADVOCACY

As indicated above, in the debate on global health governance that arose in the 1990s, attention was paid to agenda setting, putting pressure on government policy, and creating the discourse in specific areas of civil society advocacy. Within that context, there has been increasing recognition that NGOs have been developing in the area of being able to set goals regarding what should be done on policy. Reflecting that shift, as this study evaluated Japanese NGOs' capacity to conduct policy advocacy, it considered the specific roles that today's Japanese NGOs must play and the capabilities they need to possess.

This report first considers this question from the perspective of NGO practitioners who are actually conducting advocacy. Masaki Inaba of the Africa-Japan Forum (AJF) indicates a need for “the ability to use specific types of data to produce definite policy directions—for example, being able to say that funding must be invested in this or that area.” Of course, recognizing the importance of NGOs as “watchdog” institutions—having a critical perspective on decisions made by government policymakers and keeping a watch on proposed policies from their perspective as part of civil society—Inaba also points to the need for NGOs to be able to gather diverse data, create independent policy directions, lobby the government, and be convincing. Compared with the advanced efforts by civil society in other nations, Inaba feels that this is an area where the current capacity of Japanese NGOs is low.

Takumo Yamada of Oxfam Japan discusses this as “the ability to understand Japan's uniqueness and propose macro-level policies.” He describes the current situation, stating, “Japanese NGOs are very good at proposing

policies that impact their own project region. In other words, they are capable of advocacy at the micro level based on detailed information. However, when it comes to discussions at the project level, or when it comes to the macro level—e.g., ODA policy as a whole or its overall allocation in the context of world trends—these NGOs tend to produce slogan-like ideas that rely on set political ideology.” Yamada describes what is required of NGOs as being the capacity to influence those decision-making institutions that have a global impact by applying the information they gain from their own project sites and from NGOs in their networks to their advocacy efforts.

In addition, from the perspective of someone who has been conveying policy recommendations to Diet members, government bureaucrats, businesspeople, and others, Satoko Itoh of JCIE notes the importance of “the ability to interact with the people you want to reach with your advocacy.” In particular, she states, “the ability to effectively convince others of your position by communicating not only based on your own interests but also based on an understanding of the other person’s logic and awareness” is an essential skill that relates to the specific methodology of advocacy.

In light of these comments from individuals who are actually conducting advocacy work, this section analyzes the current status of Japanese NGOs based on the perspective that the policy advocacy capabilities expected of them at present include

- (a) the ability to analyze information and expertise gained from their project sites and their global networks, interpret that information in the context of Japanese society, and formulate their own strategy for policy advocacy; and
- (b) the ability to then take a macro perspective, figure out the policy trends, and hold productive dialogues with the intended recipients of their policy advice in order to convey their recommendations.

2-2. THE ADVOCACY CAPACITY OF JAPANESE NGOS

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 JOICFP (Japanese Organization for International Cooperation in Family Planning) that began in the midst of the 1960s economic boom 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. Subsequently, in the 1970s and 1980s, organizations including the Association for Aid and Relief, Japan, and Services for the Health in Asian & African Regions (SHARE) were launched in similar fashion to conduct assistance projects on the ground. The broadening of activities that occurred in the 1990s was built on the experiences gained in projects conducted by these types of organizations. The majority of the organizations included in the directory at the end of this report, among others, really began developing their activities in the 1990s.

If we look at the work of these NGOs to date from the perspective of "advocacy," it was also in 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 policy through the Japanese government, and 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 World Vision Japan, Oxfam Japan, and Plan Japan—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 developing efforts jointly to carry out advocacy in Japan.

(1) 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. Also, there are many NGOs in Japan that work in the broader field of international development cooperation rather than specializing in health, and 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 directory provided in the appendix of this report covers 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 organization, to those 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 JOICFP, the AJF, Oxfam Japan, World Vision Japan, and Japan's Network for Women and Health that have sections or staff that primarily handle advocacy, the media, and campaigns for the general public, and these organizations have a shared institutional awareness of the fact that advocacy, as well as fieldwork, is an important area for them as an organization.

In particular, the AJF does not conduct fieldwork in developing countries and views its primary work as "advocacy" in Japan. Also, 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. 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.

The final section of this report offers a summary of those few organizations in Japan that carry out advocacy work, and it can be noted that overall, many of them are organizations with relatively large operating budgets. In particular, 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, domestic program expenses, and so on, tends to be small. In particular, in terms 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 money for advocacy.

So why is it that advocacy receives such low priority within the work of Japanese NGOs? Miki Nishiyama of SHARE, a Japanese NGO that carries out field projects focusing on AIDS in Thailand and elsewhere and that is well regarded in the health field, speaks of the structural issue:

We are aware that advocacy is important, but in reality, our hands are full trying to run our field projects, and there is no room time-wise or mentally for our staff to do anything more. If the people in charge use part of their time for network conferences and advocacy work despite that situation, they begin to question what the essence of their own organization's work really is.

Behind that issue lies the fact that many organizations receive funding for their activities in the form of government grants (see appendix), so fulfilling those contractual obligations becomes a priority in their work. It is an issue of institutional priorities.

According to Nishiyama, however, the problem extends beyond just structural issues:

We don't have a good understanding of how to tie advocacy to our field projects, and there is no shared perception of the importance of doing so as an organization. We are not very good at framing the debate within the larger context. Even at the project base, if we hear that there is a problem facing local residents, for example, how do we tie that to the national level, to the world, to the UN, or to other international institutions? Creating those links is very difficult. In particular, our work is really at the regional and village level, so there are a lot of areas where we do not know how to connect that to the debates at the international level.

In this way, we can conclude that 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. On this point, Yamada of Oxfam Japan notes that the issue for Japanese NGOs is that “institutionally they don't understand the cycle of how benefits can be secured for their projects through the achievements gained through advocacy.” That 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. One additional factor is that the number of people in NGOs who are capable of doing that is extremely limited.

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.

(2) Financial vulnerability

One external 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. As shown in the appendix materials, 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 organizations' 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 JOICFP and AJF have received funds from American foundations for advocacy, but they are the exception to the rule in Japan, and 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. Yamada of Oxfam Japan describes the impact that this absolute deficiency of funds has on advocacy:

Advocacy is just a small percentage of the amount NGOs need to operate. However, that only applies if the overall funding for their work is a big pie; if the overall funding is a small pie, then the funds needed for advocacy take up a bigger percentage of that total. At that point, it is difficult to rationalize spending money on advocacy, particularly in terms of donor accountability.

This indicates that NGOs are 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 choose how 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, but according to Inaba of AJF, who has received funds for advocacy from US foundations,

Among Japanese private corporations and foundations, there is absolutely no recognition of NGOs as being able to serve as a kind of policy trendsetter. Particularly among corporations, there is a strong emphasis on fieldwork in the sense of working on the ground to directly help people in need.

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.

(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, the fact that there are so few people who possess those talents means that 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 another 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 with experience train younger personnel on a case-by-case basis when they are actually conducting 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.

2-3. PARTNERSHIPS BETWEEN JAPANESE NGOS AND GOVERNMENT, RESEARCH INSTITUTES, AND INTERNATIONAL NETWORKS

(1) Government relations

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 mandates at certain points in time.

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 placed on developing policies in those areas. To do that, JOICFP brings experts from Japan and abroad talk with the Diet members about global trends in specific areas, thereby raising the priority of policies in those areas. Fifteen sessions have been held to date, and they continue to be conducted on a regular basis. World Vision Japan works to protect the interests of children, and when the head of the international organization visits Japan, it tries to set up direct dialogues with government bureaucrats and members of the Diet. 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 Ministry of Health, Labour, and Welfare (hereafter, Ministry of Health) 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 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 GII/IDI

(GII: Global Issues Initiative on Population and HIV/AIDS), as well as the Health Working Group working in the lead-up to the Hokkaido-Toyako G8 Summit held in 2008.

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 government. However, Kazuo Miyata of the Japan AIDS & Society Association, who has been active primarily in government-oriented advocacy in the AIDS field since the early 1990s, believes that “until around the mid-1990s, even if the Japanese government held discussions with NGOs, they did not really acknowledge the need to respond to their policy recommendations.” He notes, “The 2000 Kyushu-Okinawa Summit’s Infectious Diseases Initiative became a turning point.” JOICFP, which serves as a secretariat for and plays a central role in the activities of these types of alliances, also points to the 1994 Cairo Conference as a period when global awareness of NGO involvement in policy grew and when the Japanese government’s awareness began to change as well. The UN conferences, G8 summits, and international AIDS conferences were thus effective opportunities for offering policy recommendations to the Japanese government.

As Miyata noted, one example of government recognition of this type of relationship between NGO alliances and government was the 2000 Kyushu-Okinawa G8 Summit’s IDI, which is taken up as a case study in section six of this report. Hiroyuki Nagasawa of MOFA, who was involved in drafting the initiative, noted, “We talked to many relevant people in deciding on the IDI. In that process, we had seen the results of the GII Dialogues, and based on the trust we had developed there, we asked for the NGOs’ opinions and worked together on the draft.” This was an example of the NGO alliance having an impact on the Japanese government at the policy drafting stage.

On the other hand, many NGO representatives noted that their own experience has been that the willingness to receive recommendations relies on the individual policymaker’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) The ability of Japanese NGOs to formulate and convey strategies

From the perspective of formulating strategies and creating trends, the ability of Japanese NGOs to convey their ideas is important, but according to Miyata, NGOs on the whole “are weak in terms of introducing what is happening in the world to Japan and conveying what is happening in Japan to the rest of the world.” The lack of funding and capable personnel is also a factor, 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 NGO staff, it takes major efforts to translate the information they get in order to convey it to others. In addition, to then reformulate that information within the Japanese context in order to create some strategy based on the information 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 World Vision, 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 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.

Another type of linkage is that between NGOs and international organizations. In 2007, the AJF published a report titled *NGO no hoken bunya ni okeru kokusai-kikan to no renkei* (NGO cooperation with international organizations in the health field) as the product of a MOFA grant for NGO capacity-building projects. Although this report describes some examples such as SHARE, which is cooperating with the United Nations Development

Programme under a grant from the UN Trust Fund for Human Security, as an indication of the potential for NGO cooperation with international organizations, it can be inferred that the number of actual cases of active cooperation that have led to effective advocacy geared toward governments and other targets is extremely small.

3. Strengthening the Capacity of Japan's Global Health NGOs—Focusing on Areas Where Short-Term Results Are Feasible

The previous section outlined the current status of health-related NGOs and analyzed the issues they face, focusing on advocacy. Based on that analysis of the current situation, this section analyzes areas that can be strengthened from the perspective of what can feasibly be done in the short term to improve NGO advocacy. In particular, this section will consider two points that are important in terms of carrying out effective advocacy in the future: how to formulate effective advocacy strategies and how to obtain funding to support advocacy.

3-1. TOWARD STRATEGY FORMATION FOR ADVOCACY

The current situation in terms of strategy formation for advocacy is that individual NGOs are conducting advocacy and each organization is groping around to find its own methodology. At World Vision Japan and Oxfam Japan—organizations that are positioned as Japan offices of international NGOs—they have established a systematic methodology at the global level for approaching policymakers, the media, the general public, or others, and so they are searching for how to apply that and put it to work in the Japanese culture. In terms of the information that forms the basis for their strategy, these organizations share information and databases compiled by a global institutional network, primarily through the Internet. Even if they are not directly gathering the information themselves, organizations such as JOICFP, AJF, and Japan's Network for Women and Health, as the Japan focal point for international networks in their fields, are able to follow the

global trends related to their area of expertise and get a constant flow of the information they need for advocacy, and as a result they are able to carry out their own advocacy. On the other hand, even though Japan's NGOs have access to international networks, they place their central focus on carrying out projects in the field. Accordingly, they analyze project-related issues primarily based on expertise gained from on-the-ground experience related to individual projects, and most of their advocacy is done on a relatively small scale.

In order for NGOs to formulate advocacy strategies, it is always necessary to improve each organization's capacity within the context of their daily institutional operations. For that purpose, NGO representatives indicate that they need high-quality advocacy staff, and that the ideal would be to have resident staff that could not only formulate policy recommendations but also deal with the media and conduct campaigns. However, that type of improvement is connected to the strengthening of the organizations as a whole, and is a process that will take a very long time.

