Our Mission

Our mission is to improve the civic mind and individuals’ well-being, and to foster a sustainable healthy community, by shaping ideas and values, reaching out to global needs, and catalyzing society for impact. We commit to activities that bring together relevant players in different fields to provide innovative and practical solutions, and to help interested citizens understand choices and benefits from a broader global and long-term perspective.

Guiding Principles

**CONNECT and FACILITATE**
We connect players and facilitate discussions.

**INDEPENDENT and GLOBAL**
We represent an independent voice and nurture a global perspective.

**FEASIBLE and RESPONSIBLE**
We provide feasible and responsible policy options.

**RESEARCH and ANALYSIS**
We provide quality research and analysis.

**OPEN and CREATIVE**
We are open to new ideas and foster creative solutions.
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We aim to achieve a sustainable, healthy, and more prosperous world.

CONNECT and FACILITATE
FEASIBLE and RESPONSIBLE
INDEPENDENT and GLOBAL
RESEARCH and ANALYSIS
OPEN and CREATIVE
1. Message from the Chairman

This year marks the seventh anniversary of our Institute’s foundation. In the years since our establishment, there has been a dramatic transformation in the circumstances relating to health policy, with increasing public participation in the policymaking process, deteriorating public finances, and a change of government among many other political upheavals. In advanced nations, against a background of aging societies, rising rates of chronic disease, widening social disparities, and worsening financial conditions, new social frameworks need designing and implementing to create sustainable societies in which each individual can live a healthier life. Moreover, in emerging countries, disease structures are changing, and long-term efforts to combat infectious disease must be expanded to include measures against chronic disease. Thus, to resolve common problems now shared across borders, it has become more important than ever to bring together a broad diversity of domestic and international stakeholders to debate the issues and seek solutions, and to develop global activities drawing on cross-sector collaboration.

In consideration of this evolving health policy environment, and as healthcare develops and expands from traditional frameworks, our Institute intends to expand on its efforts to date by developing activities with a greater potential for impact on global society. Accordingly, as of February 1, 2011, the Institute’s English name was changed from “Health Policy Institute, Japan” to “Health and Global Policy Institute” and we redefined our mission and vision to better reflect this increased global focus.

To tackle the challenges in global health and healthcare, what is required is responsible decision-making based on open discussion among wide-ranging domestic and international stakeholders. Our intention at HGPI is to bring these people together and work alongside them, presenting health and healthcare policy options and aiming at realization of a healthy, prosperous, and sustainable society.

We ask for your continued understanding of our aims and activities, and welcome your participation in the symposiums, seminars, and other events we organize in the months and years ahead. Through deep discussion with all involved, and from a broad perspective fixed firmly on a sustainable future, we want to offer practical, achievable solutions for a healthy society.
2. (1) Health Policy — Activities in FY2010

Summary
In 2010, at the same time as making efforts to rebuild and enhance the Institute’s regular platforms such as the Health Policy Summit and Health Policy Forum, we endeavored to strengthen their capacity to shape policy proposals by focusing on specific policy themes, including “aging society”, “growth strategy”, and “disease management”.

At the 5th Health Policy Summit, there was fruitful discussion of health and healthcare policy issues based around a theme of “Building a New Community through Health and Healthcare Policy” and the two key concepts of “growth strategy” and “sustainable society”. The Summit also saw the first announcement of the Japan-U.S. Health Policy Project, to be conducted with U.S. policy think tank CSIS (Center for Strategic and International Studies), which will research health policy issues common to both countries. The day before the Summit, a Bipartisan Congressional Briefing was held to promote discussion of health policy issues affecting both Japan and the U.S. among experts from both countries and bipartisan Diet members familiar with healthcare and welfare matters.

Moreover, in response to the political situation, we endeavored to offer a lead to policymakers by tackling specific issues and organizing Stroke Policy Forum 2011 and an international symposium on clinical research and trials.

In this way, we have focused on seeing open discussion among leaders drawn from diverse fields being reflected in a practical policymaking process in the domain of domestic health policy.

