Our Mission

To help citizens shape health policies by generating policy options, and to bring stakeholders together as a think-tank.

Guiding Principles

Independent
Maintain independence. Be non-partisan.

Multi-stakeholder
Bring stakeholders together. Provide an open forum for debate.

Agenda Shaping
Identify critical issues for citizens. Promote active exchange of ideas.

Global
Cultivate a global perspective. Collaborate with world-class leaders in health policy.

Pursuit of Excellence
Pursue excellence in all that the Institute does. Lead in the policy arena.
1. Greetings from the Chairman
2. Greetings from the Vice Chairman
3. Our Activities in FY2008
   i. Health Policy
   ii. Commission on Citizens and Health
   iii. Global Health
4. Our Plans for FY2009
5. Our Publications
6. Our History
7. Overview
8. Financial Results
to help citizens shape health policies by generating policy options, and to bring stakeholders together as a think-tank.
Health Policy Institute, Japan (HPIJ) was established in 2004 as an independent, non-profit, non-partisan private think-tank, aiming to realize citizen-centered health policy. In the five years since then, there has been a dramatic change in the circumstances relating to healthcare. Amid mounting social uncertainties accompanied by the advancement of an aging society and increasing health awareness, the issue of healthcare has drawn significant public attention. The existing policy-making mechanism operated by the government, however, has not proved capable of producing effective solutions to healthcare problems and its limitations are now self-evident. In order to realize the health policies truly sought by the public, it is vital that a mature and democratic process is developed; one which involves a wide range of stakeholders and open discussion of policy options based on objective data to make responsible decisions. To this end, we work to make health policy recommendations as a think-tank independent of the government.

We have been experiencing drastic changes in our living environment. Japan’s aging society has advanced at a speed unprecedented in the world, the economic climate has become increasingly uncertain, and both globalization and IT have progressed rapidly. At the same time, healthcare technology has been advancing while disease structures have evolved. It is critical for any nation to develop a health policy that protects and promotes the health of the people under such rapidly changing global, political, and economic circumstances. At the international level, moreover, as is clearly reflected by the Millennium Development Goals (MDGs) of the United Nations, health is a key global issue. Japan is expected by the international community to contribute to this issue as an economic power. What is required now therefore is a broad vision and grand design based on an understanding of the principles of health issues, and the ability to effectively formulate and implement policies.

HPIJ’s activities currently center on the following three areas. Our Health Policy Unit works to provide platforms, basic data and issues for policy discussion. Our Commission on Citizens and Health works to facilitate the participation of citizens and patients in the policy making process. Our Global Health Unit works to help provide solutions to global health issues at the core of the MDGs, such as the fight against infectious diseases and maternal and child health. The unit both lays the foundations for and follows up the discussion at the G8 Summit by convening conferences such as the Global Health Summit.

We would like to ask for your understanding and support of our endeavor, and for your evaluation of our projects including surveys and policy recommendations. On that basis, we would like to invite you to participate at our symposiums and seminars and to exchange opinions with you. Utilizing what we gain from these valuable discussions, we will strive to develop concrete policy recommendations and to bring them to realization.

Chairman
Agenda shaping

Pursuit of Excellence
2. Greetings from the Vice Chairman

2008 was a year of increased attention on healthcare, caused largely by social unrest fueled by the worldwide recession. It was also a year of intensified discussion on health policy, ahead of an election that might well lead to a regime change. Responding to the needs of the time, we at Health Policy Institute, Japan (HPIJ) have focused our activities on three key areas, and would like to take this opportunity to introduce to you some of the highlights.