(1) Creating an "NGO consortium"

When analyzing areas that can be improved in terms of Japanese NGOs' ability to conduct advocacy as a whole, and particularly their ability to formulate strategy, one point that we must take note of is the advocacy work done to date by loose networks and alliances of NGOs. For example, one notable achievement by an NGO alliance working with policymakers is the MOFA-NGO Open Regular Dialogues on GII/IDI. Launched in 1994, this is a regular meeting that involves MOFA and a network of what are now 41 NGOs in the health field. The result so far has been more than 80 meetings, conducted once every two months. Among the concrete results of this process have been the submission of policy recommendations by the NGO alliance and the participation of NGO representatives in government delegations to such UN conferences as the Cairo Conference, the Beijing World Conference on Women (Beijing Conference), and the UN General Assembly Special Session on HIV and AIDS. These were advocacy efforts not by single NGOs but by alliances of health-related NGOs, and based on their achievements to date, they can be deemed as having functioned very effectively.

One option for the future that was commonly pointed out by NGO representatives is the strengthening of advocacy efforts by this type of NGO

alliance. In particular, many of the NGO personnel interviewed spoke of the concrete effects that could be produced by advocacy conducted cooperatively by international NGOs and domestic, project-oriented NGOs. Yamada of Oxfam Japan describes his image of what that might entail as follows: “It would be an NGO alliance that could move with flexibility and speed on a broad range of issues and an alliance that exists not only to respond to some specific opportunity but at normal times as well.” You could call this a strengthening of the organic network functions that would allow it to adapt to changing conditions or objectives. Currently, the MOFA-NGO Open Regular Dialogues on GII/IDI are conducted on an ad hoc basis, but a permanent network is strongly needed.

With regard to the effect such a network would have, Sumie Ishii of JOICFP notes first that since the Japanese government tends to respect recommendations presented as the consensus of Japan's international health NGOs rather than recommendations from individual NGOs, alliances have greater influence. Also, Ishii feels that the most important point is the sharing of the global data and information that international NGOs can bring and the large amounts of information and experience that the project-focused NGOs possess, stressing the significance of then using that information to form strategies as a group. On this point, the AJF's Inaba points to the potential for Japanese NGOs to play a role in creating trends in Japan's internal health policy:

It is important to improve so that the Japan branches of international NGOs and Japanese NGOs can work well together and, while sustaining the momentum of actors in Japan, can formulate practical policies. We should also conduct our own data analysis and strengthen the interaction between on-the-ground NGOs and advocacy NGOs.

Another commonly held opinion was that it is very important in particular to have the participation of Japanese implementing NGOs in this type of alliance. Minori Tanimura of World Vision Japan calls it an effective strategy in the sense that it “maintains a Japanese face while at the same time forming connections with overseas NGOs through Japanese NGOs.”

Also, from the perspective of advocacy strategy, Miyata of the Japan AIDS & Society Association discussed the linkages not only between international NGOs and Japanese NGOs operating overseas, but also with organizations that are conducting assistance activities within Japan.

If you are talking about AIDS, the issue is that there is no link between domestic policy and advocacy on international aid policy. The question is how to link those two activities in terms of advocacy strategy. For that purpose, we need cooperation between organizations that carry out international aid work and advocacy in the AIDS field and those organizations working in the field within Japan.

In other words, Miyata's standpoint is that you can bring strength to advocacy activities themselves if you start from the shared agenda of working in the health field and engage more NGOs in the process of formulating advocacy strategy. Consistency with domestic policy is considered by Miyata to be an important point in terms of developing a Japanese health policy that has an international perspective, and an NGO alliance could play an important role in terms of invigorating advocacy efforts on Japanese health policies as well.

On the other hand, however, in order to make sure that this kind of alliance functions effectively, there are a number of challenges that need to be overcome. Many NGO representatives pointed out the difficulty of making adjustments when their own institutional priorities do not correspond to the priorities of the alliance. In particular, when it comes to working out the specific content of policy recommendations, there are various competing interests and power relations between the organizations, and it requires a fair amount of energy to accommodate those differences. However, based on the experience to date with advocacy work for the G8 summits, most agreed that it was certainly possible to do so if enough time is given.

(2) Cooperation with research institutions

Greater cooperation with research institutions is another potential area in which one could expect to see results. Ishii of JOICFP describes the positive implications of this:

It is important that advocacy work by NGOs be based on research findings. Depending on the target of the advocacy, having an academic or scientific basis to your recommendations can produce more effective advocacy. Also, expanding the scope of advocacy work requires a process of linking projects to advocacy through theory, and academic skills are beneficial in providing methods to do so.

This type of cooperation between NGOs and academia would enable a sharing of scientific data and systematization of knowledge gained through experience in the field. However, NGOs usually see research institutes as leaning toward medical and epidemiological research and rarely focusing on policy formation.

In that sense, the research project on “Challenges in Global Health and Japan’s Contributions” that JCIE conducted in preparation for the Hokkaido-Toyako G8 Summit, which is described in detail in the case studies in section 5, is a very interesting example of cooperation among academia, NGOs, and other stakeholders. That project was led by Keizo Takemi, former senior vice minister of health, labor, and welfare, and included members from NGOs, universities, government agencies, and elsewhere. The group’s clear objective was advocacy toward the G8 Summit, for which Japan was the host country, and in the sense that it created a policy direction for the Japanese government based on research and theory, it is an instructive approach for the future.

Also, cooperation with academia offers other potential opportunities in addition to the research aspect—cooperation with international health and medical associations, for example, strengthening human resources through exchanges, or approaching the media through universities. If one takes a positive view of the position of universities in society, then one possible advantage of working with them would be the opportunity to add greater conceptual depth to the policy recommendations offered by NGOs by using universities more strategically.

(3) Methods that take Japan’s political culture into consideration

Another point that many NGO representatives mentioned as something that was necessary in order to formulate more effective strategies was understanding that Japanese policymakers have their own peculiar “political culture.”

First, in Japanese bureaucratic institutions such as MOFA and the Ministry of Health, which serve as decisionmakers for the Japanese government, personnel systematically change positions roughly every three years. This fact is highly significant for advocacy efforts by NGOs. The bureaucracy, since it assumes that the people in charge will change every three years, is set up in such a way that no matter who takes over next, they can

adapt to some degree. For that reason, Japanese government bureaucrats tend to emphasize reaching decisions through consensus building to a great degree, which takes a very long time to move things forward. One could say that this is a way to ensure that, once decided, things move forward even if the person in charge changes midway through.

On the other hand, the response to NGO advocacy efforts relies to some extent on the individual abilities of the bureaucrat to whom the recommendations are made. Depending on who the person in charge is at a given time, there will be a different level of understanding of the recommendation proposed by an NGO and a different awareness of the role of NGOs, and the ability of a recommendation to have some kind of impact will greatly change based on how an individual recognizes the meaning and importance of advocacy. Also, it is important for NGO advocacy that there be daily, careful cooperation with government through individual communication and mutual trust. The NGO representatives share the common perception that it is “not just what is proposed, but to whom and how it is proposed” that has an impact. Another general trend that was often pointed out was that government bureaucrats prefer dialogue rather than a confrontational type of approach when it comes to NGO advocacy. Many NGO representatives spoke frequently of their impression that advocacy is extremely effective when policymakers do not feel that policies they have already produced are being criticized but rather that “they can have a beneficial dialogue in the process of formulating policies.” On the other hand, there is a fear among NGO representatives that this waters down the NGO’s critical perspective—that their views are being adapted and used as the government sees fit—and people are becoming considerably more aware of this.

In addition, one issue that is generally mentioned as being peculiar to Japanese society is the strategic effectiveness of using external pressure. The general understanding among NGO representatives is that, while presenting what is happening globally as a way of influencing domestic policy is one method of persuasion, its effectiveness depends on the situation. Depending on the policymaker—the individual bureaucrat or Diet member—this method might work or they might take the position that “in Japan we have our own way of doing it” and not like the recommendation, so the representatives interviewed for this project felt that it is hard to generalize.

Also, policymakers include not only bureaucrats but also Diet members, and in terms of the dynamics between them, JOICFP’s Ishii stresses that advocacy toward Diet members should not be done independently; it is

more effective to approach Diet members based on communication with the relevant government bureaucrats. Ishii emphasizes that “each side is a target of advocacy, but information sharing and mutual trust are at the base of NGO advocacy efforts,” and this is a Japanese way of conducting these efforts.

Considering this political culture surrounding the relationship between policymakers and NGOs Tanimura of World Vision, for example, proposes an interesting strategy: “If there is resistance to a one-on-one relationship between the government and NGOs, one method is perhaps to hold dialogues with the government that involve a combination of stakeholders.”

3-2. CREATING AND MAINTAINING A ROUTE FOR PRIVATE-SECTOR FUNDING

Another priority area is the improvement of NGO fundraising abilities. The current breakdown of NGO operating funds includes individual contributions, income from independent programs, commissioned programs, grants, and so on, but in order for Japanese NGOs to carry out advocacy on a consistent basis, they need a system for getting an ongoing, long-term flow of funding rather than short-term project funding. Also, when NGOs conduct government-oriented advocacy, their reliance on funding from the government makes it difficult to guarantee the NGO's objectivity and ability to critique government policies. For that reason, because of the peculiar nature of the activity as well, the appropriate path in the future is for private organizations within Japan, such as foundations and private companies, to actively provide support.

However, according to the NGO representatives interviewed in this study, there currently are hardly any Japanese private foundations or private corporations that actively provide support for advocacy.

There are two reasons why private corporations in particular find it difficult to support NGO advocacy. One is related to the “fields and themes” of advocacy. For example, based on her experiences working in Thailand, Nishiyama notes,

Japanese companies in Thailand will give funds for such activities as offering scholarships to AIDS orphans or providing stationery supplies or used cars. But when it comes to issues related to migrant laborers or sex workers, they

won't provide support. Companies won't actively support NGOs if it doesn't fit into the image of 'helping those in distress.'

This trend means that Japanese private companies will not actively support an NGO working on AIDS issues if that NGO's interests lie in such areas as minorities, which involve legal and other political issues.

Another reason is that Japanese private companies tend to prefer to directly support projects rather than advocacy. This demonstrates that private companies have a pre-existing image of corporate social contributions that entails direct aid to those in distress, and they lack an image or understanding of advocacy or any other ways to contribute to society.

On the other hand, it is worth taking note of the fundraising done by the Japan Committee Vaccines for the World's Children (JCV) as one approach to working with private companies. This NGO works with the objective of providing vaccines to children around the world, and its president is Kayako Hosokawa, the wife of Japan's former prime minister, Morihiro Hosokawa. The main focus of the organization's work is fundraising in order to provide vaccines to children in developing countries; it does not actually conduct projects on the ground in those countries. Since this NGO's founding in 1994, the amount of funds it has raised from private corporations has been rising, and the organization interacts with private companies on a daily basis. Based on this experience, Reiko Ezaki of the JCV points to the fact that its activities are "easy to understand" as a factor in its successful efforts to get corporate support. Ezaki notes that "the image of saving children's lives by providing vaccines" is very easy to understand in the context of a company's corporate social responsibility (CSR) and is therefore appealing. It is also easy to account for the way in which the funds were used because one can count how many vaccines were delivered. Of course, the JCV does not conduct direct advocacy targeting policymakers, but through the act of fundraising it conveys an educational message that raises public awareness of the importance of global health, and that can be interpreted as advocacy. This case also suggests that some potential does exist for Japanese companies to provide funding in the global health field.

Against this backdrop, Tanimura of World Vision Japan, whose own NGO activities receive support from Japanese companies, discussed the different stages of corporate support:

There are a number of steps involved in corporate support for NGOs. The first step is for individuals from private corporations to go directly to the

site where an NGO project is being conducted and provide funding or other project-based support. The next step is not special support for a project that the NGO is already conducting, but rather getting people from the company involved in the NGO's operational activities and having them provide financial support. As the next step, they can think about corporate support for the NGO's advocacy work.

For example, World Vision Japan, which raises its annual ¥3.3 billion operating budget from donations, also places priority on “approaching corporations by showing the output of the campaigns” and is working to strengthen its efforts in this area. Its methodology is to convey to its supporters not only the type of information usually provided to foster parents but also policy information so that it can get ongoing support. This organization clearly states that its philosophy is to represent the interests of the children, and as part of its effort to show its supporters how policy advocacy is tied to the improvement of children's lives, it has created an advocacy page in its newsletter as one of its activities. Of course, this methodology is in part based on the creation of a global strategy by World Vision, but it also shows that the potential for raising funds from Japanese corporations does exist, depending on the method of approach used.

Based on these results, one can conjecture that private companies are open to providing support for the activities of NGOs in the global health field. Regarding the form that support will take, companies will not jump immediately into advocacy targeted at policymakers but rather must follow a process. Depending on the method, however, there seems to be ample room to develop a route for securing private company funding for NGO advocacy in Japan in the future.