Health Policy Summit 2011 (2011/02/26)
At Health Policy Summit 2011 (Hotel New Otani Tokyo), held on the theme of “Building a New Community through Health and Healthcare Policy”, 100 leading figures representing the healthcare field, patient groups, government, business, media and others, gathered for a broad and wide-ranging discussion of such health and healthcare issues as local healthcare, the aging society, healthcare payment systems, and healthcare IT. The major speakers include: Mr. Mitsunori Okamoto (Parliamentary Secretary of Health, Member of the House of Representative, Labour and Welfare, The Democratic Party of Japan), Mr. Yasuchika Hasegawa (President & CEO, Takeda Pharmaceutical) and Prof. Shinya Nakayama (Director of the Center for iPS Cell Research and Application, Institute for Integrated Cell-Material Sciences; Professor, Institute for Frontier Medical Sciences, Kyoto University). The intention is for the output of these discussions to be compiled as a report and series of policy proposals.
Japan-U.S. Health Policy Project (2011/01～)
In collaboration with U.S. policy think tank, the Center for Strategic and International Studies (CSIS), the Japan-U.S. Health Policy Project was established to survey, study, and put forward proposals on urgent healthcare issues affecting both countries.

The project was first announced at a special CSIS-HGPI joint panel discussion at the Health Policy Summit in February 2011, with discussions on such themes as healthcare payment systems and the use of healthcare IT to promote efficiency and improve quality. In Washington, DC, in July 2011, there will be a final presentation and discussion of the project’s joint Japan-U.S. proposals with U.S. experts and policymakers.

Bipartisan Congressional Briefing (2011/02/25)
To mark the 50th anniversary of the introduction of universal health insurance coverage in Japan, the Institute co-sponsored a Bipartisan Congressional Briefing together with leading Washington, DC, think tank, the Center for Strategic International Studies (CSIS). HGPI organized the very first Bipartisan Congressional Briefing in Japanese history. With experts from Japan and the U.S. joining with Diet members from all parties familiar with healthcare and welfare matters to discuss health policy issues affecting both countries, the event represented an unprecedented new initiative of HGPI. The major speakers include Mr. Hidehisa Otsuji (Vice President of the House of Councillors; former Minister of Health), Mr. Chikara Sakaguchi (Komeito, House of Representatives; former Minister of Health) and Mr. Kan Suzuki (DPJ, House of Councillors; Senior Vice Minister of Education, Culture, Sports, Science and Technology).

International Symposium "Clinical Trials in a Globalized Society - Building an Effective Cancer Clinical Trial System -" (2010/05/25)
In cooperation with the British, American, and Korean Embassies as co-sponsors, the Institute organized a symposium at the British Embassy in Tokyo on the theme of "Clinical Trials in a Globalized Society: Building an Effective System for Cancer Clinical Trials." Together with the Ambassadors and visiting experts from each country, over 100 participants joined in active discussions on each country’s clinical trial system, their efforts to create effective systems for the cancer domain and development of new medicines in the midst of ongoing international standardization and improvement of clinical research and trial systems, and likely future issues and potential solutions.
■ Stroke Policy Forum 2011 (2011/01/26)
Together with the Council to Promote Legislation on Stroke Control, the Institute co-sponsored Stroke Policy Forum 2011 as an emergency session coinciding with the January 2011 opening of the ordinary session of the Diet in order to build momentum for enactment of a Basic Law on Stroke Prevention and Control. With the participation of bipartisan Diet Members, patient groups, medical experts, journalists, and others, a very active and positive discussion took place. Leading figures in the field were invited from the U.K. and Canada to share their insights into how their countries have developed comprehensive measures that have realized a significant impact on stroke prevention and control.

■ Dispatch of Medical Personnel to Earthquake Stricken Areas (2011/03~)
In response to the Great Eastern Japan Earthquake, the Institute commenced consultations to dispatch medical personnel to the stricken area in collaboration with Project Hope, an international non-profit medical relief provider headquartered in the USA. While cooperating with domestic stakeholders including the government to mobilize support, we are ascertaining both immediate on-site needs and long-term requirements.

