



日本国際交流センター

JAPAN CENTER FOR INTERNATIONAL EXCHANGE

## US-Japan Dialogue Strengthening Partnership on Global Health

March 7, 2017 | Washington DC

### Overview

The time is ripe for the Trump and Abe administrations to deepen US-Japan cooperation on global health and make it a pillar of the bilateral alliance. That was the general consensus among senior Japanese and American officials and policy experts who gathered in Washington DC for a high-level dialogue in March 2017. Unsurprisingly, the discussions were at first marked by deep Japanese concerns over the impact of the new US administration's proposed budget cuts and by appeals for continued American leadership on global health. But both sides quickly shifted to focus on the importance of maintaining the ongoing—yet often unheralded—US-Japan collaboration on health issues between various agencies that has developed over the years, and it was argued that the start of the Trump administration provides a rare opportunity to explore a major bilateral initiative on global health that would link and expand those diverse efforts.

During the course of the meeting, participants identified five areas where Japanese and US interests are particularly well aligned: (1) global health security, (2) collaboration on strengthening health systems in vulnerable countries, (3) cooperation on communicable diseases, (4) innovation and R&D, and (5) addressing the challenges of aging populations. These five areas, it was suggested, could serve as the core of a new initiative to expand US-Japan cooperation on global health.

### Opportunities and Challenges for US-Japan Partnership

Both the United States and Japan have stood out as champions for global health in recent years, working to improve health conditions in lower-income countries. They have done so not simply for moral reasons, but also because it makes those societies more stable and prosperous, which ultimately advances US and Japanese national interests. Individually and in tandem, they have accomplished a great deal.

Yet the dialogue opened against a backdrop of great change and concern. On the one hand, the gaps in the international system that were exposed by the 2015 Ebola outbreak were fresh in

### About the US-Japan Dialogue

The first US-Japan Dialogue on Strengthening Partnership on Global health was organized on March 7, 2017, by the Japan Center for International Exchange (JCIE) and was hosted at the United Nations Foundation. It convened 34 government officials and experts representing nine US and Japanese government agencies, as well as a range of foreign policy institutes and civil society organizations. Keizo Takemi (Member, House of Councillors of Japan) and Michael Reich (Professor, Harvard T.H. Chan School of Public Health) chaired the meeting.

participants' minds, underscoring the extent to which the world is still vulnerable to large-scale health emergencies and how crucial it is to deepen international cooperation on global health. On the other hand, the leadership transitions that were underway, most notably in the United States but also at two critical global health organizations—the World Health Organization (WHO) and the Global Fund to Fight AIDS, Tuberculosis and Malaria—imbued the discussions with a strong sense of uncertainty. In particular, the fact the United States had just seen the inauguration of a president who has pledged to upend business as usual raised concerns about whether US leadership on global health might recede and how US policy might change.

These concerns were balanced by a sense that the United States and Japan now have a unique opportunity. Several participants pointed out that the close relationship that President Trump and Prime Minister Abe have forged puts them in a strong position to explore greater cooperation on key issues such as global health. In fact, some argued, their relationship provides an opportunity to announce a new framework for US-Japan bilateral collaboration on global health, one that builds upon the many global health priorities that the two countries share.

Of course, US and Japanese priorities diverge in some areas. For instance, Japan is deeply committed to advancing universal health coverage (UHC) around the world, which is not likely to be a priority for the Trump administration. However, participants noted that the two countries are remarkably well aligned on most issues—for example, in their bilateral efforts, in their support for the Global Fund, and in G7 agenda setting. These areas of alignment provide a strong foundation and convincing rationale for deepening bilateral cooperation.

A wide range of participants also argued that reenergized US-Japan cooperation should not replace but rather build upon the successful bilateral efforts that are already ongoing between American and Japanese agencies, including initiatives to advance regulatory harmonization, the work being done on the ground by USAID and the Japan International Cooperation Agency (JICA), joint research being carried out by the US National Institutes of Health (NIH) and the Japan Agency for Medical Research and Development (AMED), and efforts by numerous other agencies. (See Appendix for an illustrative list of ongoing initiatives.) Japanese participants stressed, however, that for these partnerships to succeed, it is important that the agencies involved on both sides be adequately funded.

### **Five Issues to Prioritize in US-Japan Global Health Cooperation**

Participants in the dialogue identified five areas where Japanese and US interests and capabilities are aligned. They suggested that these could serve as the core priorities for more intensive US-Japan cooperation on global health.