In order to take advantage of private resources and request corporate support for health NGOs' advocacy work, NGOs need to improve their corporate-focused advocacy and develop collaboration with private companies. The current passivity of companies is, of course, a result of their rigid image of social contributions, but this is probably caused by their inadequate understanding of what support for advocacy means, as well as their lack of knowledge of international policy or ability to understand the trends in that policy. It would be useful to try to encourage understanding in Japanese society and among private companies of the fact that the methodologies used by private companies, such as public relations campaigns, would be extremely beneficial if applied to NGO advocacy work as well. There are already activities underway that extend beyond cooperation in

Japan. For example, when the Taisei Corporation carries out infrastructure-building projects in developing countries, it has been working together with an international NGO that has a local office in Japan to carry out an HIV/AIDS prevention program. This type of example shows the potential opportunities for building collaboration.

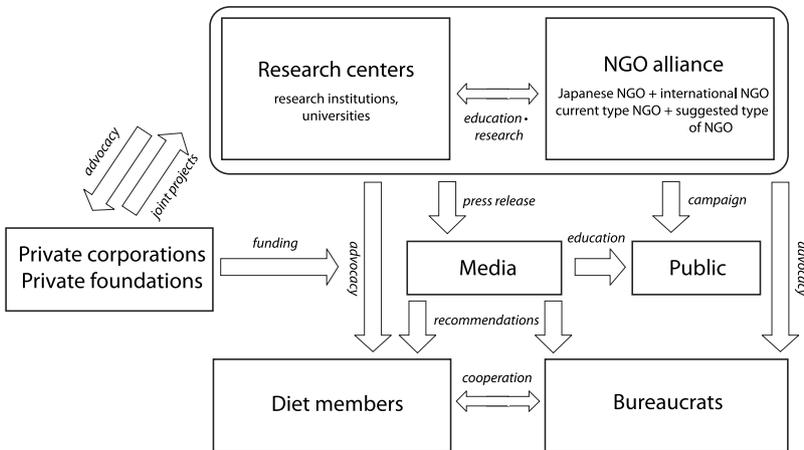
For these types of practical actions, it is important that NGOs take a proactive approach to developing strategic ties with private companies. As Nishiyama of SHARE states, “There is a need for methodologies that make the connection between the image that a company wants to project as a contributor to society and as a business on the one hand, and what the NGO itself wants to do.” One important point to consider is how to achieve that methodology at the NGO staff level. One way is by strengthening advertising and marketing skills through NGO-business cooperation for fundraising. It is important that past expertise raising funds and working cooperatively with Japanese private organizations be effectively shared. In the future as well, by creating opportunities to work together, the knowledge gained from each other and of different methodologies can lead to further improvements. In addition, what is needed is not just a one-way flow of resources from companies to NGOs but to build cooperative NGO-business experiences in advocacy as well, and indeed “connecting” interests and repeatedly holding dialogues will lead to the strengthening of health-related NGOs.

What is expected from private foundations is essentially direct funding for NGO advocacy in the global health field. In comparison to private companies, a large part of what private foundations do is aimed at serving the public good. When one considers that aspect, in future approaches to private foundations it would probably be beneficial to promote the understanding that the health field is recognized as a global topic and a topic that the international community must tackle. So, by supporting NGO advocacy, they can become major actors in influencing policy on global issues. In Europe and the United States, private foundations have been able to have an impact on NGO advocacy through the provision of funding, thereby getting involved in global policymaking. Another characteristic is that they possess ideas and expertise about global health and are directly involved in the policymaking process. Even when one considers that the scale of funding from Japanese foundations is different, there is still ample room to further develop the role that Japanese foundations should play.

The above section describes the areas that need to be improved in order to create and maintain a funding route from the private sector. In the context

of “global health governance” as well, there are growing global expectations regarding the role that private foundations and companies should play. Figure 3, which is based on the above analysis, presents an image of ways that are feasible in the short term to strengthen NGO-centered advocacy. Existing diverse NGOs can develop activities as an alliance and devise ways to actively cooperate with research institutions that possess an academic capacity. This structure enables improved direct advocacy geared toward policymakers such as government bureaucrats and Diet members, as well as advocacy that targets the media and the public, by creating a funding flow from private companies.

Figure 3. Models of cooperation in NGO advocacy



4. Functions and Roles of Global Health–Related Japanese Organizations

With the goal of deepening our understanding of the current situation surrounding health NGOs as described above, this section lays out an overview of the roles and functions of key organizations in terms of the current environment surrounding Japanese global health cooperation. In addition, it will offer an analysis of the social vulnerability of NGOs and its causes.

4-1. THE RELATIONSHIPS BETWEEN NGOs AND GOVERNMENT INSTITUTIONS, THE PRIVATE SECTOR, UNIVERSITIES, AND RESEARCH INSTITUTIONS—A COMPARISON WITH THE UNITED STATES

Table 4 presents a list of the key organizations in Japan currently involved in global health, which can be roughly broken down into the eight categories described below.

(1) Government agencies

In the first category of Japanese government agencies, MOFA, the Ministry of Health, and the Ministry of Finance are the competent authorities directly involved in global health. MOFA's work in the area of international cooperation includes both multilateral and bilateral efforts—the latter consisting of grants, loans, technical assistance, and so on to individual developing countries. In terms of the international cooperation carried out

by the Ministry of Health, there is a post 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, and the ministry handles the disbursement of Japan's contributions to those organizations. In addition, the Ministry of Finance engages in political dialogue with financial organizations related to international development.

(2) Other government-related organizations

The International Medical Center of Japan, an institution under the auspices of the Ministry of Health, 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, the Disease Control and Prevention Center, works to stop the spread of infectious disease by dispatching experts to 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 the center are similar to some of the American Centers for Disease Control and Prevention's approaches to infectious disease.

In addition to the agencies noted above, there is also the Institute of Developing Economies, Japan External Trade Organization (IDE-JETRO), which is under the auspices of the Ministry of Economics, Trade and Industry. Established in 1960, this institution conducts basic and general research on various economic, political, and social issues related to developing countries and regions. The health field is one research area addressed by IDE's expert researchers.

Another government-related aid organization that deals with the global health field is the Japan International Cooperation Agency (JICA). In October 2008, the Overseas Economic Cooperation Operations of the Japan Bank for International Cooperation (JBIC) were transferred to JICA, forming what is being called the "New JICA." Historically, the original JICA was created through a 1974 merger of the Japan Emigration Service and the Overseas Technology Cooperation Agency. The idea behind it was to contribute to the economic and social development of developing regions, and the basis of its work was "international cooperation through people."

Table 4. Major Japanese organizations involved in global health

| Category | Stakeholders | Role and function |
|----------------------------------|---|--|
| Government agencies | Ministry of Foreign Affairs | Provides loans and grant assistance for grassroots projects and participates in multilateral cooperation. |
| | Ministry of Health, Labour and Welfare | Cooperation centered on dispatching experts and receiving researchers. Multinational cooperation includes payment of Japan's contribution to the WHO. |
| | Ministry of Finance | Works to improve the quality and effectiveness of aid through consultations with relevant agencies and policy dialogues with international development assistance agencies. |
| Government-related organizations | International Medical Center of Japan — Bureau of International Cooperation | An institution under the Ministry of Health, Labour and Welfare that promotes advanced, general medical care. Conducts activities related to the development of AIDS treatment and research, activities of the Disease Control and Prevention Center, the promotion of research on international medicine, and the training of nurses. |
| | Institute of Developing Economies, JETRO (IDE-JETRO) | A quasigovernmental organization established in 1960 under the auspices of the trade ministry. Conducts basic and general research on various economic, political, and social questions related to developing countries and regions. Conducts survey research based on local perspectives and positivism. |
| | Japan International Cooperation Agency (JICA) | A governmental organization under the auspices of MOFA. Conducts government-based technical cooperation, encourages grant assistance, dispatches the Japan Overseas Volunteer Corps, and dispatches Japan Disaster Relief teams. |
| | Research institutes | Japan Anti-Tuberculosis Association, Research Institute of Tuberculosis |
| | National Institute of Public Health | Receives researchers and trainees in the public health field based on requests from the WHO, JICA, and foreign governments. |
| | National Institute of Infectious Diseases | Conducts research on the scientific basis for the country's healthcare administration, referral services for infectious diseases, infectious disease surveillance, national control and testing, international cooperation, and training. |
| | International Research Center for Medical Education, University of Tokyo | Introduces medical education system in developing countries and conducts international cooperation. Includes a Department of International Cooperative Study for Medical Education, a Department of Planning and Coordination of International Study for Medical Education, and a Department for Visiting Professors. |
| | Waseda Institute for Global Health | Creates global health partnerships. Contributes to linkages between public institutes and private corporations. Develops human resources in the global health field. Functions include conveying messages that target policymaking and informing public opinion. |
| | Nagasaki University, Institute of Tropical Medicine | Scientific research and human resource development on health issues facing developing countries. Research focus is on tropical diseases. Infectious diseases such as SARS, HIV, and TB are also topics of research. |

Functions and Roles of Global Health–Related Japanese Organizations

| Category | Stakeholders | Role and function |
|-------------------------|--|--|
| Graduate schools | Tokyo University, School of International Health, Graduate School of Medicine | Human resource development for those engaged in research institutes, governmental agencies, UN or other international organizations, NGOs, etc., in developing countries, Japan, and elsewhere. Carries out research for the purpose of improving international cooperation and the quality of global health (medicine). |
| | Tohoku University Graduate School of Medicine, Division of International Health | Conducts research on quality of medical care and healthcare systems, on human security (including disaster health management), and on health development policy and international cooperation. |
| | Nagoya University Graduate School of Medicine, Program in Health and Community Medicine, International Health Department | Carries out research studies in developing nations in Asia, the Middle East, Africa, etc. Actively promotes cooperation with universities and development assistance agencies in Japan and abroad. |
| | Kyoto University Graduate School of Medicine, School of Public Health, International Health Program | Conducts research from the perspective of health policy on the development and evaluation of health/medical systems and activities and global health cooperation, based on historical developments and policymaking significance. |
| | Nagasaki University, Graduate School of International Health Development | Practical training to develop personnel with the advanced knowledge and skills to address frightening health issues occurring on a global scale. |
| Foundations | Japan Foundation for AIDS Prevention | Year-round campaigns. Healthcare and welfare counseling program for those with HIV and others. Training of public health nurses to handle HIV testing and counseling. Operates Japan Stop AIDS Fund. Invitation of international researchers. |
| | Nippon Foundation | Operates assistance programs focused on leprosy in locations worldwide to help the many who are recovering from the disease, who face the agony of groundless discrimination, and whose rights are not adequately recognized. Provides financial support. |
| | Sasakawa Memorial Health Foundation | Seeks to eliminate leprosy and supports the social and economic independence of those suffering from leprosy. Funds parasitic disease control and HIV/AIDS programs that focus on Asia, women, and NGOs. |
| Private Corporations | Sumitomo Chemical | Participates in the Roll Back Malaria Campaign in Africa. Provides Olyset nets, which are treated with insecticides to prevent the spread of malaria. Provides technology to local companies at no cost. |
| | Taisei Corporation | Conducting an anti-HIV/AIDS project in cooperation with JBIC, CARE International Japan, and local health authorities. |
| Think Tanks | Japan Center for International Exchange (JCIE) | In the process of establishing the Friends of the Global Fund, Japan, has become extremely influential in the area of “building intellectual dialogues” at the nongovernmental level since 2003. |
| | Health Policy Institute, Japan | A think tank that is independent of the government. Conducts advocacy centered on medical and health policy. |
| Development consultants | IC Net Limited | Provides support for populations’ nutrition and health education as an effective method of disease prevention and a form of primary medicine. Peer counseling for people at high risk for HIV/AIDS. |

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. As opposed to JICA, which carried out technical cooperation, JBIC made financial contributions, focused primarily on yen loans. “New JICA” combines these two functions.

The next question is the relationship between these government agencies, government-related organizations, and health-related NGOs. First, there is financial assistance given to NGOs by MOFA. For example, in 2004, MOFA provided approximately ¥1.04 billion for 72 projects carried out in 32 countries by 46 NGOs. 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 and unexploded ordinance. The health field is considered one important field among these. Also, in terms of JICA’s relationship with NGOs, it provides “Technical Cooperation for Grassroots Projects,” which 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, 5 were in the health field.

