



Healthy Debate

Health and Global Policy Institute

Health and Global Policy Institute

Annual Report 2011



HGPI

Health and Global Policy Institute

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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1. Message from the Chairman



Photo: Tetsuo SAKUMA

2011 marked Health and Global Policy Institute's 8th year of activity as an independent, non-partisan, non-profit private think tank. The Institute's activities have developed on the basis that involving a wide diversity of stakeholders in open discussion of health policy is essential to establish the mature, responsible democratic decision-making process indispensable to realizing the healthcare the public truly needs.

Over the course of those eight years, 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 developed countries, against a backdrop of aging societies, rising rates of chronic disease, widening social disparities, and worsening financial conditions, social frameworks need redesigning to create sustainable societies in which each individual can live a healthier life. In consideration of this evolving health policy environment, and as healthcare develops and expands from traditional frameworks, Health and Global Policy Institute in 2011 sought to promote and expand on its efforts to date by developing activities with a greater potential for impact on global society.

Just as we commenced our 2011 activities, however, the Great East Japan Earthquake struck. Our Institute, while providing assistance and logistical support in stricken areas in the immediate aftermath of the disaster, also initiated efforts for the mid- to long-term reconstruction of the region's healthcare system. This disaster caused untold damage to the people of Tohoku, but in the process of recovery and reconstruction, debate has intensified not only on emergency medical care but also on issues vital for the future sustainability of society as a whole, including more efficient allocation of healthcare resources and more effective provision of healthcare through local cooperation. Aiming at realization of a society in which every individual can enjoy a healthy, self-reliant lifestyle, we seek to create a forum for open discussion leading to action beyond vested interests and providing the world and future generations with valuable lessons learned from this disaster.

This Annual Report presents a summary of our activities and achievements in 2011. We kindly request your continued understanding of and support for our aims and activities, and welcome your participation in the symposiums, seminars, and other events we organize in the year 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 FY2011

■ Summary

In FY2011, aiming at further improvement of policy proposals, we investigated and enhanced our approach on many of the healthcare issues that became apparent through 2010 projects such as the Health Policy Summit and Japan-US Health Policy Project. The following policy themes were raised: 1. Projects to promote “healthy” policy: we are working to promote the concept of “healthy” policy and cooperating with an even broader range of stakeholders to encourage a social shift from healthcare policy to “policy for good health”. 2. Projects for chronic disease control: in addition to measures for specific diseases, there is continual interest in passing a Basic Law such as for stroke control, as well as in pain care, mental health, non-communicable diseases and other aspects, and it also generates intense debate as a policy topic, and thus we have set out projects that are attracting great interest from funding sources. 3. Projects to promote telemedicine and healthcare IT: great interest was raised in telemedicine and healthcare IT through the Japan-US Health Policy project, and with reference to the US High Tech Act among others, we have been working to promote policy proposals in Japan. 4. Post-disaster reconstruction support projects: we are promoting a new vision for health and healthcare systems based on concepts such as community healthcare planning.

More specifically, through organizing Health Policy Summit 2012, NCD Japan Forum 2011, the Debriefing Session for our Japan-US Health Policy project in collaboration with CSIS, and the Community Health Planning workshop, and by introducing post-disaster recovery themes for discussion at our Breakfast Meetings and other events, we’ve focused on fostering open discussion among leading figures from a wide array of fields and seeing this reflected in a practical policy decision-making process.

■ Health Policy Summit 2012 (2012/2/10)

Health Policy Summit 2012 was held at the Hotel New Otani on the theme of an “Open Platform and Global Collaboration”, with 100 leading figures influential in shaping health policy gathered together from the healthcare industry, patient groups, government, business, the media and elsewhere to discuss domestic and international health issues from open, global perspectives. Eleven months on from the Great East Japan Earthquake Disaster, there was deep discussion about reconstruction assistance and achieving radical improvement on health issues in the stricken area, focusing specifically on the 3 issues of restoring the region’s healthcare systems, mental health, and the impact on health of long-term low-level radiation exposure. There was also debate about health and healthcare policy concerns common among advanced nations, such as measures against chronic disease, and proposals were made for the construction of a platform to facilitate collaboration and resolution of such issues. The output of the discussions at the Summit will in due course be compiled and formulated as specific policy proposals.