■ Special Breakfast Meetings
Opinion leaders in health policy are invited to address the Institute’s corporate supporters and board of advisors.
• 6th Special Breakfast Meeting (2010/05/10)
  “Life Innovation Policy for Japan’s Growth”
  Koichi Kawabuchi, Professor, Tokyo Medical and Dental University
  Atsushi Sunami, Professor, National Graduate Institute for Policy Studies
  Ryosuke Tsuchiya, Scientific Advisor, Japanese Foundation for Cancer Research
• 7th Special Breakfast Meeting (2010/09/03)
  “Current Measures Against HIV/AIDS & The Role Japan Can Play”
  Michel Sidibe, Executive Director of UNAIDS (Joint UN Programme on HIV/AIDS)
• 8th Special Breakfast Meeting (2011/01/27)
  “A Basic Plan for Stroke Control”
  Damian Jenkinson, National Clinical Lead, NHS Stroke Improvement Programme (U.K.)
  Chris O’Callaghan, Executive Director, Ontario Stroke Network (Canada)

■ Breakfast Meeting Series
Opinion leaders are invited to join informal discussions on a bimonthly basis.
• 26th Breakfast Meeting (2010/01/07)
  “Toward Realizing Citizen-Centered Health Policy ~ Greeting the New Year and New Government”
  Kiyoshi Kurokawa, HGPI Chairman
• 27th Breakfast Meeting (2010/03/17)
  “The Health Policy of the New Administration”
  Satoshi Umemura, House of Councillors
• 28th Breakfast Meeting (2010/05/27)
  “Japan’s Needed Contribution in Resolving Global Health & Healthcare Issues”
  Keizo Takemi, Senior Fellow & Chair of Global Health and Human Security Program, Japan Center for International Exchange
• 29th Breakfast Meeting (2010/07/28)
  “Community & Japan’s Society of the Future ~ Cities • Social Security • Science”
  Yoshinori Hiroi, Professor, Chiba University / HGPI Director
• 30th Breakfast Meeting (2010/10/29)
  “Disparities & Health ~ The Reality of Social Determinants of Health and Ideas for the Future”
  Hideki Hashimoto, Professor, Department of Health Economics and Epidemiology Research, The University of Tokyo
2. (2) Commission on Citizens and Health — Activities in FY2010

Summary
To further promote patient participation in the health policymaking process, the Commission on Citizens and Health (CCH) continues to provide the skills and knowledge necessary for patient advocate-led policy recommendation. In 2010, the CCH strengthened its effort in the area of cancer, cerebral stroke, diabetes, and cardiovascular disease, by introducing comprehensive cross-disease training programs for patient advocates, and continue to involve advocacy stakeholders from the legislature, administrator, healthcare providers, media, academia and industry, to create a favorable environment for the activities of patient advocates.

Cancer Policy Information Center project, initially established in 2009, were fully developed and fully operational as scheduled. The project aims to support 1) the participation and influence of patient advocates in the formulation of good policies and regulations; and 2) patient advocates in influencing the positive development of cancer budgets and other measures at both a national and prefectural level. In particular in FY2010, seven ordinances were enacted, and numerous new cancer control-related measures were developed in many regions. By emphasizing the complementary approaches of (1) expanding patient advocate human networks, (2) collecting and publishing disparities data, and (3) learning from best practices, we will continue to diligently develop the Cancer Policy Information Center through 2011, the final year of the project’s initial phase.

Major principal activities and outcomes of FY2010
(1) Supporting patient advocate skill acquisition: Eighty-eight participated in patient advocate training program.
(2) Supporting policy proposal activities of patient advocates: Hosted the Cancer Policy Summit twice, with the participation of 87 patient advocates & representatives.
(3) Supporting policymaking activities of patient advocates: Conducted the “Cancer Patient Awareness Survey”.
   [2009 survey has been reported on media 77 times. 2010 Survey results currently being compiled]
(4) Supporting and gathering information on regional best practices: Conducted the Regional Intervention Program
   [over 2 years, we have collaborated with 16 projects; over 60 inquiries from other regions]
(5) Information Sharing Operate the “Cancer Policy Information Center” website has 200,000 page views annually.
   “Disparities Data” [approx. 1,500 items published] / Collect and share “Best Practice Cases”

“Advocacy Training Book”
We published “Advocacy Training Book” that introduces key points learned from close observation of the activities of patient advocates, including the leadership needed to impact health policy and the essential knowledge that advocates must be aware of. The Training book will continue to be revised and improved based on feedback received from patient advocates and other stakeholders.

Patient Advocate Mailing List
In order to facilitate frequent, year-round exchange of information and opinions, we operate a mailing list for Cancer Policy Summit participants, prefectural cancer control committee members, patient groups and other stakeholders.

International Information Sharing
We have had overseas opportunities to share information about the Cancer Policy Information Center project and the participation of Japanese patient advocates in the policy making process.