In addition, through the “NGO Capacity Building Program,” MOFA, JICA, and the Foundation for Advanced Studies on International Development 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, MOFA holds regular NGO-MOFA meetings, and they also conduct dialogues on set themes, such as the GII/IDI talks described above.

In the field of global health, the relationship between NGOs and the Ministry of Health is not as strong as that between NGOs and MOFA. In terms of the relationship, the Ministry of Health holds workshops aimed at nurturing NGO leaders in order to create a system for assisting the work of AIDS 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 Ministry of Health, such as the Japan Foundation for AIDS Prevention, which conducts 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, which has been held seven times to date, and for which the ministry has been a sponsor.

If one compares the relationship described above between Japanese NGOs and governmental/government-related organizations with that in America, the relationship between MOFA or JICA and NGOs is probably close to that between the United States Agency for International Development (USAID) and NGOs. For example, JICA and USAID use a similar format in that they have contract-based relationships with NGOs. On the other hand, one difference is that while USAID in many cases contracts with consortia of multiple NGOs and private companies, for 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 multitiered contract system, whereas 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; Japanese NGOs, by contrast, conduct individual projects based on small-scale contracts with the government.

Also, under the American 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 USAID, policy advocacy NGOs that lobby Congress on issues related to USAID's work, and 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 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."

(3) Research institutes

In the third category, research institutes include places 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 research centers under the Ministry of Health, the National Institute of Public Health, the National Institute of Infectious Diseases, and the International Medical Center of Japan carry out some of the same functions as the US 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 Waseda Institute for Global Health, and Nagasaki University's Institute of Tropical Medicine. The International Research Center for Medical Education specializes in providing medical education in developing countries. The functions of the Waseda Institute for Global Health include building global health partnerships, creating linkages between public institutes and private corporations, conducting human resource development in the global health field, and conveying messages that target policymaking and public opinion. The Institute of Tropical Medicine conducts scientific research and human resource development on health issues facing primarily developing countries.

(4) Graduate schools

While not exclusively specializing in research, graduate schools serve as educational institutes in the field. Currently, the relatively large-scale, major graduate schools in the global health field include the University of Tokyo, School of International Health, Graduate School of Medicine; the Tohoku University Graduate School of Medicine, Division of International Health; the Nagoya University Graduate School of Medicine, Program in Health and Community Medicine, International Health Department; the Kyoto University Graduate School of Medicine, School of Public Health, International Health Program; and Nagasaki University, Graduate School of International Health Development. In addition, there are also graduate school-level initiatives at Hokkaido University and Kobe University. Apart from graduate schools, academic associations also provide a venue for gathering global health researchers. In the global health field, there is the Japan Association for International Health, and table 5 lists other relevant academic associations as well.

Table 5. Academic associations related to global health

| Name | URL |
|---|---|
| Japan Association for International Health | http://jaih.umin.ac.jp/ja/ |
| Japanese Society of Public Health | http://www.jsph.jp/ |
| Japanese Society of Tropical Medicine | http://www.tm.nagasaki-u.ac.jp/society/jstm/ |
| Japan Society for International Development | http://www.jasid.org |

In addition, there is an academic association for students, the Japan Association for International Health Students Section, which conducts activities focused on medical students.

In terms of the relationship between NGOs and these research institutions and graduate schools, while there are some individual ties, and while some NGOs accept interns or jointly conduct symposiums with these institutes, there is currently not much of an organized system for cooperation.

(5) Private foundations

The private foundations that offer specialized grants for the health field include organizations such as the Nippon Foundation and the Sasakawa Memorial Health Foundation. 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, which are major funders that offer large-scale grants, but their support for the health field represents an extremely small portion of their overall grantmaking.

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 the way that private foundations operate. In the United States today, there are private foundations with enormous funding power—e.g., the Bill & Melinda Gates Foundation, the Clinton Foundation, the Ford Foundation, and the Open Society Institute—that are carrying out diverse activities specializing 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 policy. Another characteristic of these American private foundations is that they use their funding power to create opportunities for cooperation between international institutions, private businesses, 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 Matsushita International Foundation provide only a few grants for Japanese NGO activities or research grants in the health field. In America, there is a trend toward private foundations being influential political actors, and the staff 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.

(6) Private corporations

The sixth category in the chart is private corporations. Corporate contributions to global health include donations to the Global Fund to Fight AIDS, Tuberculosis and Malaria; product development; CSR; and so on. Sumitomo Chemical and Taisei Corporation are representative of this category. Sumitomo Chemical provides mosquito nets to countries in Africa through such organizations as the United Nations Children's Fund, and in 2003 it provided the technology free of charge to a Tanzanian mosquito net manufacturer and established a system for local mass production. In response to growing demand, it began to greatly increase its production capacity in FY2005. Taisei Corporation, for its part, conducts projects

aimed at preventing HIV infection among migrant laborers as part of its infrastructure-building projects in developing countries.

In terms of business-NGO relations, there are CSR initiatives, cooperative advertising, and other methods. For example, Taisei's HIV/AIDS awareness initiative mentioned above is supported by JBIC and carried out in cooperation with 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 SHARE has received volunteers from Goldman Sachs in one such program.

In terms of the American connection between business and NGOs, there are examples of corporate funding for citizen-led efforts in the HIV/AIDS field. For example, the jeans company 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 active support, and the scale of support is small as well.

In addition, in America, because private companies 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. That 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 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 funding for NGOs.

(7) Think tanks

JCIE and the Health Policy Institute, Japan, are representative examples of the seventh category. Founded in 1970, 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—a Japanese private organization to support the Global Fund, and 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 “Challenges

in Global Health and Japan's Contributions" dialogue. 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, focusing on Japanese policymakers. One characteristic of these organizations in recent years 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) and other stakeholders are reflected for policymakers; they are creating that space for dialogue.

The difference between American and Japanese think tanks is their scale and function. In America, 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 American private foundations for it. They are said to have a very strong influence on US government policy. Compared with Japanese think tanks, which have 20–30 staff, these 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.

(8) Development consultants

In the area of Japanese ODA, development consultants who participate in the planning of JICA projects conduct development studies, planning of health and medical projects (hospitals, clinics, etc.), project-building surveys, monitoring, evaluation, and so on. For example, IC Net Limited offers nutrition and health education as an effective method of disease prevention and a form of primary medicine and conducts peer education for people at high risk for HIV/AIDS.

Above, we have outlined the roles and functions of Japanese organizations related to the global health field, focusing on how they relate to NGOs. According to Tomoya Yoshida and Ken Kubokura, JICA employees who were seconded to USAID's health section in the past, the difference between the relationship with NGOs in Japan and America is "labor mobility." The

turnover rate in America is very high, and it is quite common for personnel in government institutions to move to the private sector or to NGOs. It is also not unusual for someone to return to their former workplace after several years. In Japan, while there are a number of people who have worked in NGOs who move to the United Nations or universities, basically the rate of employment mobility is low, and it is particularly rare for personnel from government institutions to move short-term to an NGO or other organization. This is closely connected to the structure of Japanese society itself and is not limited to the health field, but it should be noted as being an extremely important background factor that shapes the situation of Japanese NGOs.

4-2. THE SOCIAL VULNERABILITY OF NGOS

Having examined the current institutions and relationships within the global health field, we would next like to consider the vulnerability of NGOs and civil society in Japanese society as the background for the roles and capabilities of health NGOs.

The first point relates to the system that supports NGO activities. For many years, a charitable corporation (*koeki hojin*) system existed in Japanese society, but it was the “Law to Promote Specified Nonprofit Activities” (NPO Law) enacted in March 1998 that provided a legal framework for NGO activities in Japan. In other words, until that time, the activities of NGOs and private organizations did not have adequate legal support, and this was a large reason why public recognition of the significance of these activities was low. The new law encouraged NGO activities, and its role in building up Japan’s civil society is in general highly praised, but it would certainly be hard to say that it was a perfect law. In particular, there were issues in the part of the law related to operating funds. In December 1999, the Parliamentary Caucus on NPOs proposed the following recommendation:

Japan currently does not have the kind of enabling environment that Europe and the United States do, in which NPO activities can develop. In order for NPOs to further strengthen their autonomous vitality and create the legs that can firmly support some of the work for the public good, it is important that we institute favorable tax measures.

However, while there has been progress in terms of tax breaks, at present it is still insufficient. In terms of the system and the legal provisions as well, NGOs are in an extremely vulnerable situation, and that is tied to the difficulty of raising funds and maintaining their work.

In this context, many NGOs face financial difficulties, and as a result, they rely on the administration for project funding. According to the “FY2006 Basic Survey on Japanese NPOs,” half of all Japanese NGOs incorporated under the Nonprofit Activities Promotion Law receive more than 40 percent of their total income from government funding. Hiroshi Kashiwagi (2008, 67–86), who researches Japanese NGOs and advocacy, points to three issues that arise when government contracts and grants occupy such a large portion of the total in Japan:

- a) Government contracts and grants basically entail the provision of the service content that the government expects, which encourages organizations to shelve their own mission and take on projects because of their desire for funds.
- b) As the degree of dependence on government contracts and grants increases, the possibility arises that NGOs will lose their financial independence.
- c) The basis for calculation of personnel and indirect costs in contract and grant work is disadvantageous for the NGOs who take the work. For example, in many cases the calculation of personnel costs uses a level that barely covers a part-time employee’s hourly wage or the minimum wage. And there are many cases in which indirect costs are not covered.

From the perspective of being positioned as partners of the government, this points to a structural issue, and Kashiwagi harshly analyzes it as running the danger of relegating NGOs from their current position to the role of “government subcontractors.” These systemic issues cause Japanese NGOs and civil society in general to be vulnerable.

On the other hand, health NGOs that handle advocacy note that the cause of vulnerability in terms of public awareness relates to “society’s receptivity to advocacy.” For example, as Inaba of the AJF explains,

In Japan, there is a tendency for those who try to set new trends based on particular ideas and who want to do something big to be subjected to severe bashing. If an NGO strongly advocates some kind of policy direction, there is a segment of society that will exert an extremely oppressive, immobilizing force against it. As a result I think it can be hard for NGOs and other social movements to develop in Japan today.

Oxfam's Yamada, as someone who works in the Tokyo office of an international organization and has experience working in Europe, speaks of the differences between Japan and Europe in terms of society's receptivity.

In England, it isn't considered advertising or PR; the attitude is such that trying to get approval on a certain policy or about a certain social issue or international issue is considered perfectly natural to some extent. Generally in Japan, other than communications that are related to an NGO's own direct project, the public's receptivity to advocacy or campaigns—cases where appeals are made about more structural issues—is completely different from that in Holland or Belgium. Perhaps that is the reason why even if an NGO carries out the same advocacy work, the response from the public in Japan and Europe will be completely different.

These indications suggest that the lack of support for advocacy is not only caused by vulnerability in terms of the social system but also by the fact that there is not a commonly held awareness among the public that civil society and NGOs have a role to play in influencing policymaking. Also in the background is a rigid public image of the role of NGOs in society as being militant organizations or leftist groups. This phenomenon is closely related to the issue of how the media reports on the field and can be viewed as one societal cause for the lack of more active advocacy efforts by NGOs.

5. Achievements to Date and Case Studies

The sections above have examined the current status of NGOs and short-term recommendations. In this section, we examine case studies that demonstrate what has been achieved to date.

Table 6 shows a chronology of major events since the 1990s related to advocacy by NGOs in the health field. According to Ryoichi Suzuki of JOICFP, the groundwork for the current MOFA-targeted NGO advocacy and dialogues was laid by the 1993 US-Japan Common Agenda. At that time, the two sides hammered out an agreement on a joint governmental commitment to address global issues, and the US government took the initiative to hold a meeting on the agenda with relevant Japanese and American NGOs. The active participation of Japanese NGOs in that meeting can be seen as having formed the basis for policy advocacy efforts.

Subsequently, the United Nations held various governmental conferences in the 1990s, including the Cairo Conference and the Beijing Conference. From around that time, the Japanese government began asking for the opinions of NGOs, and the result was that for the first time NGO representatives were included in a Japanese government delegation. The 1990s was a period that saw the emergence of a global civil society, and the same trend was actively emerging in Japan as well. Also, the Japanese government's ODA budget was increasing at that time, so in that context the influence of NGO proposals was increasing.