Our first area of focus is domestic health policy. Our fourth Public Survey on Healthcare in Japan, which clearly reflected the impact of the recession, revealed a growing sense of anxiety about future medical bills especially among young people. Such trends as recorded by the survey are the unavoidable consequence of past failures, which saw the burden passed thoughtlessly to future generations through the lack of any vision for the future and the avoidance of serious discussion on the balance between benefits and burdens. This year’s Health Policy Summit, which brought together leaders of the ruling and opposition parties, squarely took up this issue. The summit confirmed HPIJ’s intention to launch the Health Policy Forum in advance of the general election to identify three major health policy issues to be addressed in party manifestos. We aim to contribute to developing a vital new Plan-Do-Check-Act cycle in health policy by gathering health policy leaders from both ruling and opposition parties and conducting active discussion.

The second area of our focus is citizen/patient participation in health policy making, and the year saw significant progress particularly in cancer policy. HPIJ conducted the Cancer Policy Summit in September, which brought together cancer policy committee members from both central and local governments. The summit provided a workshop for committee members to share and learn about best practices, confirmed that committee members should cooperate on policy issues common to many local areas, and created an important mechanism for holding policy discussions with ruling and opposition party leaders. In the future, we intend to apply this approach in other fields of healthcare, such as cerebral stroke, heart disease, and diabetes.

The third area of our focus is global health and the worldwide health challenges. 2008 was a year in which Japan’s leadership was tested as chair of the G8 Summit. HPIJ co-organized the Global Health Summit with the World Bank in February and presented policy recommendations to society at large. We went on to support Japanese efforts in global health through the TICAD and G8 Summits. We then co-organized the Second Global Health Summit in Rome in February 2009 to facilitate a smooth handover of these achievements to Italy, the next chair of the Summit. We intend to continue promoting discussion of how Japan can best take an active leadership role on the issue of global health, one of the major global challenges alongside climate change.

In order to achieve solid results in these and other endeavors, reinforcement of our operating foundations is another essential task for our organization. In FY2008, we officially established operational units for each area of our focus, namely the Health Policy Unit, Commission on Citizens and Health, and Global Health Unit. We revamped our organization to enable more flexible operation by each unit under the leadership of the unit director. We also worked successfully to increase our membership and grants, resulting in a 30% year-on-year increase in total revenue for FY2008. Thus, despite the continuing global recession, we remain strong and vigilant in pursuing reinforcement of our operating basis.

We sincerely appreciate your continuous support.
Thank you.

Vice Chairman
3. Our Activities in FY2008: Health Policy

Overview
Our focus was on "politics" and "public opinion". We conducted discussions on major health policy issues through channels such as discussion meetings with leaders of the ruling and opposition parties and study sessions, while at the same time making policy recommendations. We also conducted Media Workshops and discussed key issues of health policy in response to requests from media organizations who are finding themselves dealing with increasing numbers of reports on healthcare.

Health Policy Summit
The Health Policy Summit is a conference aimed at setting and discussing the critical agenda for the year in health policy. As in previous years, the Summit gathered around 100 health policy leaders from various fields, including healthcare providers, citizens/patients, government, academia, industry, and the media.

Photo (left to right):
Mr. Takeshi Erikawa, Vice Minister of Health, Labour and Welfare - Dr. Yasuhiro Takeshima, Vice President, Japan Medical Association - Dr. Ryosuke Tsuchiya, Director, National Cancer Center Hospital - Ms. Mieko Hasegawa, Chairman, Japan Rheumatism Friendship Association - Dr. Hiroshi Yoshikawa, Professor, Graduate School of Economics, Tokyo University - Mr. Soichiro Tahara, Journalist - Dr. Ichiro Kamoshita, Liberal Democratic Party, Member of the House of Representatives - Dr. Yutaka Fukushima, Acting Chief Representative, New Komeito, Member of the House of Representatives - Mr. Masahiko Yamada, Democratic Party of Japan, Member of the House of Representatives
Public Survey on Healthcare in Japan 2009

What exactly is the health policy sought by the Japanese public? Health Policy Institute, Japan has conducted an annual public survey of voters throughout Japan since 2006 to identify the healthcare system and guiding principles sought by the public. Once again, the 2009 survey, the fourth in all, generated a broad and significant reaction.