Presentations
• American Cancer Society, Advocacy Training in Asia, 2010/8/16-18, Hong Kong
• Global Health Partnership: Partner’s Meeting, 2010/8/16-18, Hong Kong

Poster display
• The International Union Against Cancer (UICC), 2010/8/20-23, Shenzhen
Cancer Policy Summit
We held two national meetings where patient leaders active in cancer control and patient-related members of Prefectural Cancer Control Promotion Committees from across the country gathered together and were joined by Diet and Prefectural Assembly members and prefectural officials to learn from each other about cancer control and deepen understanding and cooperation.

“Cancer Policy Summit Spring 2010
~ A Manifesto Made by Patients and Diet members ~” (2010/04/10-12)
[Theme] Cancer Control Proposals for the Patients (for the House of Councillors election)
[Participants] 48 patient representatives from 31 prefectures, 19 Diet members, 4 prefectural cancer control officials from 4 prefectures, media etc.
[Output] Patients, Diet members, and administrators discussed each element of the national cancer plan and formulated “A Patient-Proposed Draft Manifesto”. This was submitted to lawmakers in the Diet Study Group on Cancer Control with a request to realize “the cancer control that patients want”.

“Cancer Policy Summit Autumn 2010
~ Influencing Local Regulations & Budgets ~” (2010/11/6-8)
[Theme] Pushing for Enactment of Prefectural Ordinances to Promote Cancer Control
[Participants] 39 patient representatives from 29 prefectures, 32 Prefectural Assembly members from 20 prefectures, 17 prefectural cancer control officials from 11 prefectures, media etc.
[Output] Participants made “My Manifesto” detailing the establishment of regulations and budget acquisition for their own prefecture, providing an opportunity to consider the focus of their future activity. A session on tobacco provided opportunities to learn about “Ordinances for the Prevention of Passive Smoking” and to deepen awareness of tobacco control as a key element in cancer control.

Overseas Training
By providing opportunities for patient advocates to participate in international conferences and workshops and study from the latest international cases, we support the development of advocacy activity in Japan.

- The International Union Against Cancer (UICC), August 18-21, Shenzhen
- European Society for Medical Oncology (ESMO), October 8-12, Milan
From Local to National: Regional Intervention Programs for Cancer Control

Under the slogan of "saving 30,000 lives in 3 years", we support local cancer control projects initiated by local people. The best ideas and examples resulting from these projects are then shared nationwide as model cases in an effort to disseminate best practices and positively influence other regions.

- In 2009, we supported 3 main projects and 9 developmental projects
- In 2010, we supported 6 main projects and 2 developmental projects
- Regional Intervention Programs emulated in other regions: 4 in the past year (according to our own research)
- Inquiries about Regional Intervention Programs from other regions: 60 in the past year (our own research)

Cancer Patient Awareness Survey 2010

Continuing on from 2009, and with the kind cooperation of cancer-related patient groups, we again conducted a survey of cancer patients, survivors, and relatives to gauge awareness of cancer care policy, with the results summarized in a report. (Survey: Nov.-Dec. 2010; 1,446 valid responses)

The following points were highlighted by the survey:
① 40% would have liked to receive palliative care but didn’t feel they could
② 60% felt both physical and emotional pain from cancer diagnosis and treatment
③ 70% feel the financial burden of cancer treatment is great
④ Among those “dissatisfied” with cancer treatment, “lack of emotional support” was cited by 1 in 5.
⑤ 8.4% have experienced the feeling of being a “cancer refugee”
⑥ The main reason given for not being screened for cancer was “didn’t feel it was necessary”
⑦ Awareness of tobacco control is high among cancer patients and their relatives
⑧ 63.7% feel policy does not reflect the voices of cancer patients

Results of the survey were announced in May 2011. (“Cancer Patient Awareness Survey 2010” can be found on search sites)

Processing & Publishing Disparities Data

By processing disparities data, organizing them along relevant themes, and making them available on our website, regional disparities in cancer care become more easily and widely understood. 1,147 items published by the end of 2010.

Other

◇ In 2009, we served as secretariat for the “Proposal Gathering Working Group” for the Ministry of Health, Labour and Welfare’s Committee for Promotion of Cancer Control, providing clerical services for “2011 Cancer Control Proposals ~ Measures Made By All ~”.
◇ In 2010, we were commissioned by the Ministry of Health, Labour and Welfare to conduct evaluation and analysis of cancer control measures. We conducted a survey on cancer control among patients and their relatives asking them to share their experiences and opinions of cancer diagnosis and treatment as outpatients or in hospital. 2,273 patients had responded.