Based on that groundwork, at the 2000 Kyushu-Okinawa G8 Summit, the IDI was put forth by the Japanese government. As NGO advocacy, the IDI process went a step beyond the previous level in which MOFA asked NGOs for their opinions; it was a case in which NGOs, through dialogue, were able to have an impact on policies related to global issues. Suzuki of JOICFP, which continues to be active in the field of population and family planning, calls the trend from 1993 to 2000 "the germination of health NGO advocacy." According to Suzuki's analysis, the period from 2000 to 2008

was the “active stage,” and the period from 2008 on is the “developmental stage.” The first case study that this section examines is the advocacy process of the 2000 Kyushu-Okinawa G8 Summit, which is recognized among NGO representatives as having clearly moved their relationship with the Japanese government forward.

Table 6. Transitions in advocacy by NGO alliances

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

5-1. THE RESULTS OF NGO ADVOCACY AT THE 2000 KYUSHU-OKINAWA G8 SUMMIT, INCLUDING DIALOGUES WITH MOFA

The 2000 Kyushu-Okinawa G8 Summit was a groundbreaking event in the sense that the Japanese government under the Mori administration selected “health and infectious disease” as one of the key themes for the summit. Also, the Japanese government declared its global leadership in international health policy, announcing that it would expend US\$3 billion over a five-year period. This announcement can also be seen as important in encouraging subsequent commitments by other G8 nations.

In terms of concrete advocacy work by NGOs leading up to the G8 Summit, first the alliance aimed to draft and present recommendations for the summit. The NGOs made use of the network that had been created through the GII/IDI Dialogues that began in 1994 and held numerous joint meetings that involved groups like JOICFP, AIDS & Society, Place Tokyo, and the Japan International Volunteer Center. They formed a drafting committee and worked out an advocacy strategy.

The substance of their strategy addressed the question, “What are the current issues in the area of global infectious disease?” from the perspective of NGOs. The text was written with the idea that it would be submitted to the summit-related conferences and NGO forums, but it was also decided that the final recommendations would be submitted to MOFA, relevant members of the Diet, and others. A presentation of the recommendations was also made at the GII/IDI Dialogue, and the NGOs explained their proposal directly to MOFA. The text was prepared in both Japanese and English, and at the actual G8 Summit it was released as an independent press release by the NGOs and was picked up by the newspapers mainly as “advocacy by NGOs.”

In addition to this public drafting and presentation of policy recommendations by NGOs, it is also notable that MOFA, which was preparing its IDI for the summit as the position of the Japanese government, shared a draft of the text during the time they were developing their policies and asked NGOs for their ideas. This went a step further than the previous level of simply listening to what NGOs have to say in a formal setting and moved toward the drafting of policy as a collaborative effort. Suzuki of JOICFP, who at the time was serving as the liaison on the NGO side, calls it an epoch-making event that changed the relationship between MOFA and NGOs. Suzuki feels there were two important factors: the relationship of trust that was built through the dialogues that started in 1994, and the increased understanding of the usefulness of NGO experiences to MOFA.

The liaison at MOFA also stressed the trusting relationship built with NGOs since the 1990s as important in this drafting process and spoke of it as a mature relationship between the government and NGOs in which they worked together on what needed to be done. And in terms of that trust, the MOFA representative stated, “Because the NGO side did not take a stance of criticizing the government’s achievements but rather was willing to work together, we were able to collaborate on concrete actions.”

One thing that this case shows is that, when the government must implement an agenda in the context of global dynamics, there is space for advocacy that makes use of NGO experience and expertise. For NGOs, that is the best time for effective advocacy. In the case of the IDI, the recommendations of the NGOs are actually being applied. However, there are some slightly critical opinions of this method of advocacy from those who argue that NGOs should be setting their own agenda and creating trends rather than supporting what the Japanese government wants to do.

Suzuki also points to the actions of the American government as an external factor that encouraged this trend. The Clinton administration in the 1990s encouraged a commitment not only from the American government but also from the Japanese government to global health, particularly to the field of reproductive health. The fact that the Mori administration made the global health field a priority in 2000 was not unrelated to this American movement. Active NGO involvement is strongly affected by the political environment, and the support of Japanese Diet members was needed; it was therefore significant that there was an environment created already to accept the US trend toward supporting NGO participation. In that sense, the Kyushu-Okinawa G8 Summit, held in the final year of the Clinton administration, was a symbolic opportunity. In order to ensure that the trend would not come to an end after the summit, the NGOs have continued to approach the media and run public education campaigns.

Another notable development that came out of the Kyushu-Okinawa G8 Summit was that, with the commitment of the Japanese government, which had served as the chair of the summit, the Global Fund was created in 2002 as a new mechanism of support at the global level for the health field, and particularly for the fight against tuberculosis, malaria, and AIDS. It was a groundbreaking initiative that was achieved within the context of such global developments as the call by the UN secretary-general at the 2001 African Summit on HIV/AIDS for the creation of a fund and the support for the establishment of a fund expressed at the UN General Assembly Special Session on HIV/AIDS the same year. The 2000 Kyushu-Okinawa G8 Summit is considered to have been a pivotal event in that process.

Figure 4. The Okinawa Infectious Diseases Initiative

Japan's Initiative in the Fight against Infectious and Parasitic Diseases on the Occasion of the Kyushu-Okinawa G8 Summit

Ministry of Foreign Affairs of Japan, July 2000

1. Basic Philosophy

(1) Infectious and parasitic diseases as a central issue in development

Infectious and parasitic diseases are not only a matter of health that threatens the lives of individuals in developing countries, but they also pose a serious impediment to the social and economic development of these countries. Infectious and parasitic diseases take a particularly heavy toll on the poor. The risk of infection in developing countries is heightened by the high rate

of population growth, poverty, gender disparities, fragile health and medical systems, inadequate preventive, care, and treatment services, lack of safe water supply, malnutrition, etc. Poor health in turn aggravates poverty. There is therefore a pressing need to break such a vicious cycle of poor health and poverty. Fighting infectious and parasitic diseases should be a central part of the development programs of developing countries, particularly in the efforts of poverty reduction.

(2) Global partnership and community-based action

Issues of infectious and parasitic diseases are to be viewed as a global issue requiring approaches based on global partnership. Concurrently, effective measures to tackle these diseases require actions on a community level, based on the concept of primary health care (PHC). As such, it is important to incorporate measures against infectious and parasitic diseases in comprehensive programs for community development.

(3) Japan's experiences in public health activities and its role

Not only can Japan's active contribution to international efforts in the fight against these diseases can not only help protect the health of the people in the developing world, but it will also have an impact on the health of the Japanese people. In the postwar period, Japan developed a Public Health Center system, trained public health workers, promoted measures for maternal and child health care, and enhanced health care services in schools. These steps significantly contributed to rapidly reducing infant mortality rates. Japan also mounted major initiatives for the eradication of infectious and parasitic diseases. For instance, by linking public health activities with measures for eradicating tuberculosis, Japan succeeded in sharply reducing the number of tuberculosis-related deaths in the postwar years. Okinawa itself has a history of successfully eradicating malaria, filaria, and other diseases. Drawing upon these experiences of its own, Japan will provide assistance to developing countries by way of the application and modification of its own achievements. In view of the rapid progress in information technologies (IT) in recent years, Japan will promote the utilization of telemedicine.

5-2. NOTEWORTHY EXAMPLE OF PARTNERSHIP IN DEVELOPING POLICY RECOMMENDATIONS

Next, we examine the case of the “Challenges in Global Health and Japan's Contributions” study and dialogue project, which is conducted with JCIE as its secretariat and which may be instructive for future advocacy work by NGOs. Although it is a relatively new initiative, having been launched in

2007, it has already created a partnership that involves diverse individuals and institutions, including NGOs.

Previously, JCIE had achieved results in its work serving as the secretariat for the Friends of the Global Fund, Japan, which supports the work of the Global Fund. In particular, it carried out advocacy aimed at broadening understanding within the Japanese government and among Japanese business leaders of the importance of support for the fight against infectious disease. This research and dialogue project builds on JCIE's previous work and features a Track 2 study group created to consider Japan's contribution in the field of global health in preparation for the TICAD IV meeting and the Hokkaido-Toyako G8 Summit, both of which were held in Japan in 2008. The project director, as mentioned above, is Keizo Takemi, former senior vice minister of health, labor, and welfare, and the working group is comprised of representatives of the government, academia, NGOs, foundations, and the medical field. The objective of the working group is to carry out advocacy targeted at the Japanese government's policy proposals; to engage in dialogue with international institutions, international NGOs, and researchers; and to conduct advocacy aimed at the G8 Summit. The current composition of the working group is given in table 7.

Activities to date include discussions starting at the end of 2007 through early February 2008 with researchers at the Harvard School of Public Health, after which the working group published an outline of recommendations in the *Lancet*. These discussions provided a theoretical basis for the argument that global health, as an issue occurring on a global scale, is an important area for international politics, and that by promoting the "human security" concept as a central concept for global health, Japan can play an important role. These discussions were influential in terms of the Japanese government position leading up to the G8 Summit. Subsequently, project members traveled to Thailand, Geneva, and elsewhere, deepening the debate through connections with Mahidol University, the Global Fund, the WHO, and other international organizations.

The project team also actively pursued opportunities for dialogue in the United States, holding workshops with the Brookings Institution in Washington DC and the Council on Foreign Relations in New York, as well as meetings with international organizations, international NGOs, and businesspeople. These results were shared with the working group in Japan upon their return, and the findings were announced at an international symposium in May 2008 in Tokyo, "From Okinawa to Toyako: Dealing with Communicable Diseases as Global Human Security Threats." This dialogue

Table 7. Working Group on “Challenges in Global Health and Japan’s Contributions” (as of August 2008)

| | |
|-------------------|--|
| Project Director: | Keizo Takemi, former Senior Vice Minister of Health, Labour, and Welfare |
| Kazushi Hashimoto | Executive Director, Japan Bank for International Cooperation |
| Masami Ishii | Executive Board Member, Japan Medical Association |
| Sumie Ishii | Managing Director and Executive Secretary, JOICFP (Japanese Organization for International Cooperation in Family Planning) |
| Masamine Jimba | Professor, Department of International Community Health, Graduate School of Medicine, University of Tokyo |
| Yasushi Katsuma | Professor, Waseda University Graduate School of Asia-Pacific Studies |
| Kiyoshi Kurokawa | Special Advisor to the Cabinet (in charge of science, technology, and innovation) |
| Daikichi Monma | Deputy Director-General, International Bureau, Ministry of Finance |
| Taro Muraki | Assistant Minister for International Affairs, Ministry of Health, Labour and Welfare |
| Yasuhide Nakamura | Professor, Department of International Collaboration, Graduate School of Human Sciences, Osaka University |
| Yohei Sasakawa | Chairman, The Nippon Foundation |
| Takehiko Sasazuki | President, International Medical Center of Japan |
| Shinsuke Sugiyama | Director-General for Global Issues, Ministry of Foreign Affairs |
| Takashi Taniguchi | Assistant Minister for Technical Affairs, Minister’s Secretariat, Ministry of Health, Labour and Welfare |
| Yoshihisa Ueda | Vice President, Japan International Cooperation Agency |
| Tadashi Yamamoto | President, Japan Center for International Exchange |

process and the resultant text became the Japanese government’s proposal in the global health field for the G8 Summit by, for example, providing the gist of Foreign Minister Koumura’s policy speech of November 25, 2007, “Global Health and Japan’s Foreign Policy—From Okinawa to Toyako.” Also, this advocacy had a strong impact on the “Toyako Framework for Action on Global Health” that was initiated by the Japanese government.

One notable feature of this series of government-oriented advocacy efforts was the expertise and strong commitment of Takemi, who had already produced results in this field during his time as senior vice minister of health, labor, and welfare. Itoh and Tomoko Suzuki of JCIE gave the following four reasons why they believe this project was able to have an impact on global policy:

- a) As the host nation for the G8 Summit, there was a need for Japan to do something.
- b) The project leader, Keizo Takemi, was able to vigorously carry out the project by drawing on his personal resourcefulness as an expert and a politician.
- c) The project had the cooperation and financial support of the Gates Foundation.
- d) JCIE, which carries out the project, has an established system for promoting cross-sectoral cooperation that involves the government and politicians.

While taking into consideration the fact that Takemi's individual leadership was a big factor, the roles and functions played by this working group, which provided a place for ongoing dialogue between diverse stakeholders including politicians, government representatives, academics, NGO representatives, and others, can be perceived as an extremely new development for advocacy in the Japanese global health field. In particular, there has probably never been such an influential proposal that had combined expertise and political strength.