■ HGPI Support Project for Post-Disaster Reconstruction (2011/3~)

In the immediate aftermath of the Great East Japan Earthquake Disaster, we formed an emergency medical team to provide support in the stricken area in cooperation with U.S.-based international medical aid group, Project HOPE. From April, we started providing logistical support for the dispatch to the stricken area of Japanese doctors, nurses, and other healthcare professionals normally resident in the U.S. On May 31, 2011, at a ceremony mediated by HGPI, a memorandum of understanding was signed by Iwate Governor Takuya Tasso and Project HOPE for the continued provision of medical support and assistance to the stricken area. Moreover, support is being provided for the mid- to long-term reconstruction of the healthcare system in the Iwate town of Yamada.

Centered on the disaster-affected prefectures, discussion is accelerating not only on the immediate focus of post-disaster healthcare, but also on vital related issues including the utilization of telemedicine, the ideal form of homecare, effective healthcare provision through regional cooperation, and allocation of health resources.

• Collaboration with Project HOPE

Together with Project HOPE, a U.S.-based international medical aid group which has provided medical support around the world since 1958, HGPI set up a framework for cooperation in the immediate aftermath of the earthquake disaster. There was also much consultation on the dispatch to the stricken area of Japanese healthcare professionals based overseas, and coordination for on-site visits by disaster relief specialists. Support was provided both to meet urgent on-site needs and to assess requirements in the mid- to long-term, while cooperating with domestic stakeholders including the government and diverse organizations.

In addition, on May 31, 2011, a memorandum of understanding mediated by HGPI was signed by Iwate Governor Takuya Tasso and Project HOPE for the continued provision of medical support to the stricken area, including dispatch of volunteer medical workers and assistance with the purchase of medical equipment. Representing Project HOPE at the event was Fred Gerber, who leads "Operation Rising Sun", their support effort in Japan. At the press conference, there were also discussions about the possibility of offering scholarships to the U.S. for children in the stricken area as a mid- to long-term endeavor.

Following up on the above-mentioned memorandum, HGPI and Project HOPE made a return visit to Iwate Prefecture last September, meeting with health and welfare specialists in the town of Yamada, including deputy mayor Shoichi Sato, and also deliberating with experts from Iwate Prefecture. Based on these interviews, and valuing in particular the on-site consultations in Yamada, Project HOPE was able to evaluate the evolving urgent and mid- to long-term needs while confirming their continuation of comprehensive medical support.

• Hosted Special Breakfast Meeting

"Damaged medical facilities and the status of shelters" (2011/6/8)

Hiroya Masuda, Governor of Iwate prefecture from 1997-2007 and former Minister of Internal Affairs, honored the conference with a speech. He spoke about the current situation in the Iwate Prefecture, focusing on damaged medical facilities and the status of shelters. In regards to future policies, the sharing of data and collecting observations is key. His idealized vision for the creation of these crucial policies involves vigorous and centralized discussion among all knowledgeable parties. Medical cooperation efforts aimed at reconstruction, medical information initiatives, promotion of remote medical care, and implementing medical IT requires support beyond cooperation from all voices wanting to be heard.

"Rebirth, Not Restoration: A New Model of Healthcare for Iwate's Disaster-Stricken and Depopulated Regions" (2011/7/28)

Continuing the theme of recent Institute events, this meeting focused on earthquake disaster reconstruction support. Attendees heard the insights and constructive proposals of Dr. Akira Ogawa, who, as President of Iwate Medical University, spearheaded relief efforts in the immediate aftermath of the earthquake, and is now focused on creating a new post-disaster regional healthcare system. In an address entitled "Rebirth, Not Restoration: A New Model of Healthcare for Iwate's Disaster-Stricken and Depopulated Regions", Dr. Ogawa spoke about the changing local situation in the wake of the disaster. Moreover, Iwate Prefecture has for a long time been a medically depopulated area, and with a new system of healthcare delivery now required after the disaster, the promotion of telehealth and remote medical care was identified as the way forward. Also mentioned was the need to actively spur innovation and introduce healthcare IT, as well as regulatory reform and creation of special zones not covered by existing frameworks. From the audience also, there were many expressions of support for the stricken areas based on a positive new vision that looks beyond mere restoration.

"Restoration of healthcare services after the Great East Japan Earthquake" (2012/3/15)

We welcomed Shinji Asonuma, Vice-minister of Health, Labour and Welfare, and Shinsuke Muto, Chairman of the Tetsuyu Institute Medical Corporation, to talk about the measures for recovery assistance that have been undertaken in the year following the Great East Japan Earthquake Disaster, and the future plans in this area.

