



Health Policy Institute, Japan

Annual Report FY2008



日本医療政策機構
Health Policy Institute, Japan

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.



Contents

1. Greetings from the Chairman_____	5
2. Greetings from the Vice Chairman_____	7
3. Our Activities in FY2008	
i. Health Policy_____	8
ii. Commission on Citizens and Health_____	11
iii. Global Health_____	14
4. Our Plans for FY2009_____	16
5. Our Publications_____	16
6. Our History _____	17
7. Overview_____	18
8. Financial Results_____	19

T

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

Independent



Multi Stakeholder



1. Greetings from the Chairman



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

A handwritten signature in black ink, appearing to read 'Akira Kawanishi'.

Agenda shaping



Global



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)

Photo: Health-Investing Society and Personal Health



■ 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"
- Mr. Masahiko Yamada, Member of the House of Representatives, Minister of Health, Labour and Welfare in "the Next Cabinet", DPJ
"Healthcare Collapses Under American-type Market Economy"
- Dr. Akira Koike, Member of the House of Councillors, Policy Commission Chair, Japanese Communist Party
"Need for Policy Reorientation in Healthcare as a Growing Industry"
- Dr. Tomoko Abe, Member of the House of Representatives, Policy Board Chair, Social Democratic Party
"For Japan to Develop as a Nation of Healthcare"

■ 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.

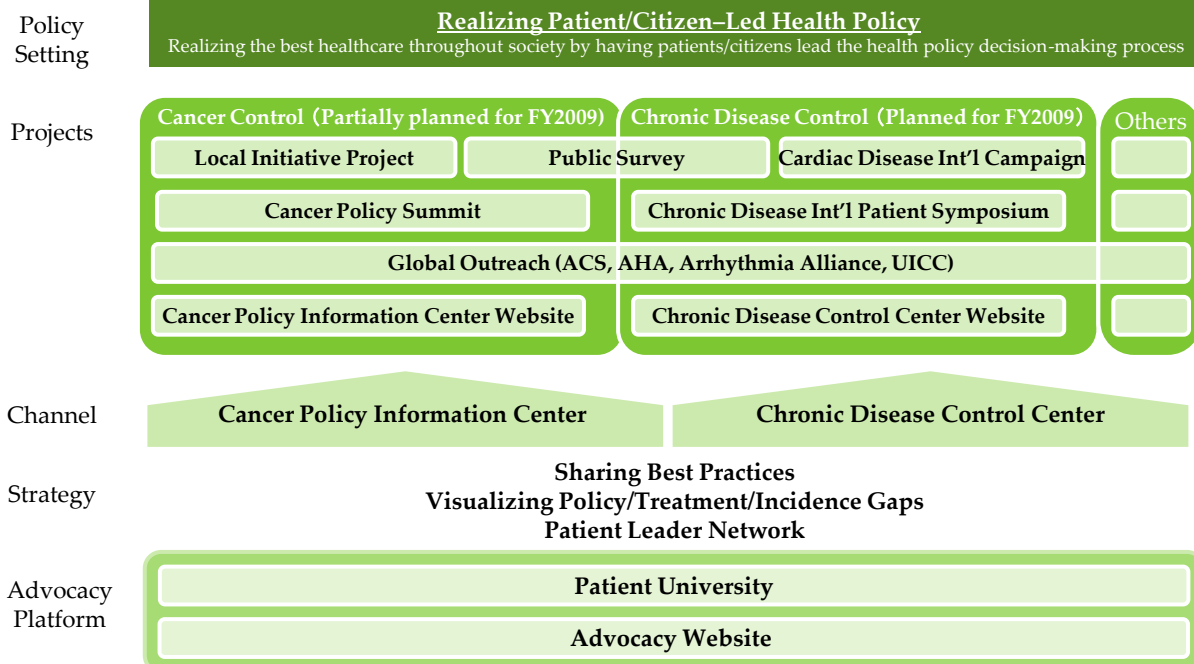


3. Our Activities in FY2008 : Commission on Citizens and Health

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



Photos:
Patient University

■ Cancer Policy Information Center

- Established the Cancer Policy Information Center, aiming at cancer treatment equality throughout Japan. (June 1, 2008)

- Launched website detailing regional disparities and best practices in cancer treatment.
- 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.



Photos: (Titles reflect positions held at time of event described.)