#### **1) Working together to strengthen and institutionalize global health security**

The Ebola crisis revealed the institutional challenges hampering the world's ability to respond to health emergencies. In recent years, important steps have been taken to establish mechanisms to ensure that when the next large-scale health emergency occurs there will be adequate financing and that the international community can respond in a timelier manner. Many of these measures were rolled out in conjunction with the 2016 Ise-Shima G7 Summit in Japan. But there is much more that the United States and Japan can do to maintain

momentum and ensure that the world is better prepared to respond to the next deadly pandemic. Participants raised the following as concrete examples of steps to explore:

- The United States and Japan have done a great deal to advance joint external evaluations within the framework of the Global Health Security Agenda (GHSA), and they would be well advised to stay committed to this effort and provide sufficient resources to maintain momentum on the GHSA.
- The WHO Contingency Fund for Emergencies (CFE) was established in 2015, and the World Bank's Pandemic Emergency Financing Facility (PEF) was launched in 2016. As the two leading supporters of the WHO and the World Bank, the United States and Japan can work together to help ensure that these mechanisms are sufficiently funded and that they are implemented effectively and efficiently.
- Recently, efforts have been made to facilitate coordination between the WHO and the UN Office for the Coordination of Humanitarian Affairs (OCHA) by introducing standard operating procedures for cooperation on large-scale emergencies. The United States and Japan should help ensure that coordination continues to advance by continuing to push both agencies to make it a priority.
- Another area where closer collaboration might eventually be explored involves the deployment of military forces as part of rapid responses to health emergencies. The experience of the United States military's work on Ebola offers lessons for Japan and can serve as a model for a potential future deployment of the Japan Self-Defense Forces. The strong working relationship between the US and Japanese militaries could become an important factor if such a deployment becomes necessary.

## **2) Preparing for emergencies by strengthening health systems in vulnerable countries**

Countries with strong health systems are more likely to prevent pandemics from spiraling out of control, and there is a great deal that Japan and the United States can do to help developing countries strengthen their capacity to collect health data, implement adequate surveillance, and maintain health workforces. While these countries need to commit their own resources to strengthen their health systems, assistance from the United States and Japan is still critical to help the most vulnerable states improve their preparedness. Participants mentioned the following as potential areas of cooperation:

- The bilateral assistance provided by both countries helps to strengthen health systems, even when that is not its primary intention. For example, in addition to supporting disease-specific interventions, American funding through PEPFAR and the President's Malaria Initiative build up components of health systems in recipient countries, as do Japan's UHC programs. Thus, the United States and Japan should ensure that their programming on the ground is well coordinated, especially in areas such as training and other technical assistance for disease surveillance and health workforces.
- In the past, joint needs assessments by USAID and JICA teams helped lay the foundation for closer coordination on global health projects, but these efforts have halted. It would be helpful to revive them.
- JICA, the World Bank, and the WHO have launched a unique partnership to strengthen health systems and expand health coverage in 10 African and Asian countries, with the WHO providing technical assistance, the World Bank directing IDA funds to programs on the ground, and JICA helping recipient countries develop their capacity to implement

the programs. Japan hopes that the United States—particularly agencies with unique technical expertise, such as the Centers for Disease Control and Prevention—can join in these efforts to help strengthen the capacity of recipient countries.

### **3) Advancing efforts to battle communicable diseases**

The United States and Japan have a common cause in the global battle against communicable diseases. The United States has been at the forefront of these efforts through its funding for initiatives such as PEPFAR; the Global Fund; and Gavi, the Vaccine Alliance. Meanwhile, Japan has played an outsized role in supporting the Global Fund, and it has expanded funding for Gavi as well. Participants in the dialogue felt that support for these initiatives should remain a core priority for the two countries, and they shared the following observations:

- The Global Fund should be a top priority for the two countries. Both the United States and Japan have reason to take pride in the success of the Global Fund model, which operates more as a public-private partnership than a multilateral organization. Participants noted that Japan's generous pledge in the last replenishment round was a sign that the reaffirmations of US support make it easier for Japan to provide funding.
- Japan and the United States should urge the Global Fund to maintain its strategic focus and not further expand its priorities. In recent years, the Global Fund has taken special care to ensure that its investments build up the capacity of local health systems; more than 30 percent of its budget can be characterized as strengthening health systems as part of the broader effort to counter the three deadly diseases. This effort has been important and should be maintained. But at this particular juncture, the participants felt that contrary to what some have argued, it is not advisable for the Global Fund to move any further toward a focus on general health conditions.
- The United States and Japan should work together more effectively in terms of health economics by coordinating to ensure that the programs they support are sufficiently affordable and designed in a way that host countries can sustain once they take over financial responsibility for them.