The first talk was given by Dr. Muto, who explained in outline the "Leading Aging Society Forum" of which he is Chairman, and then went on to discuss the activities of the Tetsuyu Institute Medical Corporation in relation to the medical region in Ishinomaki. He explained the problems that were identified in the Ishinomaki medical region through a residents' survey he had carried out, and finished his talk by discussing the necessity for the establishment of a model for resolving some of the issues relating to aging societies. Following this, we received a talk from Vice-minister Asonuma on the situation for the reconstruction of the medical system in each of the three prefectures damaged by the disaster, and the various measures being undertaken in each. Within his talk, he also described his experiences from his position in the government administration with regard to the kinds of actions that were spurred immediately following the disaster.



- **Participation report on "Roundtable Discussion on the Health Implications of Japan's Triple Disaster" (2011/7/14)**

At the request of leading U.S. think tank CSIS (Center for Strategic and International Studies), Health and Global Policy Institute's partner in the ongoing Japan-U.S. health policy project, Kiyoshi Kurokawa, Hiromi Murakami, and Ryoji Noritake participated in a Roundtable Discussion on the Health Implications of Japan's "Triple Disaster", a CSIS-organized symposium in Washington, DC. The conference opened with remarks from Michael Green, CSIS Senior Adviser and Japan Chair, followed by a panel discussion moderated by J. Stephen Morrison, Senior Vice President and Director of the CSIS Global Health Policy Center. With our experience of over 3 months supporting disaster recovery efforts in healthcare-related areas, there was discussion about lessons learned thus far and measures that should be taken in future.



- **Reconstruction in Tohoku: An Open Dialogue on Strategies and Partnerships (2011/11/11)**

An urgent forum on the theme "Reconstruction in Tohoku: An Open Dialogue on Strategies and Partnerships" was jointly convened by Health and Global Policy Institute and The Center for Strategic and International Studies (CSIS) at CORASSE Fukushima. To mark the early November publication of the recommendations of the CSIS-Keidanren (Japan Business Federation) collaboration, "Partnership for Recovery and a Stronger Future: Task Force on U.S.-Japan Cooperation after 3/11", around 70 people from Japan and overseas, including government officials, healthcare providers, executives of healthcare-related enterprises, leading media journalists, and members of the public, gathered in Fukushima to focus on establishing an open platform to facilitate long-term international cooperation in health and healthcare in the stricken Tohoku area.

After welcoming participants to the event, HGPI Chairman, Dr. Kiyoshi Kurokawa, together with Vice-Governor of Fukushima, Mr. Masao Uchibori, and Minister-Counselor for Economic and Science Affairs at the U.S. Embassy, Mr. Marc M. Wall, outlined both current and future endeavors to support the region's recovery, and also emphasized the significance and implications of the forum.

In the first of the forum's panel discussions, "Reconstruction & Challenges: Strategies for the Japan-U.S. Partnership", CSIS Senior Adviser and Japan Chair, Dr. Michael Green, explained the recommendations for Japan's reconstruction put forward by the CSIS Recovery Task Force, and then, emphasizing the urgency of Japan's recovery from the standpoint of global stability, discussed the need to strengthen cooperation so that the knowledge and experience of the United States can be harnessed to contribute to reconstruction efforts in Japan. Next, from his own struggles to operate a bus company in the 3 devastated prefectures, Mr. Kazuhiko Toyama, CEO of Industrial Growth Platform, Inc., spoke of Japan's strengths and weaknesses as they emerged in response to the disaster, and of the challenges that lie ahead and the world's expectations for a reconstructed Japan.

In the second panel discussion, "A New Health & Healthcare Model for Tohoku ~ An Open Collaborative System", based on on-site experience and healthcare expertise, 4 speakers - CSIS Vice President, Dr. J. Stephen Morrison, the Hon. Mr. Mitsuru Sakurai, Acting Chairman of the Democratic Party of Japan's Policy Research Council, Mr. Yoshifumi Baba of Fukushima Prefecture's Health and Welfare Division, and Professor Ichiro Tsuji of the Tohoku University Graduate School of Medicine - discussed the importance of a platform for domestic and international cross-functional cooperation, including both short- and long-term measures for dealing with radiation and securing sufficient numbers of healthcare personnel. With the health and healthcare-related recommendations of the CSIS Recovery Task Force centering on the 3 areas of radiation, reconstructing healthcare services, and psychological care, the panel's 3 commentators, including Dr. Seigo Izumo of the Boston-Japan Medical Relief Initiative, then exchanged various opinions on the kinds of practical measures that are actually possible.