Excerpts from Media Coverage

• “86% of public worried about their medical bills – Growing sense of anxiety among young people” (February 20, 2009) NHK report “Good Morning Japan”
• “Survey on the healthcare system for the latter-stage elderly conducted by a private institution – People over 70 are most supportive” (February 20, 2009) Kyodo News
• “Those worried about healthcare costs increased by 50% over the past 2 years” (February 22, 2009) Asahi Shimbun
• “What should we do about collapsing healthcare?” (February 27, 2009) TV Asahi “Asamade nama TV”

Results of the survey were reported by more than 25 media outlets throughout Japan.

Media Workshop (Open to Journalists)

• 1st: “Public Survey on Healthcare in Japan 2008” (June 2, 2008)
• 2nd: “Disparities and Good Examples among Anti-Cancer Measures” (October 10, 2008)

Health-Investing Society and Personal Health

• “Aiming at a Health-Investing Society to Overcome a Shrinking Population and Aging Society” (Co-organized with the University of Tsukuba, July 14, 2008)
• “Personal Health Symposium – Aiming for Wellness and Prevention Innovation” (Co-organized with Continua Health Alliance and the University of Tsukuba, February 3, 2009)
Study Session (Open to Individual Members)
• “Blair’s Reforms and After – UK Healthcare Reform and its Implications in a Japanese Context” (September 10, 2008)
  Dr. Taro Tomizuka, London School of Hygiene & Tropical Medicine, London School of Economics & Political Science

Breakfast Meeting
- Invited opinion leaders every other month to provide opportunities for open and frank discussion.
  • “Japan’s Contributions in Global Health” (May 22, 2008)  Ms. Aiko Doden, Senior commentator, NHK
  • “Measuring the Quality of Healthcare” (July 10, 2008)  Dr. Tsuguya Fukui, Director, St. Luke’s International Hospital
  • “Efforts of Sendai City to Tackle New-Type Influenza” (September 4, 2008)  Dr. Emiko Iwasaki, Deputy mayor, Sendai City
  • “Future Surgeons – Future Healthcare in Japan” (November 13, 2008)  Dr. Takao Oki, Professor, Jikei University School of Medicine
  • “Getting Back to the Basics of Healthcare – New Year Thoughts” (January 7, 2009)  Dr. Kiyoshi Kurokawa, Chairman, HPIJ
  • “The Election as a Key to Bring Change in Health Policy” (March 19, 2009)  Prof. Yoshikazu Kenjo, Professor, Faculty of Business and Commerce, Keio University

"Urgent Health Policy Proposals for the New Administration" Series
- Publicized opinion leaders’ views on the HPIJ website with an eye to the general election.
  <Examples>
  • Dr. Masaharu Ito, President, All Japan Federation of Social Insurance Associations
  • Mr. Osamu Nagayama, President and CEO, Chugai Pharmaceutical Co., Ltd.
  • Prof. Koichi Nobutomo, Professor, Health Service Systems, Kyushu University
  • Dr. Byung-Kwang Yoo, Assistant Professor, School of Medicine and Dentistry, University of Rochester
  • Prof. Hiroshi Yoshikawa, Professor, Graduate School of Economics, University of Tokyo
  • Dr. Ludwig Kanzler, McKinsey & Company Inc., Japan
  • Mr. Takashi Wachi, Chairman of the Board of Directors, Terumo Corporation

Interviews with Political Parties 2008
- Interviewed the health policy decision makers of the major political parties.
  • Mr. Seiichi Eto, Member of the House of Councillors, Chairman of the Committee on Health, Welfare and Labour, LDP
  “Need for Increasing the Student Quota for Medical Schools and for Securing Financial Resources”
  • Dr. Takao Watanabe, Member of the House of Councillors, Chairman of the Committee on Health, Welfare and Labour, New Komeito
  “Need for Policy to Support Regional Healthcare”
  • Dr. Akira Koike, Member of the House of Representatives, Policy Commission Chair, Japanese Communist Party
  “Healthcare Collapses Under American-type Market Economy”
  • Dr. Akira Koike, Member of the House of Representatives, Policy Commission Chair, Japanese Communist Party
  “Need for Policy Reorientation in Healthcare as a Growing Industry”