(Above left to right) Ms. Midori Ishii, LDP, Member of the House of Councilors - Ms. Toshiko Hamayotsu, New Komeito, Member of the House of Councilors - Mr. Yoshito Sengoku, DPJ, Member of the House of Representatives - Mr. Mitsuya Maeda, Director of the Cancer Control Office, Ministry of Health, Labour and Welfare

(Center left / Bottom left) Active discussion among Summit Participants (Center right) Image from the Cancer Policy Information Center website (Bottom right) Patient committee members from across Japan



■ 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.



Photo:
UICC Overseas Training



■ Media Coverage

- “Hyogo sets aggressive targets in its Basic Plan for Cancer Strategy.” (May 8, 2008) Kobe Shimbun
- “Do you know your town’s cancer policy?” (June 4, 2008) NHK report
- “50% of prefectural cancer committee members feel patients’ voices were reflected in the Basic Plan for Cancer Strategy.” (June 21, 2008) Nihon Keizai Shimbun
- “Nara lags behind in cancer treatment - Citizens organize public symposium and seek effective Plan for Cancer Strategy.” (August 4, 2008) Nara Shimbun
- “Cancer patients organize cancer treatment symposium September 14 in Chiba.” (August 25, 2008) Mainichi Shimbun
- “Cancer patients and their families strengthen cooperation – 9 groups in Tohoku region organize symposium in Sendai.” (October 13, 2008) Kahoku Shimpō
- “Cancer Policy Summit (1) – Public-private cooperation makes progress.” (October 7, 2008) Miyazaki Nichinichi Shimbun
- “Cancer Policy Summit (2) – Pressing need to eliminate healthcare disparities.” (October 21, 2008) Miyazaki Nichinichi Shimbun
- “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 Shimbun
- “Regional disparities obvious in Basic Plans for Cancer Strategy.” (December 3, 2008) Hokkaido Shimbun
- “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 Shimbun
- “Editorial : Unused budget” (February 4, 2009) Asahi Shimbun

3. Our Activities in FY2008 : Global Health

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.



Global Health Summit 2008
-Tokyo, Japan-

Global Health Forum 2009
-Rome, Italy-

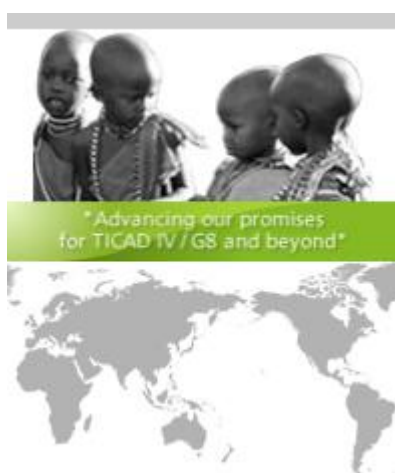


Photo:
Global Health Forum

■ 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



Comment

Italian G8 Summit: a critical juncture for global health



In 2009, humanity should reaffirm its commitment to the health of the present, just when they are suffering the most. Or we could turn our back on poor people, relegating health for them to nothing more than a pie-in-the-sky, affordable only when the going is good for the rich. We are at a critical juncture and the focal point is Italy—the La Maddalena G8 Summit this summer.

Only 9 years ago, at the 2000 Kozumi-Okinawa Summit, global health first appeared as a major issue for the G8.¹ That Summit led to the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Since then, global health has had a consistent presence on the G8 agenda, and the G8 has expanded its promises on global health through a series of initiatives.² Resources deployed in the field soared from US\$6.6 billion in 2000 to \$17 billion in 2005,³ backed by robust global economic growth. This situation is all about to change, unless the global-health community gets itself together.

The 2008 experience, with Japan as the G8 chair, provides some valuable lessons. In 2008, the world was already heading into recession. There were other pressing agenda items ready to crowd out global health: financial crisis, economic downturn, food shortages, fuel prices, climate-change negotiations, to name a few. And yet, global health managed to stay on the agenda.⁴ Why? There are three reasons.

First, obvious but crucial, is that politicians respond primarily to their domestic constituencies, and unless there is domestic political support, it is difficult for the G8 chair to stay on top. In 2008, former Prime Minister Mori and Koizumi raised the public, while Prime Minister福田

and Foreign Minister Aso made a surprise move almost a year before the Summit about setting global health on the agenda.⁵ The Italian Foreign Minister, established by Koizumi's initiative, presented its inaugural summit in May, galvanizing Japan's commitment on health.⁶ Broadcasters and newspapers also carried special programming on global health, giving a Japanese angle that resonated with the public.⁷ Early personal and local engagement is a must.