Finally, opinions were voiced from the audience regarding the need to strengthen cooperative efforts towards recovery among the various stakeholders, before Dr. Kurokawa closed the forum by emphasizing the importance of global multi-stakeholders constructing an open platform.



■ Attendance at the Follow-Up to the UN High-Level Meeting on NCDs (2011/9/19-20)

HGPI was in attendance at sessions related to the United Nations High-Level Meeting on Non-Communicable Diseases, contributing to construction of a private sector framework for international cooperation on NCDs.

■ “NCD Japan Forum 2011 ~ Chronic Disease Control and the NCD Agenda in Developed Countries” (2011/11/29)

This forum was held with a view to reminding the participants of the important issue, non-communicable diseases (NCDs; or chronic diseases) highlighted to the world whilst also providing a platform for the discussion of future NCD control strategies within Japan, the sharing of perspectives and ambitions of various stakeholders in this field, and the exchange of views on the future measures to be taken by Japan.

Japan has a record of making significant contributions to infectious disease control in its role as a major donor to the U.N. In light of its knowledge in dealing with chronic disease, it is also expected that it will exert international initiative in the area of NCDs.

The Forum was opened with greetings from H.M. Ambassador David Warren and a keynote speech from Dr. Keizo Takemi, Professor at the School of Political Science and Economics at Tokai University and Senior Fellow at the Japan Center for International Exchange. This was then followed by presentations from Ms. Judith Watt, Strategic Consultant to the NCD Alliance (an international collaborative organization dealing with NCD issues), and Dr. Hajime Inoue, Director of the Department of Health and Welfare in Chiba Prefecture. Under the title “What are NCDs? – Implications for Japan and its Global Role”, Ms. Watt and Dr. Inoue served to both provide an introduction to, and also to deepen the audiences’ understanding of the current situation with NCDs.

In the latter half of the Forum, a panel discussion took place with a further four experts (Dr. Ryoza Nagai, Department of Cardiovascular Medicine, The University of Tokyo; Dr. Masato Mugitani, Assistant Minister for Global Health, Ministry of Health and Welfare; Mr. David Brennan, President, International Federation of Pharmaceutical Manufacturers & Associations (IFPMA); Ms. Loyce Pace, Director of Health Policy, Lance Armstrong Foundation), under the theme of “The Roles that should be Played by Different Sectors – Global Partnerships for NCD and Beyond”. In their positions as representatives of the different stakeholders in the NCD issue, each panelist shared their thoughts

on the future contributions that can be made and the initiatives that should be undertaken from their varying perspectives. The panelists also further engaged in lively discussion and an exchange of views as to how the knowledge Japan has accumulated thus far in health policy can benefit the rest of the world in the NCD field, and the contributions it could make.



■ Community Health Planning Workshop (2011/5/24)

HGPI co-hosted a “Community Health Planning Workshop” with McKinsey & Company for prefectural health policy officials.

■ Bipartisan Congressional Briefing “Ageing and Healthcare Reform in the Netherlands” (2012/1/16)

HGPI, Mr. Seishiro Eto, Deputy Speaker of the Japanese House Representatives and chairman of the Japan-Netherlands Parliamentary Friendship League, and the Embassy of the Netherlands in Japan joint hosted a “Bipartisan Congressional Briefing” in the International Meeting Room of the House Representatives.

For this briefing we welcomed Dr. Reiner J. Koppelaar, Counselor for Health, Welfare and Sports at the Netherlands Embassy, to speak on the theme of “Ageing and Healthcare Reform in the Netherlands”, providing an introduction to Dutch social security reforms (including those in the healthcare field) and nursing and medical care systems for the elderly. On the day political allegiances were transcended and we were honored to receive the attendance of a number of Diet Members who are knowledgeable in the government administration of health and welfare issues, as well as various individuals representing the media.