For this work and the evaluation of policy, the survey was designed and analysis conducted under guidance from an external evaluation committee consisting of legal specialists, healthcare providers, media experts, and patients.
2. (3) Global Health Center — Activities in FY2010

Summary
Just four years remain to the 2015 deadline for achieving the Millennium Development Goals (MDGs), the global framework aimed at eradicating both extreme poverty and its adverse effects which emerged from the 2000 adoption of the United Nations Millennium Declaration. As 3 of the 8 MDGs are specific global health issues, continued effort in the global health arena is essential to achieve the MDGs by 2015.

At Health and Global Policy Institute, we have organized international conferences on global health in cooperation with think tanks in G8 Summit countries each year since 2008. With the G8 Summit in Canada in June 2010, and the G20 Summit in Korea in November, we held both an international symposium, “What is Next for the G20? Investing in health and development,” on the theme of G8/G20 cooperation, and an international conference, Global Health Forum, focusing on innovative financing mechanisms and strengthening public-private partnerships in human resource development.

As a proposed research activity, through conducting a human resource development program co-sponsored with the University of Tokyo, we have undertaken practical study of how capable personnel can be developed for the global health field.

Centering on the “G8 Plus Global Health Think Tank Coalition”, organized by the Institute in 2009 together with the U.K.’s Royal Institute of International Affairs (Chatham House) and the Center for Strategic and International Studies (CSIS) from the U.S., “What is Next for the G20? Investing in health and development” was held at Chatham House, London.

Convened shortly after the close of the Muskoka G8 Summit in Canada, this was the first private sector-initiated international conference to discuss how global health challenges can be addressed through the new G8/G20 framework including newly emerging nations. With around 200 global health experts gathered from various domains, including the governments of G8/G20 nations, international organizations, foundations, and NGOs, there was vigorous discussion of critical matters such as the roles of developed and newly emerging nations in the evolving system of global governance, and the priority issues to be resolved through the G8/G20 international framework. The output of the conference was shared with the Korean government as chair of the G20 in 2010. From Japan, Professor Shigeru Omi of Jichi Medical University participated as a Ministry of Foreign Affairs observer, and the conference was introduced on NHK World’s “Asian Voices”.

[Image: G8 Summit and Symposium flyer]
Global Health Forum 2011 (2011/02/25)

With the aim of strengthening public and private efforts in the global health field to accomplish the United Nations Millennium Development Goals (MDGs) by the target year of 2015, and also begin preparing for the challenges that lie beyond the MDGs, the Institute organized Global Health Forum 2011 together with co-sponsors UNITAID and The University of Tokyo's Global Health Leadership Program.

In the presence of keynote speaker, President of UNITAID, Special Advisor to the UN Secretary General on Innovative Finance for Development, and former French Minister of Foreign Affairs, Philippe Douste-Blazy, and panelists representing diverse fields including Mr. J. Stephen Morrison (Senior Vice President and Director, Global Health Policy Center), Mr. Masato Mugitani (Assistant Minister, Ministry of Health, Labour and Welfare), Mr. Brian Tisdall (Senior Manager, Donor Relations, Programme Funding Team, GAVI Alliance Secretariat) and Mr. Hiromasa Yonekura (Chairman, Sumitomo Chemical K.K.; Chairman of Keidanren (Japan Business Federation)), there was vigorous discussion of Japan's efforts in the field of global health, the potential of innovative financing mechanisms to support continuous funding, and the actions needed to tackle both the MDGs and post-MDG world. A full summary of the discussions will be published.

[Top left] Philippe Douste-Blazy (Chair, Board of UNITAID / UN Special Advisor on Innovative Financing for Development, Former French Foreign Minister) • Aiko Doden (Senior Commentator, NHK) • Kenji Shibuya (Professor, Department of International Health Policy and Planning, Graduate School of Medicine, University of Tokyo) • J. Stephen Morrison (Senior Vice President and Director, Global Health Policy Center) • Masato Mugitani (Assistant Minister, Ministry of Health, Labour and Welfare) • Brian Tisdall (Senior Manager, Donor Relations, Programme Funding Team, GAVI Alliance Secretariat) • Hiromasa Yonekura (Chairman, Sumitomo Chemical K.K.; Chairman of Keidanren (Japan Business Federation))