Health Policy Clerkship
(In Partnership with the University of Tokyo Healthcare and Social Policy Leadership Program)
- Health policy making program open for medical students throughout Japan. The 6th Clerkship focused on tobacco policy.
### 3. Our Activities in FY2008: Commission on Citizens and Health

#### Overview

The commission contributed to realizing patient/citizen-led health policy, mainly through establishing the Cancer Policy Information Center, organizing the Cancer Policy Summit, conducting the Patient University, and leading participants to the international training of the International Union Against Cancer (UICC).

#### Mission of Commission on Citizens and Health

<table>
<thead>
<tr>
<th>Policy Setting</th>
<th>Realizing Patient/Citizen–Led Health Policy</th>
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<tbody>
<tr>
<td>Projects</td>
<td>Realizing the best healthcare throughout society by having patients/citizens lead the health policy decision-making process</td>
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<table>
<thead>
<tr>
<th>Cancer Control (Partially planned for FY2009)</th>
<th>Chronic Disease Control (Planned for FY2009)</th>
<th>Others</th>
</tr>
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<tbody>
<tr>
<td>Local Initiative Project</td>
<td>Public Survey</td>
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<tr>
<td>Cancer Policy Summit</td>
<td>Cardiac Disease Int'l Campaign</td>
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<td>Global Outreach (ACS, AHA, Arrhythmia Alliance, UICC)</td>
<td>Chronic Disease Int'l Patient Symposium</td>
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<tr>
<td>Cancer Policy Information Center Website</td>
<td>Chronic Disease Control Center Website</td>
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<tr>
<th>Channel</th>
<th>Cancer Policy Information Center</th>
<th>Chronic Disease Control Center</th>
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<tr>
<th>Strategy</th>
<th>Sharing Best Practices</th>
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<tr>
<td></td>
<td>Visualizing Policy/Treatment/Incidence Gaps</td>
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<td>Patient Leader Network</td>
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<th>Advocacy Platform</th>
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<tr>
<td>Patient University</td>
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<td>Advocacy Website</td>
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**Cancer Policy Information Center**

- Established the Cancer Policy Information Center, aiming at cancer treatment equality throughout Japan. (June 1, 2008)
  - Conducted training sessions and events including the Cancer Policy Summit.

**Cancer Policy Summit 2008**

- Brought together patient representatives on the cancer committees of many prefectures to discuss cancer control in Japan. (September 27-28, 2008)
  - 31 patient representatives from 20 prefectures participated.
  - Shared the best practices of each region.
Patient University
Conducted leadership training for citizen healthcare groups, including patient organizations.
- 4 sessions were held from September to December 2008, covering Leadership Theory, Facilitation Skills, Fundraising Skills, and Communication Skills.
- Approximately 35 people from 20 groups participated in each session.

UICC Overseas Training
Led 3 cancer patient leaders to participate in the World Cancer Congress of the International Union Against Cancer (UICC) in Geneva. (August–September 2008)
- Discussed topics including prevention and early diagnosis, tobacco control, standardized approaches, and advocacy.
- Exchanged views with European patient leaders. (Basel)
- Discussed the history and best practices of advocacy in Europe.