### **4) Collaborate in promoting R&D and innovation to bolster global health responses**

The United States and Japan are world leaders in medical innovation thanks to their publicly funded research institutions and the strength of their corporate sectors. Given the political climate, a focus on innovation resonates particularly well in the United States and also holds a special appeal for Japan. Ways in which the two countries can work together in promoting innovation include the following:

- The United States and Japan should expand their joint R&D efforts involving new medical technologies, including diagnostics, treatment, and vaccines.
- In particular, participants felt that heightened US-Japan cooperation in supporting the Coalition for Epidemic Preparedness Innovations (CEPI) is crucial. Participants also stressed that Japan and the United States could make a significant contribution by working together to incentivize R&D in the important area of antimicrobial resistance.
- Japan and the United States are well positioned to promote new models for developing and distributing pharmaceuticals and medical care, especially public-private partnerships (PPPs) that better leverage the corporate sector's capacity for innovation. The Japan-initiated Global Health Innovation Technology Fund (GHIT) is one such model that has

had early successes. Similarly, the IVCC [Innovative Vector Control Consortium]—supported by American companies such as Dow Chemical, Japanese companies such as Sumitomo Chemical, government agencies including USAID, and others—is another example of a creative and successful PPP. It is important to maintain support for these initiatives and explore new partnerships that leverage Japanese and US strengths.

- Both countries can strengthen incentives for innovation by advancing intellectual property rights protection, harmonizing regulatory processes, and championing new financing mechanisms.
- There is great potential for the United States and Japan to work together to build R&D and laboratory capacity in developing countries—including training and technical assistance—in order to better equip them to respond to new pandemics.

### **5) Apply lessons from Japan and the United States to address aging populations**

As the populations in developing countries grow older, those societies increasingly face new and complex challenges, including increases in noncommunicable diseases, shortages of long-term care workers, and additional strains on health systems. Several concrete ways in which the United States and Japan might collaborate to help lower-income countries cope with the emerging challenges of aging were mentioned:

- The United States and Japan can help by sharing their expertise with other countries. For instance, Japan recently launched the “Asia Health and Wellbeing Initiative (AHWIN)” to promote regional and bilateral collaboration on aging in the Asia region. Through this initiative, Japan will provide technical assistance and disseminate innovative technology and approaches to ensure adequate long-term care for elderly populations. The United States also has rich expertise and resources that can similarly be deployed through multilateral efforts or via a US-Japan collaborative framework.
- Japan and the United States can work together to support technological innovation that helps lower-income countries cope with the impact of aging. In addition to innovation in the healthcare sector, this might also include new technologies and methods for transportation, communications, and other sectors relevant to aging populations.
- Both countries would benefit by expanding joint biomedical research, especially on issues relevant to aging such as dementia, brain aging, and genomics.

### **Forums and Vehicles for Cooperation**

The interests of the United States and Japan would be best served by working together simultaneously at different levels to advance cooperation on these five priority areas:

#### ***International forums***

The United States and Japan are leading members of the G7, the G20, and APEC [Asia-Pacific Economic Cooperation], and there is much to gain from more intensive coordination of their positions in those forums to advance their global health goals.

#### ***Multilateral development and health institutions***

Both countries also occupy leadership positions in the major international organizations working on global health and close coordination enables them to advance their shared interests. In the aftermath of the Ebola crisis, the United States and Japan are well positioned

to work closely with the WHO’s new, incoming leadership to ensure that needed reforms are implemented. Similarly, after the World Bank’s successful launch of the PEF and expansion of IDA funding to support global health and pandemic preparedness, there is much that Japan and the United States—as the institution’s top two shareholders—can do together to ensure that these changes are consolidated. It is also essential that the two countries maintain their support for the Global Fund as it goes through its current leadership transition and continue their coordination to ensure that it operates as effectively and accountably as possible. Moreover, it was suggested that the United States and Japan work together more intensively to encourage China, Brazil, India, and other rising powers to take up a greater share of the burden for financing the WHO, the World Bank, and other global health institutions.

***Bilateral cooperation***

As two of the world’s largest donors, the United States and Japan each stand to gain from more effectively coordinating their bilateral assistance and, when mutually advantageous, undertaking more joint projects in the field. This can build upon the long tradition of cooperation between the two countries’ development agencies and foreign ministries, which started in the early 1990s with the US-Japan Common Agenda for Cooperation in Global Perspective and has continued in various forms, including as the US-Japan Development Dialogue during the Obama years. The two countries can also draw on a range of existing collaborative initiatives among Japanese and US research centers and health agencies, as well as the work of philanthropic foundations and nonprofit organizations in both countries.

**Toward a More Robust US-Japan Partnership**

There was a strong consensus among the participants in the dialogue that, at this critical juncture, closer US-Japan collaboration on global health collaboration is vitally important. Coordinated US and Japanese efforts that focus on the five priority areas promise to reinforce each country’s commitment to global health, help Japan and the United States maximize their investments in the field, and better equip vulnerable countries to deal with health challenges that eventually can have an impact far beyond their borders.