Research & Study Activity

“Research into the Development of Human Resources to Meet Global Health Challenges”
(Ministry of Health, Labour and Welfare’s Sciences Research Grant to Promote Research on Global Health Issues)

Global Health Policy Summer Program ~ Talking for the World this Summer ~ (07/25~08/01)

As one aspect of the Institute’s “Research into the development of human resources to meet global health challenges”, the Global Health Policy Summer Program was organized (Co-sponsor: Department of Global Health Policy at the University of Tokyo) with the aim of nurturing human resources among current undergraduates and graduate students capable of becoming the next generation of leaders in the global health policy field. Students from diverse disciplines with a keen interest in global health gathered from across the country, attended lectures by leaders in various fields at the forefront of global health activity, worked through intense group discussions to create effective policy ideas, and announced their policy proposals on the final day.

With lectures given by speakers active in government, international organizations, business, media, NGOs/NPOs and elsewhere, participants were able to grasp key aspects relating to global health before each group drew up and presented its own policy proposals for the program’s two themes of “How to promote broader public awareness of global health policy through advocacy activity” and “Actions needed for Japan to produce human resources capable of playing an active international role in the global health policy field”.

The Institute will submit a report on its “Research into the development of human resources to meet global health challenges” to the Ministry of Health, Labour and Welfare, and research is scheduled to continue through this year.
Other Events

♦ Special Breakfast Meeting with Michel Sidibé, Executive Director of UNAIDS / UN Under-Secretary-General  (2010/09/03)
A Special Breakfast Meeting was held with guest Michel Sidibé, United Nations Under-Secretary-General and Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS). The meeting saw a lively exchange of views on diverse themes, ranging from Japan’s expected future contributions in the field to the need for cooperation between international organizations and the private sector. The Institute looks forward to continuing and strengthening its close cooperation with UNAIDS.

♦ CSIS Panel Discussion Participation: “Global Health Diplomacy in France, Japan, and Norway”  (2010/10/22)
HGPI director Hiromi Murakami spoke about Japan’s global health diplomacy as a panelist on the discussion “Global Health Diplomacy in France, Japan, and Norway” organized by leading think tank Center for Strategic & International Studies (CSIS) in its home base of Washington, DC. Alongside the two other panelists (Jean-Francois de Lavison from France, former President of the European Diagnostic Manufacturers Association (EDMA), and Tore Godal, Special Advisor to Norway’s Prime Minister), the meeting offered a precious opportunity for exchange of ideas and opinions between participants and CSIS researchers, and confirmed the value of making Japan’s efforts to tackle international issues such as global health known to a wider global audience.

♦ Interview with Margaret Chan, Director-General of WHO  (2010/11/19)
HGPI Chairman Kiyoshi Kurokawa spoke with Margaret Chan, Director-General of the World Health Organization, on her visit to Japan.
In addition to existing global health issues such as maternal & child health and infectious disease, urgent measures are needed to address a rapid and dramatic increase in chronic diseases such as cancer and stroke in emerging nations in the near future. In the midst of changing social circumstances caused by such factors as economic uncertainty and aging populations, it is increasingly important for there to be multi-stakeholder efforts to achieve solutions to global health issues, and this reaffirms the value of HGPI’s activities in bringing together the experience and expertise of numerous stakeholders from government, industry and academia to the media and civil society, to make an ongoing contribution to resolving issues in global health and healthcare.
3. Our Plans for FY2011

In the area of domestic health policy, based on the results of our cooperation with global think tanks and key opinion leaders at home and abroad in 2010, we will focus in 2011 on specific policy issues, proposing and shaping policy and promoting and facilitating policy implementation. In particular, we will focus on measures to control chronic disease including stroke and diabetes in Japan's aging society, which is a health policy issue without precedent, and develop domestic initiatives on non-communicable diseases (NCD).

Moreover, with development of a new plan for local healthcare immanent, we will gather proposals from non-partisan multi-stakeholders and present a vision of how an effective system can be realized through health and healthcare policy.

In addition, in response to the Great Eastern Japan Earthquake, we were immediately involved in conducting medical support activities in the stricken areas, and now, rather than simply rebuilding what was lost, we will offer proposals for effective recovery and revitalization based on a new vision for healthcare.

Commission on Citizens and Health

2011 is the final year of the initial phase of the Cancer Policy Information Center project, and in parallel with activities to achieve the project's immediate goals, we will establish a business model to enable the continuation of the project's social function and transition to the next phase.