Second, a multistakeholder approach is indispensable, particularly in a "fast-moving world." Government alone has neither the resources nor ability to undertake global initiatives. In 2008, leaders from government, business, academia, non-governmental organizations (NGOs), and media were brought together in various forums. The Global Health Summit co-organized by Health Policy Institute, Japan, and the World Bank, in collaboration with the Bill & Melinda Gates Foundation, brought all key stakeholders together 6 months before the Summit.⁸ The Working Group on Challenges in Global Health and Japan's Contributions, organized by the Japan Center for International Exchange, prepared policy recommendations on health systems strengthening with broad participation by stakeholders.⁹ The participatory approach, as described in the Chair's summary of the Hiroshima Tokyo Summit, must become the norm.¹⁰

Third, international outreach by each stakeholder—in which countries and stakeholders co-sponsored the initiatives. For example, G8 Summit NGO Forum, a well-coordinated body of more than 140 NGOs with a special task-force on global health, coordinated their activities with NGOs around the world.¹¹ The



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

Health Policy

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.



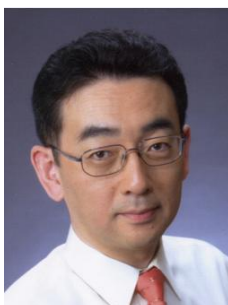
Kohei Onozaki

Vice President
Program Director,
Health Policy
Forum

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).

Commission on Citizens and Health

We will accelerate the pace at which we develop "patient advocates" 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.



Kenichi Hanioka

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

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

Global Health

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.



Yoshiro Banno

Manager, Global
Health Unit

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
- Chronic Disease Control Center
- Cancer Policy Information Center
- Global Health

www.kanjakai.org/
www.manseishikkan.org/
www.ganseisaku.net/
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.



6. Our History

2004

- Apr. Establishment of Specialized Non-Profit Organization, Tokyo Advanced Healthcare Policy Center.
Launch of Health Policy Education, "Health Policy Clerkship", since hosted every year.

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.
- Jul. Symposium: "The Cancer Policy Sought by Patients".
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.
- Dec. Symposium: "How to Redesign Japan's Healthcare System" (Co-host: Genron NPO).

2006

- Feb. Symposium: "1st Health Policy Summit", since hosted every year.
"Public Survey on Healthcare in Japan", since conducted every year.
- Mar. Second National Convention of Cancer Patients.
- Dec. Symposium: "Legislation for Regenerative Medicine".

2007

- Apr. Symposium: "International Patient Organization Symposium: Patient Participation in Cardiovascular Health Policy" (Co-host: Fujitsu Research Institute).
- Jul. Opening of Commission on Citizens and Health in Suitengu.
- Nov. Symposium: "Wellness and Innovation in the 21st Century" (Co-host: University of Tsukuba).
- Dec. Cancer Policy Workshop (Co-host: American Cancer Society).

2008

- Feb. Symposium: "1st Global Health Summit" (Co-host: World Bank).
Establishment of Global Health Unit.
- Mar. Symposium: "2008 International Cardiovascular Disease Patient Organization Symposium".
- Jun First Breakfast Discussion.
First Media Workshop.
- Sep. Symposium: "Cancer Policy Summit".

2009

- Feb. Symposium: "Global Health Forum" (Co-host: Aspen Institute Italia).