Media Coverage
- “Hyogo sets aggressive targets in its Basic Plan for Cancer Strategy.” (May 8, 2008) Kobe Shim bun
- “Do you know your town’s cancer policy?” (June 4, 2008) NHK report
- “50% of prefectoral cancer committee members feel patients’ voices were reflected in the Basic Plan for Cancer Strategy.” (June 21, 2008) Nihon Keizai Shim bun
- “Cancer patients and their families strengthen cooperation – 9 groups in Tohoku region organize symposium in Sendai.” (October 13, 2008) Kahoku Shimpo
- “Cancer Policy Summit (1) – Public-private cooperation makes progress.” (October 7, 2008) Miyazaki Nichinichi Shim bun
- “Cancer Policy Summit (2) – Pressing need to eliminate healthcare disparities.” (October 21, 2008) Miyazaki Nichinichi Shim bun
- “Okinawa’s Basic Plan for Cancer Strategy assessed as ‘immature’.” (October 11, 2008) Okinawa Times
- “Local voices coming together to create national policy – Patients from 20 prefectures organize summit in Tokyo.” (October 28, 2008) Ehime Shim bun
- “Regional disparities obvious in Basic Plans for Cancer Strategy.” (December 3, 2008) Hokkaido Shim bun
- “Health Policy Institute, Japan assesses regional disparities in cancer control.” (December 8, 2008) Niigata Nippo
- “Aiming for equalized care - Hospitals/patients/governments work together to support regional hubs for cancer treatment.” (January 5, 2009) Ehime Shim bun
Overview
In February 2008, with Japan chairing the G8 Summit that year, we organized the Global Health Summit, gathering leaders from diverse stakeholders to debate and make proposals on the major global health challenges for the international community to tackle. Carrying over this achievement, this February we co-organized the Global Health Forum in Italy, chair of the 2009 G8 talks. Chaired by Italian Minister of Economy and Finance Giulio Tremonti, participants including WHO Director General Margaret Chan and leaders from diverse stakeholders in Italy made policy proposals for the G8 Summit. Since then, we have conducted a follow-up meeting in Japan and opened dialogue with Canada, the next chair of the G8 Summit in 2010.

Global Health Forum
We co-organized the Global Health Forum in Rome, Italy, with Aspen Institute Italia. Participants included Italian Minister of Economy and Finance Giulio Tremonti, WHO Director General Margaret Chan, Egyptian Health Minister Hatem El Gabaly, and other international leaders in the global health arena, government representatives, international NGOs, and private companies active in international assistance. To help shape the agenda for the G8 Summit in July, active discussion took place on topics such as strengthening health systems, public-private partnerships, and a new funding mechanism for vaccine development.
Symposiums

- Global Health Experts’ Meeting (November 29-30, 2008) (Bellagio, Italy)
- Multi-stakeholder Global Health Meeting (January 17, 2009) (Tokyo)
- Global Health Forum (February 13, 2009) (Rome) Co-host: Aspen Institute Italia
- Conference Invitee, “G8 and Beyond”, hosted by Italian Foreign Minister (June 22, 2009) (Rome)

Media Coverage

- “Japan as the catalyst for improving global public health” (February 12, 2009) The Japan Times
- “Italian G8 Summit: a critical juncture for global health” (February 14, 2009) The Lancet
- “Healthcare assistance to the poorest nations: Japan needs to participate in International Solidarity Levy” (April 3, 2009) Yomiuri Shimbun

In 2009, Italy was high on the priorities of the global community. The country was leading efforts to improve global health, and in November 2008, it hosted the Global Health Experts’ Meeting. This meeting was attended by experts from around the world, including public health officials, academics, and activists, to discuss strategies for improving global health. The meeting was organized by the Aspen Institute Italia and was held in Bellagio, Italy.

The Global Health Forum, which took place in January 2009, was another significant event. This meeting brought together stakeholders from various sectors to discuss global health issues and to find solutions to improve health outcomes in the world’s poorest nations. The forum was co-hosted by the Aspen Institute Italia and was held in Tokyo, Japan.

The Italian G8 Summit, which took place in February 2009, was also a critical juncture for global health. The summit was attended by leaders from the G8 countries and was held in Rome. Italy used its presidency of the G8 to advocate for increased healthcare assistance to the poorest nations.