Learning from our experience to date, we recognize that our principal contribution to cancer control is as a facilitator and provider of forums for patient-centered multi-stakeholder discussion. We intend to strengthen our process design to better reflect the voices of patients and their relatives in policy proposals and support those people dealing with cancer control at the prefectural and national level. By holding the Cancer Policy Summit with the participation of the 6 key players (patients, lawmakers, administrators, healthcare providers, media and industry), revising the Advocacy Training Book, and publishing a “White Paper on Cancer Control” to promote patient perspectives, we intend to make a significant contribution to the fight against cancer.

Global Health Center

Although Japanese public opinion supports development assistance in the health and healthcare field, the actual percentage of ODA channeled to this area is presently very low. Therefore, this year we will examine Japan’s global health policymaking process, and work to raise domestic awareness of global health issues. Moreover, on the theme of “polio eradication”, one of the key issues in global health, we will develop public-private participation advocacy activities and build a global network through them.

In addition, as co-sponsors with the University of Tokyo, we will continue to conduct research into the development of human resources for the global health field through the training and education of undergraduate and graduate students.

Furthermore, we will cooperate in the health agenda of the CSIS initiated “Task Force on U.S.-Japan Cooperation after the March 11 Earthquake”, offering proposals for efficient recovery and revitalization in the wake of the earthquake, and construction of effective and sustainable new systems.

4. Our Websites and Email Publications

Event information, research, and resources are published on our various websites.

Main Website

www.hgpi.org

Program-Specific Websites

- Commission on Citizens and Health www.shimin-ryo.org
- Cancer Policy Information Center www.ganseisaku.net
- Stroke Policy Information Center www.nouseisaku.net
- Diabetes Policy Information Center www.tounyouseisaku.net
- Cardiac Disease Information Center www.shinzousesaku.net
- Global Health Center www.global-health-summit.org/

Email Publications

- Health and Global Policy Institute Email Magazine Delivered by HGPI (non-periodical)
- Cancer Policy Letter Delivered by the Cancer Policy Information Center every other Tuesday
5. Our History

2004
• Apr. Establishment of Specified Non-Profit Organization, Tokyo Advanced Healthcare Policy Center
  Launch of “Health Policy Clerkship”, since hosted every year

2005
• Mar. Symposium: "Low Birthrate and Women’s Health" (Co-sponsor: University of Tokyo Healthcare
  and Social Policy Leadership Program)
  Change of name to: Specified Non-Profit Organization, Health Policy Institute, Japan
• July Symposium: "The Cancer Policy Sought by Patients"
  Opening of headquarters in Nagatacho
• Aug. Symposium: "Regenerative Medicine: The Road to Clinical Application" (Co-sponsor: Tokai
  University)
• Oct. First Breakfast Meeting, since hosted bimonthly
• Dec. Symposium: "How to Redesign Japan’s Healthcare System" (Co-sponsor: Genron NPO)

2006
• Feb. Symposium: "1st Health Policy Summit", since hosted annually
  “Public Survey on Healthcare in Japan”, conducted annually until 2010
• Mar. Second National Convention of Cancer Patients
• Dec. Symposium: "Legislation for Regenerative Medicine"

2007
• Apr. "International Patient Organization Symposium: Patient Participation in Cardiovascular Health
  Policy" (Co-sponsor: Fujitsu Research Institute)
• July Opening of Commission on Citizens and Health in Suitengu
• Nov. Symposium: "Wellness and Innovation in the 21st Century" (Co-sponsor: University of
  Tsukuba)
• Dec. Prefectural Cancer Policy Workshop (Co-sponsor: American Cancer Society)

2008
• Feb. "1st Global Health Summit” (Co-sponsor: World Bank)
  Establishment of Global Health Unit
• Mar. "2008 International Cardiovascular Disease Patient Organization Symposium”
• June First Breakfast Discussion, since held on irregular basis
  First Media Workshop, since hosted on irregular basis
• Sep. "Cancer Patient Advocate Seminar”
• Dec. "Patient University”

2009
• Jan. Launch of "Cancer Policy Information Center” project
• Feb. Symposium: “Global Health Forum” (Co-sponsor: Aspen Institute Italia)
• May "Cancer Policy Summit”, since hosted annually
• June Launch of “Health Policy Forum”
• Oct. “Stroke Policy Summit”
• Nov. "Survey on the Attitudes of Cancer Patients”, since conducted annually