If one analyzes the role of this working group from the NGO perspective, one can point to the important role played by JOICFP's managing director, Ishii, who not only served as a member of the working group but also participated in the Geneva workshop. Also, Inaba of the AJF participated in the April 2008 meetings in the United States as an outside expert. These occasions offered an opportunity for NGOs to convey their own experiences and expertise to people who have an impact on policy. During the same period that this working group was carrying out its project aiming at the G8, the NGOs created the NGO Forum to undertake efforts geared toward the Hokkaido-Toyako G8 Summit, and health-related NGOs were conducting advocacy efforts ahead of the G8 Summit under the rubric of the "Health Working Group." In this context, the NGOs in the Health Working Group took a very positive view of the Takemi Working Group, which shared information with them. In particular, the fact that Takemi was extremely positive about the role of NGOs and civil society in policy advocacy was important to the NGOs.

Inaba of the AJF said of this process, "I think that MOFA was strongly influenced by Mr. Takemi. In any case, MOFA shared a lot of health-related information, and the NGO side was also very careful, given the trust involved in the disclosure of that information, not to take any missteps in its relations with the government. In that sense, I believe that the project was able to achieve advocacy based on cooperation." Inaba views this as a

positive case that achieved results through cooperative advocacy. JOICFP's Ishii notes that it was not just the sharing of information; the Takemi group played another role as well:

The international community was able to establish the MDGs because there was consensus built on international directions. At the same time, however, there is a need to some degree for databases and other academic foundations to be used to make those development goals more universal. When making recommendations to the Japanese government, one has to present the basis for the recommendation as well. The reason that was possible to some extent this time was because of the Takemi project. I think it was very significant that, because the Takemi project engaged people from Harvard University and Japan's University of Tokyo, it was able to incorporate an interdisciplinary element.

As noted in the third section of this report, this type of comment suggests the potential for making NGO advocacy targeting the Japanese government more effective through organic cooperation with academia. It can also be said that the Takemi group's active approach to holding repeated dialogues with overseas networks was effective as a method of having an impact on the Japanese government.

Cross-sectoral cooperation is a requirement of the times, and this working group proves that there is fertile ground in Japan for that type of work as well. At the same time, however, the average NGO must be cautious about whether this example is applicable to them. In particular, this project owed a lot to the personal abilities of Takemi, and there were some elements of chance in terms of the timing of some of the actors' meetings and so on. For example, Inaba of the AJF pointed to the exceptional nature of this case, stating, "I think that this was a very unique case. I mean, the political environment was created largely by the Takemi Working Group, and because there was a good understanding of NGO work among them, it opened the way for NGOs to have input on specific health policies."

While pointing out these contingencies, however, politics is always fluid, and so it is important in advocacy to constantly keep an eye on the political situation and act when the timing is right. One can say that this was a successful case of advocacy in that sense.

Related to that point, Ishii of JOICFP says,

It was by chance, but among those who wanted to do something on health, there was the will. If there had been no will, then there would have been no

cooperative strength no matter what impetus or cause there might have been. The combination of people who had the will to do something about health was important, as was the fact that high-level elements and civil society cooperated well.

In this case, one can assume that the will of the participants was a factor, and that they were able to take advantage of the political trends. On the other hand, what is also needed is an organized structure or system that can make those trends materialize. In the future, organizations trying to engage in advocacy on health-related issues will need to also consider the feasibility of efforts on that front at the same time.

In addition, because this series of activities relied on the abilities of specific people, on the NGO side, there was a sense of fatigue. However, this working group project suggests that it is possible for advocacy to have a strong impact on the Japanese government when the place and opportunity are presented.

6. Recommendations to Enable Global Health NGOs to Realize Their Potential

The previous sections discussed the current status of NGOs, areas that can be improved in the short term, the environment surrounding NGOs, and case studies. This final section looks to the future and considers recommendations and prospects for global health NGOs.

According to the global health governance debate that has been going on since the 1990s, “The increase in power, resources, and influence of NGOs has fundamentally altered the diplomatic processes within governance structures. Nonstate actors are now deemed legitimate actors within decision-making processes” (Zacher & Keefe 2008). In the future, as globalization continues to progress, we can expect phenomena related to human health to transcend national borders even more, implying that the responses to those phenomena will be even more complex. In that context, the role of advocacy by NGOs, as nonstate actors, will probably become greater and more diverse.

As this study has analyzed, this type of trend in global health governance can be seen in Japan as well in the form of the new political space that has emerged as advocacy by NGO alliances. In particular, advocacy efforts since 2000 have uncovered the possibility of having a direct impact on the policies of the Japanese government, and the work of NGO alliances since 2008 has moved toward opening up the possibility for building a dialogue with the government. That can be interpreted as the future potential role of Japanese NGOs in the global health field.

In addition, what is unique in terms of the political and social context in Japan as compared with Europe and the United States is that, in some sense, there is a broad political space in Japanese society that global health NGOs could carve out for themselves. That is also the latent environment in which NGO advocacy can have an impact.

For example, because Americans regard global health policy as national strategy, it is inevitably strongly influenced by the administration in charge. Within USAID, the amount of funding available to fight AIDS is enormous, so as a result it is given priority within the many areas of “health” cooperation, and policies are tightly controlled by the administration. The Bush administration’s President’s Emergency Plan for AIDS Relief (PEPFAR) exemplifies this. The amount of funding is very large—US\$15 billion for assistance to 15 countries—but the law mandates that one-third of that funding be spent for policies that advocate abstinence outside of marriage. Subsequently, PEPFAR received an enormous amount of criticism as a policy that too directly reflected the administration’s will, so there has been some movement toward a softening of the stance on abstinence promotion, for example. In any case, in America these types of complex political issues in the global health field, including AIDS and abortion, are strongly influenced by the administration and are characterized by policymaking through power struggles.

By contrast, in Japan, as can be seen in the process through which the IDI was created at the time of the 2000 Kyushu-Okinawa G8 Summit, one can conclude that recommendations from broad NGO coalitions are gradually accepted because global health policy has not been used as a national strategic measure by the administration. In the future as well, the uniqueness of the political dynamics of Japan’s global health field offers the potential for NGOs to create a political space.

In that context, we offer the following practical recommendations for strengthening Japan’s NGOs.

6-1. PROMOTE THE EXISTING NGO ALLIANCE ON GLOBAL HEALTH AND CREATE A “GLOBAL HEALTH NGO CONSORTIUM” WITH A SECRETARIAT

Since 2000, the advocacy being carried out by the alliance of global health NGOs in Japan has shown steady results, and its increasing influence has been attested to in this report. In particular, the advocacy work conducted by the alliance in the lead-up to the 2008 Hokkaido-Toyako G8 Summit represented a new development for Japanese health NGOs as they could have a direct impact on policy. In order to take advantage of the experiences to date of these NGOs, as well as to provide a liaison

for dialogue with the government, it is important to make use of the existing networks to establish a Global Health NGO Consortium and to establish a secretariat system. To strengthen advocacy efforts by this type of consortium, we would suggest a secretariat system that would take a neutral stance, distancing itself from the interests of individual NGOs. For that reason, it might make sense to house the Global Health NGO Consortium within a university or some other institution that could work cooperatively with the NGOs to put together joint recommendations on behalf of the consortium.

Having this type of secretariat system would provide a space and opportunity to create organic connections between the evaluation of NGO project activities in the field and the formation of policy recommendations, and it would thereby encourage interaction between project implementation and advocacy. NGO operations and advocacy should not be separate entities; what is strongly needed is interaction and a cycle in which operating NGOs use advocacy to shape policy, gain funding from that, and then tie that to further concrete programs. That could also be an important step in securing a new funding route.

The existence of the consortium could potentially lead to the creation of more opportunities for formal dialogue with MOFA or could be tied to the formation of a Diet coalition in the global health field. For example, there is already a Diet Task Force within the Friends of the Global Fund, Japan, and in 2007 a Diet coalition on tuberculosis was formed at the initiative of RESULTS Japan. These types of potential funding recipients are able not only to create a space for regular dialogue between NGOs and the Japanese government, but they could also function as a space for conveying information to the public and to the media.

6-2. CREATE LINKAGES BETWEEN THE “GLOBAL HEALTH NGO CONSORTIUM” AND UNIVERSITY RESEARCH INSTITUTES THROUGH DIALOGUE BETWEEN PRACTITIONERS AND RESEARCHERS

The next recommendation is to strengthen linkages with academic institutions. This study found that there was a common awareness among NGO representatives of the power of academia to support NGO advocacy, so it considered “what kind of cooperation is possible.”

What will be particularly important for the future is to take the experience and knowledge gained by Japanese NGOs to date, conceptualize that from an academic perspective, and then write about it. By having universities hold joint study groups and ongoing seminars, they can provide a place for NGO practitioners to actively share their own experiences and convene a dialogue about that experience among the NGOs, researchers, and representatives of international organizations. The ultimate goal would be for the discussions that are carried out through that type of process to result in a working paper that is written by the NGOs and published by the university.

University working papers can generally be written by any authors including researchers, policymakers, UN agency personnel, and NGO personnel, so this could be an opportunity to summarize the results of global health NGOs in a working paper based on knowledge that comes from the NGOs' experience. When NGO personnel write a paper, it is beneficial for them to have access to a university or research institute's scholarly resources. In those situations, it is also important to translate papers into English in order to convey information from Japan to the rest of the world on global health. If the university research institutes are able to publish the experiences gained by NGOs as research results in the form of working papers or other publications, it can have a meaningful academic impact as well, and this would take the form of practical cooperation between the NGO and the academic institution.

6-3. FORM NGO-BUSINESS PARTNERSHIPS THROUGH ACADEMIC INSTITUTIONS

NGOs should form linkages and build partnerships not only with universities and other academic institutions but also with private corporations as a way of constructing a new funding route that can sustain their activities. Within the discourse on global governance, Akira Iriye (2002, 208) points out the following about such nonstate actors as NGOs and corporations:

The situation [surrounding business-NGO relations], however, may be changing, just like the relationship between state and nonstate actors. The line between business enterprises and nongovernmental organizations is becoming blurred as some business organizations sponsor humanitarian work abroad while individuals with extensive experiences with relief, aid,

or environmental activities are hired by manufacturing or marketing firms. Moreover, some multinational corporations have begun soliciting the views of nongovernmental organizations on the impact of their business activities on local environmental and labor conditions. These instances suggest that some sort of collaborative relationship may develop between profit-seeking and nonprofit organizations.

That is a shift away from the image of private businesses simply providing money for NGO activities and toward a position of searching for practical approaches that NGOs can take to address issues through cooperation with other sectors. In America and elsewhere, there are already many cases of business-NGO partnership. While Japan can learn from those examples, given that the position, role, and history of NGOs and business is different in Japan, we need to search for our own appropriate relationships.

During this study, NGO representatives who handle advocacy work repeatedly indicated the importance of not just receiving Japanese corporate funding but also of creating cooperative activities with businesses through awareness-raising campaigns and other means. They are asking how they can get past the differences in concepts and awareness to find forms of partnership that will be beneficial to both parties, and how to set the objectives. While the scale is still small, there have already been some cases of cooperation. For example, the joint development of products that generate donations is one possible future avenue for development. There are already experiments underway that entail businesses donating proceeds from existing products so that every time consumers buy that product, a portion of the proceeds go to support an NGO's activities. We propose that businesses and NGOs should try to create a product and sales route together in the future, deciding through mutual discussions how the income will be used, as a way of achieving education and advocacy. This type of effort can be effective advocacy in the sense that it not only produces financial support for NGO activities but also, through the purchase of the products, involves the general public, who might not have a specific interest in the field of global health. However, in carrying out this type of effort, it is important to mediate between each party's interests, and a major concern is whether NGOs can carry out the necessary business negotiations regarding the funds. Under the current circumstances, priority should be on creating more opportunities for cooperation that build on past experiences, sharing those experiences, and developing those into methodologies for the future.

Another recommendation is to take advantage of the recent trend to establish “incubation centers” in universities as a venue for cooperation between business and academia. That concept could be expanded to create a focal point for cooperation among businesses, universities, and NGOs in the global health field. Regular workshops could be held there, the different actors could work together on planning projects such as campaigns, and they could deepen their mutual understanding by offering a venue for each group to make presentations.

6-4. NGO EFFORTS TO STRENGTHEN THE ABILITY OF MASS MEDIA TO INFORM THE PUBLIC

Advocacy requires more than just direct dialogue with policymakers; supporting the recommended activities requires educating the public and mobilizing the media. Appealing to the public through the media entails educational work. It raises awareness of an NGO’s existence and can become a force to support a policy. In the course of this study we found that many NGO representatives were particularly concerned about the need to strengthen their media strategy and skills. To date, NGOs’ media strategies have been primarily a function of each NGO’s self-help efforts, and there was a strong nuance of advertising each NGO’s individual activities.