Media coverage of these events highlighted the importance of global health and the role of Japan in supporting international solidarity efforts. The Japan Times and The Lancet were among the media outlets that covered these events, emphasizing the need for Japan to participate in international solidarity efforts.

Photos:

(Top) Global Health Forum
(Center left) Article “Italian G8 Summit: a critical juncture for global health” (The Lancet, February 14, 2009)
(Center right) Experts’ Meeting
(Bottom) Website image (©World Vision Japan)
4. Our Plans for FY2009

<table>
<thead>
<tr>
<th>Health Policy</th>
<th>Commission on Citizens and Health</th>
<th>Global Health</th>
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<tbody>
<tr>
<td>In this general election year, we will focus on setting priority issues in health policy through the activities of the Health Policy Forum, which include producing health policy proposals to shape ruling and opposition party manifestos and to present to the incoming administration. We will also tackle key issues in Japanese healthcare, such as IT and innovation in healthcare and tobacco policy, making use of global collaboration.</td>
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<tr>
<td>We will accelerate the pace at which we develop &quot;patient advocates&quot; who can make policy recommendations from the standpoint of patients/citizens, thereby influencing the health policy of central and local government. We will also expand the Cancer Policy Information Center while at the same time advancing the local initiative program. We will launch the Chronic Disease Control Center and expand the scope of its activities. With all these efforts, we aim to realize equal provision of the best and most adequate healthcare throughout the nation.</td>
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<tr>
<td>Global health is one of the major challenges facing global society. Worldwide, 2 trillion yen goes annually into assistance for healthcare provision in developing countries, the fight against infectious diseases, and other healthcare needs. Most of these funds come from the G8 countries, and so we plan to present to the world, in coordination with think-tanks in other G8 nations, the global health issues on which the G8 should focus its funding.</td>
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Kohei Onozaki  
Vice President  
Program Director, Health Policy Forum

Kenichi Hanioka  
Member of the Board  
Co-Chair of CCH  
Director, Cancer Policy Information Center

Yoshiro Banno  
Manager, Global Health Unit

Worked at J&J, headed a regional chapter of a LDP, and engaged in policy planning. BA, Hosei University. MS, Harvard School of Public Health (Health Policy and Management).

Worked as head of NY branch of Nikkei Business, President of Kotsuzui Bank, and Member of Nikkei Medical Editorial Board. BA, Osaka University.

Worked at J.P.Morgan. BA, University of Tokyo. MPH, Harvard School of Public Health.

5. Our Publications

Please visit our websites for further information and news of upcoming events.

- For overall activities, visit www.healthpolicy-institute.org/

- For specific activities, visit  
  - Commission on Citizens and Health www.kanjakai.org/  
  - Chronic Disease Control Center www.manseishikkan.org/  
  - Cancer Policy Information Center www.ganseisaku.net/  
  - Global Health www.global-health-summit.org/

Newsletter “Healthy Debate”

Our "Healthy Debate" newsletter summarizes HPIJ’s activities and is widely distributed among Diet members and health policy decision makers, including those in government and international organizations.
2004

2005
Mar. Symposium: "Low Birthrate and Women’s Health" (Co-host: University of Tokyo Healthcare and Social Policy Leadership Program). Name changed to Specialized Non-Profit Organization, Health Policy Institute, Japan.
Opening of Secretariat in Nagatacho.
Aug. Symposium: "Regenerative Medicine: The Road to Clinical Application" (Co-host: Tokai University).
Oct. First Breakfast Meeting, since hosted bimonthly.

2006
Dec. Symposium: "Legislation for Regenerative Medicine".

2007
Jul. Opening of Commission on Citizens and Health in Suitengu.
Nov. Symposium: "Wellness and Innovation in the 21st Century" (Co-host: University of Tsukuba).