2010
• May International symposium “Clinical Trials in a Globalized Society - Building an Effective Cancer
  Clinical Trial System -”
• June Conference in the U.K. “What is Next for the G20? Investing in Health and Development”
  (Co-sponsors: CSIS and Chatham House)
• July "Global Health Policy Summer Program ~Talking for the World this Summer~” (Co-sponsor:
  The School of International Health/Global Health Sciences at the University of Tokyo)

2011
• Jan. Authorized as a “Certified NPO Organization” by the National Tax Agency
6. Corporate Overview

Name: Health and Global Policy Institute
(Authorized as a “Certified NPO Organization” by the National Tax Agency in January 2011)

Address (HQ)
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(Commission on Citizens and Health)
4F 2-5-3, Kakigaracho, Nihonbashi, Chuo-ku, Tokyo, 103-0014
Tel. 03-5614-7796 Fax 03-5614-7795

Board
Chairman: Kiyoshi Kurokawa
Director: Hiroyuki William Saito
Director: Ken Shibusawa
Director: Takashi Takenoshita
Director: Kenichi Hanioka
Director: Yoshinori Hiroi
Director: Hiroaki Yoshida
Auditor: Tsuyoshi Dai

(As of 2011/04/01)

<table>
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<tr>
<th>Year</th>
<th>Annual Revenue (¥1,000)</th>
<th>Individual Memberships</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>48,983</td>
<td>382</td>
</tr>
<tr>
<td>2006</td>
<td>61,447</td>
<td>815</td>
</tr>
<tr>
<td>2007</td>
<td>128,578</td>
<td>2,146</td>
</tr>
<tr>
<td>2008</td>
<td>169,152</td>
<td>3,316</td>
</tr>
<tr>
<td>2009</td>
<td>238,208</td>
<td>3,922</td>
</tr>
<tr>
<td>2010</td>
<td>245,376</td>
<td>4,120</td>
</tr>
</tbody>
</table>
## 7. Financial Results

### List of Assets

(As of 2011/03/31)

<table>
<thead>
<tr>
<th>I. Assets</th>
<th>(Units: Yen)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Current Assets</td>
<td>155,148,006</td>
</tr>
<tr>
<td>2. Fixed Assets</td>
<td>9,502,906</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>164,650,912</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. Liabilities</th>
<th>(Units: Yen)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Current Liabilities</td>
<td>11,964,619</td>
</tr>
<tr>
<td>2. Fixed Liabilities</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>11,964,619</strong></td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td><strong>152,686,293</strong></td>
</tr>
</tbody>
</table>

### Statement of Revenues and Expenses

(April 1, 2010 – March 31, 2011)

<table>
<thead>
<tr>
<th>I. Current Revenues</th>
<th>(Units: Yen)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Membership Fees</td>
<td>7,520,000</td>
</tr>
<tr>
<td>2. Contributions and Grants</td>
<td>221,228,732</td>
</tr>
<tr>
<td>3. Other Revenues</td>
<td>16,627,709</td>
</tr>
<tr>
<td><strong>Total Current Revenue</strong></td>
<td><strong>245,376,441</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. Current Expenditures</th>
<th>(Units: Yen)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Operating Expenses</td>
<td></td>
</tr>
<tr>
<td>Health Policy Research and Study Projects</td>
<td>1,967,285</td>
</tr>
<tr>
<td>Health Policy Proposal Projects</td>
<td>96,032,889</td>
</tr>
<tr>
<td>Human Resource Development Projects</td>
<td>6,023,016</td>
</tr>
<tr>
<td>Health Policy Information Exchange</td>
<td>38,761,212</td>
</tr>
<tr>
<td>Commissioned Healthcare Research &amp; Study Projects</td>
<td>16,243,083</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td><strong>159,027,485</strong></td>
</tr>
<tr>
<td>2. Administrative Expenses</td>
<td>25,723,485</td>
</tr>
<tr>
<td><strong>Total Current Expenditure</strong></td>
<td><strong>184,750,970</strong></td>
</tr>
</tbody>
</table>

**Current Revenue Expenditure Balance**

(*Including Grant Funding Applicable to Next Period*)

<table>
<thead>
<tr>
<th></th>
<th>(Units: Yen)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Revenue Expenditure Balance</strong></td>
<td><strong>60,625,471</strong></td>
</tr>
</tbody>
</table>