

# 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.

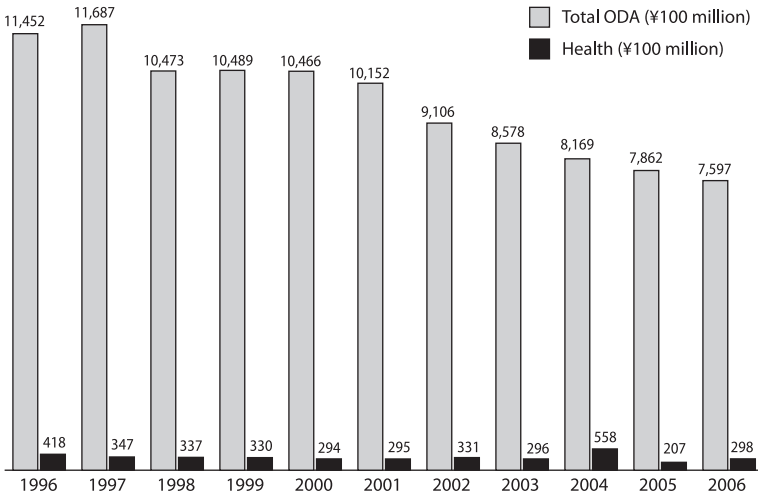
Table 1. Japanese government contributions to international organizations, 2006

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

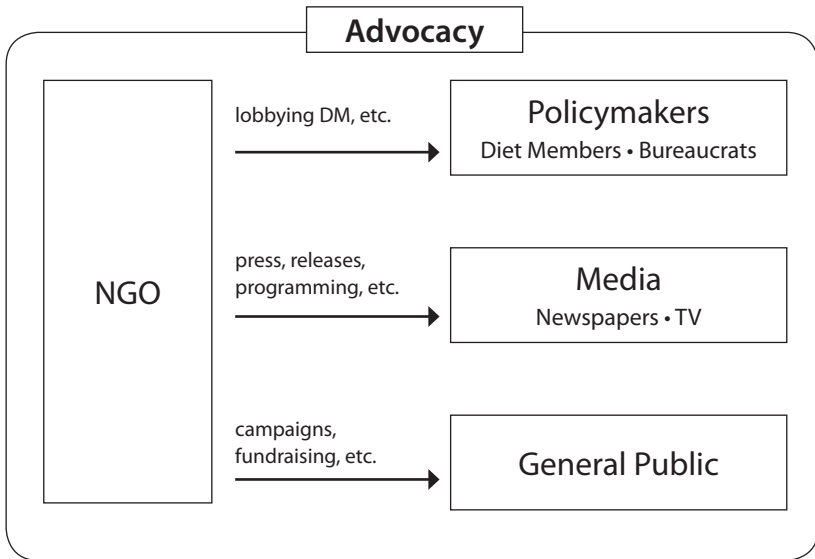
Table 3. List of advisors

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.