In particular, participants suggested that President Trump and Prime Minister Abe should consider announcing a major US-Japan initiative specifically focused on global health cooperation. The close relationship of the two leaders provides a foundation for this type of pioneering initiative, which would expand upon successful initiatives already underway while launching a new set of collaborations as well. Such an initiative would be a powerful demonstration of American and Japanese leadership in advancing health security for our own citizens and for people around the world.

#####

## Appendix

### Illustrative Examples of US-Japan Cooperative Initiatives Related to Global Health

#### <Development >

##### 1) Successive US-Japan development initiatives with partial focus on global health

*US: USAID & State Department | Japan: JICA & Ministry of Foreign Affairs (MOFA)*

- US-Japan Common Agenda for Cooperation in Global Perspective (1993–2001)
- US-Japan Partnership for Global Health (2002–2009)
- US-Japan Development Dialogue (2013–2016)

#### <Research>

##### 2) US-Japan Cooperative Medical Sciences Program (CMSP)

*US: NIH, State Department, etc. | Japan: Agency for Medical Research and Development (AMED), MOFA, MHLW, MEXT, etc.*

The CMSP was established in 1965 under a presidential–prime ministerial agreement to strengthen cooperative research and professional exchanges on issues of importance to public health in the Asia-Pacific region. The program continues as a unique tool to foster research collaboration among the United States, Japan, and the Asia-Pacific region. It has nine joint panels: AIDS; Acute Respiratory Infections; Cholera and other Bacterial Enteric Diseases; Hepatitis; Parasitic Diseases; Cancer (previously the Genes, Environment and Diseases Panel); Nutrition and Metabolism (inactive on the US side); Mycobacterial Diseases; and Viral Diseases; and has a cross-cutting Joint Immunology Board.

##### 3) US-Japan Joint High-Level Committee (JHLC) Meeting on Science and Technology

*US: State Department, DoD, NIH, National Science Foundation, etc. | Japan: MOFA, Ministry of Education, Culture, Sports, and Science (MEXT), Ministry of Health, Labour and Welfare, etc.*

Since 1988, when the US-Japan Science and Technology Agreement was signed, the JHLC has provided a regular forum to exchange views on science and technology endeavors in the two countries and to identify priorities for future collaboration. Multiple agencies from both countries participate. The topics are wide-ranging but include health-related research.

##### 4) US-Japan Framework Initiative for a Safe and Secure Society

*US: NIH National Institute of Allergy and Infectious Diseases, Department of Homeland Security, State Department, etc. | Japan: MEXT*

##### 5) JSPS-NSF Partnerships for International Research and Education (PIRE)

*US: National Science Foundation, NIH, NAS, etc. | Japan: Japan Society for the Promotion of Science (JSPS)*

JSPS and NSF team up to offer American and Japanese researchers funding for collaborative research.

## **6) JSPS-NIH Fellowships**

*US: NIH, NAS, etc. | Japan: Japan Society for the Promotion of Science (JSPS)*

JSPS provides two types of scientific collaboration fellowships in cooperation with the NIH and its Fogarty International Center. One program allows US scientists to conduct cooperative research under host researchers in Japan, while the second enables Japanese biomedical and behavioral scientists to conduct research at the NIH.

### **<Regulatory Harmonization >**

## **7) Bilateral coordination & consultation in international forums**

*US: FDA, etc. | Japan: Pharmaceuticals and Medical Devices Agency (PMDA)*

The regulatory agencies and private sector in the two countries consult as part of multiple international platforms to achieve greater harmonization, including the following:

- International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH)
- International Coalition of Medicines Regulatory Authorities (ICMRA)
- International Medical Device Regulators Forum (IMDRF)
- WHO/International Conference of Drug Regulatory Authorities (ICDRAs)

## **8) US-Japan Medical Device Harmonization by Doing (HBD)**

*US: FDA, etc. | Japan: MHLW, PMDA, Japan Federation of Medical Devices Associations, etc.*

Through HBD consultations and conferences, the FDA, Japanese regulators, academia, and industry have developed internationally agreed upon standards for global clinical trials related to cardiovascular devices and addressed regulatory barriers to timely medical device approvals in both countries. This grew out of a pilot project started in 2003, and while it focuses more on domestic issues, it can provide lessons for global health coordination.

### **<Nongovernmental/Private Sector>**

## **9) Takemi Program in International Health at the Harvard School of Public Health**

Created with private Japanese funding in 1983 at the initiative of longtime Japanese Medical Association President Taro Takemi and the school's dean, Howard Hiatt, this interdisciplinary research program annually brings a small group of Takemi Fellows from around the world to the Harvard School of Public Health. There, they engage in a program of research and advanced training on how to improve global health. More than 250 Takemi Fellows from 50+ countries have participated in the program.

## **10) Mansfield-PhRMA Research Scholars Program**

Through this exchange program, the Maureen and Mike Mansfield Foundation annually brings eight Japanese pharmaceutical researchers to the United States for a two-week program of dialogues and site visits.