Photo: Speakers at past conferences

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

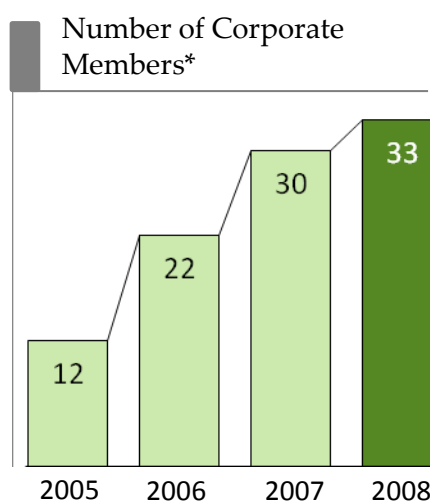
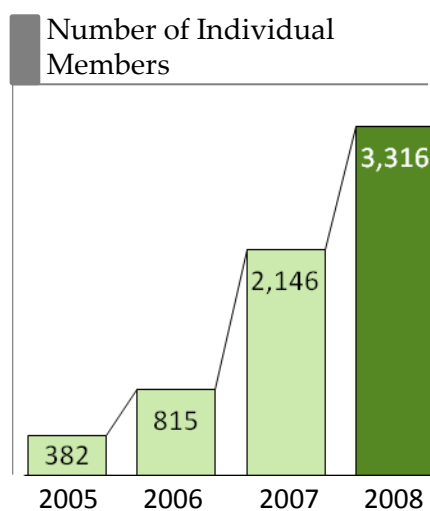
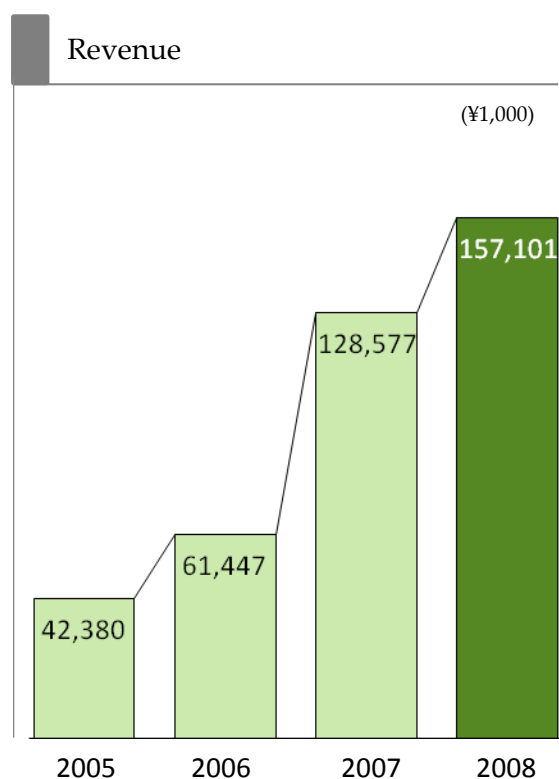
(Commission on Citizens and Health)

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



*Companies, foundations, and groups who support the activities of HPIJ

8. Financial Results

List of Assets (As of March 31, 2009)

	(yen)
I. Assets	
1. Current Assets	111,478,799
2. Fixed Assets	9,348,131
Total Assets	120,826,930
II. Liabilities	
1. Current Liabilities	11,127,576
2. Fixed Liabilities	0
Total Liabilities	11,127,576
Net Assets	109,699,354

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

	(yen)
I. Current Revenue	
1. Admission Fees and Membership Fees	4,580,000
2. Contributions and Grants	147,040,950
3. Other Revenues	17,531,203
Total Current Revenue	169,152,153
II. Current Expenditure	
1. Operating Expenses	
Costs of Health Policy Research and Study Projects	4,793,335
Costs of Health Policy Recommendation Projects	46,120,608
Costs of Health Policy Human Resource Development Projects	2,652,877
Costs of Health Policy Information Exchange Projects	22,306,558
Costs of Contracted Research and Study on Healthcare	8,764,528
Total Operating Expenses	84,637,906
2. Administration Expenses	18,310,933
Total Current Expenditure	102,948,839
Current Revenue Expenditure Balance	66,203,314
III. Other Cash Inflow	
Total Other Cash Inflow	0
IV. Other Cash Outflow	
Total Other Cash Outflow	1,790,200
Revenue Expenditure Balance of the Current Period	64,413,114
Revenue Expenditure Balance Brought Forward	35,938,109
Revenue Expenditure Balance Carried Forward	100,351,223



日本医療政策機構
Health Policy Institute, Japan

Health Policy Institute, Japan

■ HQ

1-11-28, Nagatacho, Chiyoda-ku, Tokyo, 100-0014

Tel. 03-5511-8521 Fax 03-5511-8523

URL: www.healthpolicy-institute.org

E-mail: info@healthpolicy-institute.org

■ Commission on Citizens and Health

2-5-3F, Kakigaracho, Nihonbashi, Chuo-ku, Tokyo, 103-0014

Tel. 03-5614-7796 Fax 03-5614-7795

URL: www.kanjakai.org

Email: info@kanjakai.org