2008
Jun First Breakfast Discussion.
First Media Workshop.
Sep. Symposium: "Cancer Policy Summit".

2009
7. Overview

Name
Specified Non-Profit Corporation, Health Policy Institute, Japan

Address
(HQ)
1-11-28, Nagatacho, Chiyoda-ku, Tokyo, 100-0014, Japan
Tel. 03-5511-8521 Fax 03-5511-8523

(Commission on Citizens and Health)
2-5-3F, Kakigaracho, Nihonbashi, Chuo-ku, Tokyo, 103-0014
Tel. 03-5614-7796 Fax 03-5614-7795

Board of Directors
Chairman Kiyoshi Kurokawa
Vice Chairman James Kondo
Director Ken Shibusawa
Director Michael Devlin
Director Kenichi Hanioka
Director Yoshinori Hiroi
Director Hiroaki Yoshida
Auditor Tsuyoshi Dai

Revenue

Number of Individual Members

Number of Corporate Members*

*Companies, foundations, and groups who support the activities of HPIJ
### 8. Financial Results

#### List of Assets
(As of March 31, 2009)

<table>
<thead>
<tr>
<th>I. Assets</th>
<th>(yen)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Current Assets</td>
<td>111,478,799</td>
</tr>
<tr>
<td>2. Fixed Assets</td>
<td>9,348,131</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>120,826,930</strong></td>
</tr>
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<table>
<thead>
<tr>
<th>II. Liabilities</th>
<th>(yen)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Current Liabilities</td>
<td>11,127,576</td>
</tr>
<tr>
<td>2. Fixed Liabilities</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>11,127,576</strong></td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td><strong>109,699,354</strong></td>
</tr>
</tbody>
</table>

#### Statement of Revenues and Expenses
(April 1, 2008 – March 31, 2009)

<table>
<thead>
<tr>
<th>I. Current Revenue</th>
<th>(yen)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Admission Fees and Membership Fees</td>
<td>4,580,000</td>
</tr>
<tr>
<td>2. Contributions and Grants</td>
<td>147,040,950</td>
</tr>
<tr>
<td>3. Other Revenues</td>
<td>17,531,203</td>
</tr>
<tr>
<td><strong>Total Current Revenue</strong></td>
<td><strong>169,152,153</strong></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>II. Current Expenditure</th>
<th>(yen)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Operating Expenses</td>
<td></td>
</tr>
<tr>
<td>Costs of Health Policy Research and Study Projects</td>
<td>4,793,335</td>
</tr>
<tr>
<td>Costs of Health Policy Recommendation Projects</td>
<td>46,120,608</td>
</tr>
<tr>
<td>Costs of Health Policy Human Resource Development Projects</td>
<td>2,652,877</td>
</tr>
<tr>
<td>Costs of Health Policy Information Exchange Projects</td>
<td>22,306,558</td>
</tr>
<tr>
<td>Costs of Contracted Research and Study on Healthcare</td>
<td>8,764,528</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td><strong>84,637,906</strong></td>
</tr>
<tr>
<td>2. Administration Expenses</td>
<td>18,310,933</td>
</tr>
<tr>
<td><strong>Total Current Expenditure</strong></td>
<td><strong>102,948,839</strong></td>
</tr>
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Current Revenue Expenditure Balance | 66,203,314

<table>
<thead>
<tr>
<th>III. Other Cash Inflow</th>
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<tbody>
<tr>
<td><strong>Total Other Cash Inflow</strong></td>
<td>0</td>
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<table>
<thead>
<tr>
<th>IV. Other Cash Outflow</th>
<th>(yen)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Other Cash Outflow</strong></td>
<td><strong>1,790,200</strong></td>
</tr>
<tr>
<td>Revenue Expenditure Balance of the Current Period</td>
<td>64,413,114</td>
</tr>
<tr>
<td>Revenue Expenditure Balance Brought Forward</td>
<td>35,938,109</td>
</tr>
<tr>
<td>Revenue Expenditure Balance Carried Forward</td>
<td>100,351,223</td>
</tr>
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</table>