In the future, it is important that NGOs focus on strengthening the capacity of the media to address the theme of global health. In the past, NGOs have invited journalists to visit their project sites and take tours to observe their work. While taking advantage of these experiences, what is needed first at the NGO staff level is a skill-development session to improve outreach to the media, and it is important for the NGO alliance to strengthen each member’s advocacy abilities. Another possible approach is that when NGOs work with UN agencies, academic institutions, and think tanks, they could hold joint sessions that focus on journalists. That type of media strategy to support policy advocacy should produce good results.

Having offered these recommendations, we would like to mention some of the issues facing the future development of this type of trend in NGO advocacy. For NGOs—as part of civil society—to proactively participate in policymaking, there is a need for improved quality, and for that reason, there is a question of how NGOs can be held accountable. David Brown

et al. (2000, 288) discuss this point in their study of governance in the context of globalization.

Networks, organized around shared values and largely focused on information sharing, create fewer focuses for accountability than coalitions, which share strategies and action plans. Social movement organizations are yet more explicit about goals, tactics, and mutual expectations in the face of contention with powerful opponents. As transnational alliances become more focused on shared strategies and tactics, we might expect their investments in mutual influence and accountability to rise. Whether the engagement of international NGOs and NGO alliances promotes democratic accountability of international multisectoral problem solving turns in part on the extent to which they develop their own capacities for institutional accountability to their members and stakeholders.

This concern will require attention if NGOs are to further develop within Japan. If the significance of citizen groups and NGOs is understood to be their autonomy and independence, then from a cost perspective, trying to collaborate with NGOs entails a great deal of risk for the government and private businesses. In that context, “accountability” is a critical factor. Japan must take a look at the global trends and engage in an ongoing debate on how NGOs and Japanese society can create a system to ensure accountability.

Global health governance is a new conceptual framework within the context of globalization. It also presents a dualistic challenge of strengthening government efforts to improve health measures and involving NGOs in policy formation. It is still unclear how best to proceed, and we will undoubtedly need to continue that search from the direction of both theory and practice. However, it is clear that globalization will continue in the future and that many infectious diseases and other illnesses will be transcending national borders at an even greater rate. Protecting human health is a priority issue that must be addressed by the international community in the 21st century. If Japan is going to play a role in that fight, then we must confirm here again that strengthening Japanese NGOs is a task of great urgency.

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APPENDIX

NGO Profiles

Name: Africa-Japan Forum (AJF)

Website: http://www.ajf.gr.jp/lang_ja/ E-mail: info@ajf.gr.jp

Objective

Founded in 1994

To establish equal partnerships with the people of Africa; organize networks of those involved in Africa-related activities; promote activities related to Africa and raise awareness of Africa; and propose policies to alleviate the difficulties of the people of Africa.

| | | | | |
|---|-------------|--|--------------------|----------------|
| Finances (April 2006~March 2007) | | Annual income total: | ¥22,005,661 | |
| <i>Income</i> | | <i>Expenditure</i> | | |
| 1. Membership dues: | ¥2,432,000 | 1. Program expenses: | ¥10,689,483 | |
| 2. Donations (private/corporate): | ¥1,697,536 | 2. Overseas programs: | 0 | |
| 3. Profits from fund management: | 0 | 3. Domestic programs: | ¥10,689,483 | |
| 4. Independent programs: | 0 | 4. Administrative expenses: | ¥5,457,651 | |
| 5. Commissioned programs: | ¥11,176,793 | 5. Balance brought forward: | ¥5,858,527 | |
| 6. Funding agencies: | 0 | | | |
| 7. Other sources: | ¥1,505 | | | |
| 8. Balance from previous year: | ¥6,697,827 | | | |
| Program implementation | | Advocacy/policy recommendation activities | | |
| Overseas | Domestic | Policy Recommendations | Media | General Public |
| × | × | ○ | ○ | ○ |

Secretariat (no. of staff) *

| | | | | | |
|-----------------|--------|---|-------------------|--------|---|
| Paid, full-time | Male | 2 | Unpaid, part-time | Male | 1 |
| | Female | 2 | | Female | 0 |

| | |
|--|-------------------|
| Professional staff for advocacy | Membership |
| 1 program director in international health | 276 members |

Background

The October 1993 Tokyo International Conference on African Development inspired private citizens to arrange the Africa Symposium, where people from Africa reported their activities to increase self-reliance in the region. The people who attended this symposium then established AJF as a forum for thinking and acting on African development. Founded in Japan, AJF has been an outlet for expressing Japanese views to the international AIDS community.

*Full-time= 5 or more days/week; part-time= 1 to 4 days/week

Name: Oxfam Japan

Website: <http://www.oxfam.jp> E-mail: info@oxfam.jp

Objective

Founded in 2003

To achieve a world where every person is safe, healthy, skilled, and treated equally through development, advocacy, and campaign programs; to bring the reality of poverty and injustice around the world to the Japanese by raising awareness of global issues; and to nurture leaders to realize a global society free of poverty and injustice.

| | | |
|----------------------------------|----------------------|-------------|
| Finances (April 2004~March 2005) | Annual income total: | ¥23,227,178 |
|----------------------------------|----------------------|-------------|

Income

| | |
|----------------------------------|-------------|
| 1. Membership dues: | ¥232,272 |
| 2. Donations (private/corp.): | ¥15,562,209 |
| 3. Profits from fund management: | 0 |
| 4. Independent programs: | 0 |
| 5. Commissioned programs: | 0 |
| 6. Funding agencies: | ¥6,271,338 |
| 7. Other sources: | ¥464,544 |
| 8. Balance from previous year: | ¥696,815 |

Expenditure

| | |
|-----------------------------|------------|
| 1. Program expenses: | ¥9,832,918 |
| 2. Overseas programs: | ¥3,862,820 |
| 3. Domestic programs: | ¥5,970,098 |
| 4. Administrative expenses: | ¥6,888,524 |
| 5. Balance brought forward: | ¥6,505,736 |

Program implementation

Advocacy/policy recommendation activities

| Overseas | Domestic | Policy Recommendations | Media | General Public |
|----------|------------------------------|------------------------|-------|----------------|
| △ | △ (development education) | ○ | ○ | ○ |

Secretariat (no. of staff) *

| | | | | | |
|-----------------|--------|---|----------------------|--------|---|
| Paid, full-time | Male | 1 | Unpaid, part-time | Male | 0 |
| | Female | 3 | | Female | 2 |

Professional staff for advocacy

Membership

1 advocacy manager

10 members

Background

Japanese citizens interested in the activities of Oxfam met with representatives of Oxfam International to create a contact office in Japan, which later developed into Oxfam Japan. As an official affiliate of Oxfam, it serves as an outlet for expressing Japanese views at international conferences.

*Full-time= 5 or more days/week; part-time= 1 to 4 days/week

Name: Médecins Sans Frontières, Japon (MSF-Japon)

Website: <http://www.msf.or.jp> E-mail: office@tokyo.msf.org

| | | | | | |
|---|----------------|--|-------------------|----------------|---|
| Objective | | <i>Founded in 1992</i> | | | |
| To bring life-saving medical assistance to people in need around the world suffering from natural or man-made disasters, conflicts, and other difficulties regardless of their race, religion, political or ideological background; and to make others aware of the sufferings of these people. | | | | | |
| Finances (January–December 2006) | | Annual income total: ¥2,042,884,944 | | | |
| <i>Income</i> | | <i>Expenditure</i> | | | |
| 1. Donations (private/corp.): | ¥2,024,972,913 | 1. Relief activities: | ¥1,397,926,057 | | |
| 2. Profits from interests: | ¥96,584 | 2. PR activities: | ¥90,427,581 | | |
| 3. Profits from lectures, etc.: | ¥375,720 | 3. Fund-raising activities: | ¥440,058,442 | | |
| 4. Merchandize sales: | ¥11,695,299 | 4. Administrative expenses: | ¥87,201,803 | | |
| 5. Funding agencies: | ¥16,113,101 | 5. Advances: | ¥3,862,685 | | |
| 6. Other sources: | ¥334,637 | 6. Total: | ¥2,019,476,568 | | |
| 7. Advanced earned income: | ¥3,796,690 | | | | |
| Program implementation | | Advocacy/policy recommendation activities | | | |
| Overseas | Domestic | Policy Recommendations | Media | General Public | |
| ○ | ○ | ○ | ○ | ○ | |
| Secretariat (no. of staff) * | | | | | |
| Paid, full-time | Male | 10 | Unpaid, part-time | Male | 1 |
| | Female | 17 | | Female | 7 |
| Professional staff for advocacy | | | Membership | | |
| yes | | | 111 members | | |

Background

MSF was created in 1971 by a group of doctors dispatched to help the victims of the Biafra war and others gathered to provide medical assistance in East Pakistan at the call of a medical journal, *Tonus*. The Japanese branch opened in 1992.

*Full-time= 5 or more days/week; part-time= 1 to 4 days/week

Name: Services for the Health in Asian & African Regions (SHARE)

Website: <http://share.or.jp> E-mail: info@share.or.jp

Objective *Founded in 1983*

To promote access to essential health care services for everyone with full community involvement, to realize a more peaceful and healthy society, and to make the Japanese public more aware of the country's position in the international community and enhance their attitude toward cooperation.

| Finances (January–December 2007) | | Annual income total: | ¥107,231,465 | |
|----------------------------------|-------------|---|--------------|----------------|
| <i>Income</i> | | <i>Expenditure</i> | | |
| 1. Membership dues: | ¥4,425,000 | 1. Overseas programs: | ¥79,499,535 | |
| 2. Donations: | ¥11,176,229 | 2. Domestic programs: | ¥13,510,043 | |
| 3. Fund income: | ¥500,000 | 3. Newsletters/PR expenses: | ¥4,433,930 | |
| 4. Government /UN funding: | ¥23,086,365 | 4. Administrative expenses: | ¥18,233,336 | |
| 5. Int'l Volunteer Savings: | ¥3,870,000 | | | |
| 6. Commissioned programs: | ¥38,400,480 | | | |
| 7. Private sector funding: | ¥20,936,474 | | | |
| 8. PR activities: | ¥2,538,615 | | | |
| 9. Other sources: | ¥2,298,302 | | | |
| Program implementation | | Advocacy/policy recommendation activities | | |
| Overseas | Domestic | Policy Recommendations | Media | General Public |
| ○ | ○ | ○ | ○ | ○ |

Secretariat (no. of staff) *

| | | | | | |
|-----------------|--------|---|----------------------|--------|---|
| Paid, full-time | Male | 2 | Unpaid, part-time | Male | 1 |
| | Female | 5 | | Female | 0 |

| Professional staff for advocacy | Membership |
|---|------------|
| none, but available within each section | 63 members |

Background

This organization was founded by doctors, nurses, and students wishing to promote grassroots level international health service in 1983 within the Japan Volunteer Center (JVC), later becoming an independent organization named SHARE.

*Full-time= 5 or more days/week; part-time= 1 to 4 days/week

Name: Japan Committee, “Vaccines for the
World’s Children” (JCV)

Website: <http://www.jcv-jp.org> E-mail: info@jcv-jp.org

Objective

Founded in 1994

To provide vaccines to developing countries where many children die of preventable communicable diseases, and through such activities, to nurture and promote volunteers with an international scope, especially among children and youth.

| | | |
|---|-----------------------------|---------------------|
| Finances (January–December 2004) | Annual income total: | ¥146,572,241 |
|---|-----------------------------|---------------------|

| <i>Income</i> | | <i>Expenditure</i> | |
|----------------------------------|--------------|-----------------------------|-------------|
| 1. Membership dues: | 0 | 1. Program expenses: | ¥96,331,523 |
| 2. Donations (private/corp.): | ¥104,066,291 | 2. Administrative expenses: | ¥21,282,905 |
| 3. Profits from fund management: | 0 | 3. Balance brought forward: | ¥28,957,813 |
| 4. Independent programs: | 0 | | |
| 5. Commissioned programs: | 0 | | |
| 6. Funding agencies: | 0 | | |
| 7. Other sources: | 0 | | |
| 8. Miscellaneous: | ¥1,465,722 | | |
| 9. Balance from previous year: | ¥41,040,228 | | |

| Program implementation | | Advocacy/policy recommendation activities | | |
|------------------------|----------|---|-------|----------------|
| Overseas | Domestic | Policy Recommendations | Media | General Public |
| × | × | ○ | ○ | ○ |

Secretariat (no. of staff) *

| | | | | | |
|-----------------|--------|---|----------------------|--------|---|
| Paid, full-time | Male | 0 | Unpaid, part-time | Male | 0 |
| | Female | 3 | | Female | 3 |

| Professional staff for advocacy | Membership |
|---------------------------------|---------------|
| none | 1,000 members |

Background

A private organization to help provide vaccinations for children, operating under the basic guidelines and objectives of the Kyoto “Children’s Vaccines Initiative” adopted at the 1993 World Conference on Children’s Vaccines, held in Kyoto. It became officially registered as an NPO in 2006.

*Full-time= 5 or more days/week; part-time= 1 to 4 days/week

Name: Association for Aid and Relief, Japan (AAR Japan)
 Website: <http://www.aarjapan.gr.jp> E-mail: info@aarjapan.gr.jp

| | | | | | |
|---|--------------|--|---------------------|----------------|---|
| Objective | | <i>Founded in 1979</i> | | | |
| To improve the social welfare of all people through the goodwill of citizens and provide emergency assistance to those suffering from wars and conflicts, to those with disabilities, and to other minority groups overseas as an organization with no political, ideological, or religious affiliation. | | | | | |
| Finances (April 2006–March 2007) | | Annual income total: | ¥665,777,859 | | |
| <i>Income</i> | | <i>Expenditure</i> | | | |
| 1. Membership dues: | ¥7,500,000 | 1. Program expenses: | ¥455,052,158 | | |
| 2. Donations (private/corp.): | ¥164,758,339 | 2. Overseas programs: | ¥395,600,570 | | |
| 3. Profits from fund management: | 0 | 3. Domestic programs: | ¥59,451,588 | | |
| 4. Independent programs: | ¥24,294,063 | 4. Administrative expenses: | ¥23,927,112 | | |
| 5. Commissioned programs: | ¥18,518,665 | 5. Balance brought forward: | ¥186,798,589 | | |
| 6. Funding agencies: | ¥310,732,755 | | | | |
| 7. Other sources: | ¥2,159,295 | | | | |
| 8. Balance from previous year: | ¥137,814,742 | | | | |
| Program implementation | | Advocacy/policy recommendation activities | | | |
| Overseas | Domestic | Policy Recommendations | Media | General Public | |
| ○ | ○ | ○ | ○ | ○ | |
| Secretariat (no. of staff) * | | | | | |
| Paid, full-time | Male | 6 | Unpaid, part-time | Male | 1 |
| | Female | 9 | | Female | 3 |
| Professional staff for advocacy | | Membership | | | |
| yes | | 800 members | | | |
| Background | | | | | |
| Founded by the current president, Yukika Sohma, in 1979 to help the massive wave of Indochinese refugees seeking international assistance. Neutral to all political, ideological, or religious beliefs, it has expanded its activities and areas of coverage to provide emergency assistance, assistance to people with disabilities, and de-mining work, among other operations. | | | | | |

*Full-time= 5 or more days/week; part-time= 1 to 4 days/week

Name: Foster Parents Plan of Japan (Plan Japan)
 Website: <http://www.plan-japan.org> E-mail: hello@plan-japan.org

| | | | | | |
|--|----------------|--|-------------------|----------------|---|
| Objective | | <i>Founded in 1983</i> | | | |
| To provide assistance for community development involving the children in developing countries of Asia, Africa, Latin America and the Caribbean suffering from poverty; to enable deprived children, their families, and their communities to become self-reliant; and to increase their ability to participate in and benefit from their societies. | | | | | |
| Finances (July 2008–June 2009) | | Annual income total: ¥3,577,196,091 | | | |
| <i>Income</i> | | <i>Expenditure</i> | | | |
| 1. Membership dues: | 0 | 1. Program expenses: | ¥3,472,471,448 | | |
| 2. Donations (private/corp.): | ¥3,564,919,928 | 2. Overseas programs: | ¥2,926,260,170 | | |
| 3. Profits from fund management: | ¥1,916,980 | 3. Domestic programs: | ¥546,211,278 | | |
| 4. Independent programs: | 0 | 4. Administrative expenses: | ¥102,866,374 | | |
| 5. Commissioned programs: | 0 | | | | |
| 6. Funding agencies: | 0 | | | | |
| 7. Other sources: | ¥10,359,183 | | | | |
| Program implementation | | Advocacy/policy recommendation activities | | | |
| Overseas | Domestic | Policy Recommendations | Media | General Public | |
| ○ | × | ○ | ○ | ○ | |
| Secretariat (no. of staff) * | | | | | |
| Paid, full-time | Male | 7 | Unpaid, part-time | Male | 0 |
| | Female | 57 | | Female | 0 |
| Professional staff for advocacy | | Membership | | | |
| yes | | 70,000 members | | | |

Background

Plan's roots trace back to 1937, assisting children orphaned during the Spanish Civil War. After World War II, Plan expanded its work to include displaced children outside Europe, in the poor developing countries in Africa, Asia, Latin America, and the Caribbean. In Japan, activities started in 1983, becoming officially registered as an NGO in 1986, to work as a child-centered community development organization in cooperation with the UK headquarters.

*Full-time= 5 or more days/week; part-time= 1 to 4 days/week

Name: Health and Development Service (HANDS)

Website: <http://www.hands.or.jp> E-mail: info@hands.or.jp

| | | | | | |
|--|--------------|--|----------------------|----------------|---------------------|
| Objective | | <i>Founded in 2000</i> | | | |
| To build a peaceful international community by assisting the development of regional and national healthcare systems in countries around the world in collaboration with various NGOs, governments, and international organizations, while being sensitive to the unique environment and culture of these regions. | | | | | |
| Finances (July 2006–June 2007) | | Annual income total: | | | ¥153,683,566 |
| <i>Income</i> | | <i>Expenditure</i> | | | |
| 1. Membership dues: | ¥345,000 | 1. Program expenses: | ¥112,848,042 | | |
| 2. Donations (private/corp.): | ¥269,648 | 2. Overseas programs: | ¥103,176,374 | | |
| 3. Profits from fund management: | 0 | 3. Domestic programs: | ¥9,671,668 | | |
| 4. Independent programs: | 0 | 4. Administrative expenses: | ¥21,517,005 | | |
| 5. Commissioned programs: | ¥133,581,794 | 5. Balance brought forward: | ¥19,318,519 | | |
| 6. Funding agencies: | 0 | | | | |
| 7. Other sources: | ¥649,463 | | | | |
| 8. Balance from previous year: | ¥18,837,661 | | | | |
| Program implementation | | Advocacy/policy recommendation activities | | | |
| Overseas | Domestic | Policy Recommendations | Media | General Public | |
| ○ | × | ○ | ○ | ○ | |
| Secretariat (no. of staff) * | | | | | |
| Paid, full-time | Male | 3 | Unpaid, part-time | Male | 2 |
| | Female | 3 | | Female | 0 |
| Professional staff for advocacy | | Membership | | | |
| yes | | 50 members | | | |

Background

An NPO established to assist, through collective international efforts, the establishment of self-supporting communities in which individual members have equal access to basic health services.

*Full-time= 5 or more days/week; part-time= 1 to 4 days/week

Name: World Vision Japan (WVJ)

Website: <http://www.worldvision.or.jp> E-mail: info@worldvision.or.jp

Objective

Founded in 1987

To work for the wellbeing of all people through emergency relief, education, health care, economic development, and promotion of justice based on Christian principles and to assist communities as they help themselves to build a sustainable future.

| | | | | |
|---|----------------|--|-----------------------|----------------|
| Finances (October 2003–September 2004) | | Annual income total: | ¥3,309,412,000 | |
| <i>Income</i> | | <i>Expenditure</i> | | |
| 1. Membership dues: | 0 | 1. Program expenses: | ¥2,324,066,000 | |
| 2. Donations (private/corp.): | ¥2,250,400,160 | 2. Overseas programs: | ¥1,858,011,000 | |
| 3. Profits from fund management: | 0 | 3. Domestic programs: | ¥466,055,000 | |
| 4. Independent programs: | 0 | 4. Administrative expenses: | ¥689,298,000 | |
| 5. Commissioned programs: | 0 | 5. Balance brought forward: | ¥296,048,000 | |
| 6. Funding agencies: | ¥469,936,504 | | | |
| 7. Other sources: | ¥314,394,140 | | | |
| 8. Balance from previous year: | ¥274,681,196 | | | |
| Program implementation | | Advocacy/policy recommendation activities | | |
| Overseas | Domestic | Policy Recommendations | Media | General Public |
| ○ | ○ | ○ | ○ | ○ |

Secretariat (no. of staff) *

| | | | | | |
|-----------------|--------|----|-------------------|--------|---|
| Paid, full-time | Male | 13 | Unpaid, part-time | Male | 0 |
| | Female | 24 | | Female | 8 |

Professional staff for advocacy

Membership

4 (1 full-time, 3 shared)

19,093 members

Background

World Vision was established in the United States in 1950 to help orphans and widows victimized by the Korean war. World Vision Japan, founded in 1987, operates as a partner of this parent body, with its own board of directors, and is responsible for organizing and overseeing activities in Japan.

*Full-time= 5 or more days/week; part-time= 1 to 4 days/week

ABOUT THE AUTHORS

HYODO Chika

Hyodo Chika is assistant professor at the Hirayama Ikuo Volunteer Center, Waseda University. After completing her graduate work at Tokyo University, she worked as a research resident at the Japan Foundation for AIDS Prevention. She has been a visiting scholar at Michigan University, an international fellow at United Nations Population Fund in Bangkok, and a research associate at the Institute of Asia-Pacific Studies, Waseda University. Her expertise is in the field of gender and public health, with a particular focus on reproductive health as a global issue. In addition to her research, she has been involved with Japanese NGOs working on community-based HIV/AIDS support activities, and has conducted advocacy work with the UN and the Japanese government. She is currently organizing a global health project to be conducted by university students.

KATSUMA Yasushi

Katsuma Yasushi is assistant dean of the Faculty of International Research & Education, director of the International Studies Program at the Graduate School of Asia-Pacific Studies, director of the Waseda Institute for Global Health, all at Waseda University. He also serves as the secretary-general for the Japan Association for United Nations Studies; executive director for the Japan Society for International Development; editor-in-chief for the journal published by the Peace Studies Association of Japan; and representative of the Japan Association for International Health. Prior to joining the faculty of Waseda University, Prof. Katsuma worked for the United Nations Children's Fund and was stationed in Mexico, Afghanistan/Pakistan, and Tokyo. Previously, he was a consultant on Japanese ODA, conducting development research in Asia and Latin America. Prof. Katsuma received his PhD from the University of Wisconsin-Madison, law degrees from Osaka University; and a BA from International Christian University. His current research interests include a human rights-based approach to development, public-private partnerships for global health, and life skills-based health education. His publications in English include "Global Health Governance and Japan's Contributions: Infectious Diseases as a Threat to Human Security," *Korean Journal of International Organizations* 3, no. 1 (2008); and "Human Security Approach for Global Health," *Lancet* 371 (2008: co-authored).

ABOUT THE ORGANIZATIONS

THE JAPAN CENTER FOR INTERNATIONAL EXCHANGE



Founded in 1970, the Japan Center for International Exchange (JCIE) is an independent, nonprofit, and nonpartisan organization dedicated to strengthening Japan's role in international affairs. JCIE believes that Japan faces a major challenge in augmenting its positive contributions to the international community, in keeping with its position as one of the world's largest industrial democracies. Operating in a country where policy making has traditionally been dominated by the government bureaucracy, JCIE has played an important role in broadening debate on Japan's international responsibilities by conducting international and cross-sectional programs of exchange, research, and discussion.

JCIE creates opportunities for informed policy discussions; it does not take policy positions. JCIE programs are carried out with the collaboration and cosponsorship of many organizations. The contacts developed through these working relationships are crucial to JCIE's efforts to increase the number of Japanese from the private sector engaged in meaningful policy research and dialogue with overseas counterparts.

JCIE receives no government subsidies; rather, funding comes from private foundation grants, corporate contributions, and contracts.

WASEDA INSTITUTE FOR GLOBAL HEALTH



The Waseda Institute for Global Health is a research center at Waseda University that examines practical and proactive policy measures in the field of global health strategy. The institutes programs are focused on the following objectives: 1) to create a network of global health experts and NGOs, and formulate strategies for international health that translate policies at the global level into projects on the ground; 2) to promote public-private partnerships and foster better corporate social responsibility in the field of global health; 3) to engage in policy advocacy for global health while enhancing public awareness of global health issues through the media; 4) to offer academic courses on global health at Waseda University and promote volunteerism in global health among undergraduate and graduate students of Waseda and other universities.