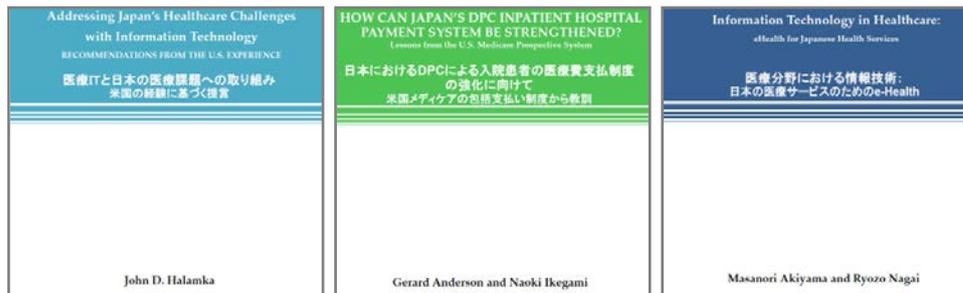
■ Health Policy Analysis Report on the Netherlands and Sweden (2012/3/19)

Reports summarizing each country’s policies for health, measures to deal with an aging society, and other details, were published on the website.

* This report can be downloaded from the HGPI Website TOP > Research > Health Policy Analysis Report of Netherlands and Sweden

■ CSIS /HGPI “U.S.-Japan Health Policy Project” Policy Recommendation (2012/3/28)

The Center for Strategic and International Studies (CSIS) in the United States and Health and Global Policy Institute (HGPI) of Japan, launched a joint project to create a dialogue on major healthcare policy issues and solutions in the two nations in early 2011. The goal of the project is to generate fresh analyses and recommendations in critical areas of health care in Japan and the United States. It provides an opportunity for informed discussion of practical next steps to address priority healthcare concerns, and aims to generate pragmatic and actionable options in each key policy area that can increase the efficiency and quality of healthcare. This project’s initial efforts focused on options for healthcare policies that addressed the development of healthcare information systems and the design of hospital payment reforms, and CSIS and HGPI released 2 policy recommendations on these themes: “Addressing Japan’s Healthcare Challenges with Information Technology: Recommendations from the U.S. Experience” authored by John Halamka, MD, MS. and “How Can Japan’s DPC Inpatient Hospital Payment System be Strengthened? Lessons from the US Medicare Prospective System” authored by Gerard Anderson, PhD and Naoki Ikegami, MD, MA in August 2011, and “Information Technology in Healthcare: eHealth for Japanese Health Services” authored by Masanori Akiyama, MD and Ryozo Nagai, MD in March 2012.



■ Special Breakfast Meeting

Opinion leaders in health policy are invited to address the Institute’s corporate supporters and board of advisors.

- 9th Special Breakfast Meeting (2011/04/26)
“Support for Reconstruction in Japan”
Fred Gerber and Daryl Porr, Managers, Project HOPE Operation RISING SUN
- 10th Special Breakfast Meeting (2011/06/08)
“The Post-Disaster Condition of Healthcare Facilities in Iwate Prefecture”
Hiroya Masuda, Former Iwate Governor and former Minister of Internal Affairs
- 11th Special Breakfast Meeting (2011/07/28)
“Rebirth, Not Restoration: A New Model of Healthcare for Iwate’s Disaster-Stricken and Depopulated Regions”
Akira Ogawa, President, Iwate Medical University
- 12th Special Breakfast Meeting (2011/09/21)
“Accelerating Public-Private Partnerships for Global Health – Polio Eradication”
Roland Sutter, Deputy Director, Global Polio Eradication Initiative at WHO
Daikichi Momma, Deputy Director-General, International Bureau at the Ministry of Finance
- 13th Special Breakfast Meeting (2011/11/29)
“The current direction of non-communicable disease (NCD) control strategy worldwide, as well as future global trends”
Judith Watt, Strategic Consultant, NCD Alliance
Loyce Pace, Director, Lance Armstrong Foundation
- 14th Special Breakfast Meeting (2012/01/17)
“Ageing and Healthcare Reform in the Netherlands”
Reiner J. Koppelaar, Counsellor for Health, Welfare and Sports, The Netherlands Embassy
- 15th Special Breakfast Meeting (2011/03/15)
“Restoration of healthcare services after the Great East Japan Earthquake”
Dr. Muto Shinsuke, Chairman, Tetsuyu Institute Medical Corporation
Mr. Shinji Asonuma, Vice-minister of Health, Labour and Welfare

■ Breakfast Meeting Series

Opinion leaders are invited to join informal discussions on a bimonthly basis.

- 32nd Breakfast Meeting (2011/05/20)
“Project HOPE + HGPI: Providing Medical Support in Disaster-Stricken Areas”
George Guszczka, Operation Officer, Project HOPE Operation RISING SUN
- 33rd Breakfast Meeting (2011/10/27)
“The global trends in strategy for non-communicable diseases (NCDs) and the role expected to be played by Japan”
Haruka Sakamoto, General Manager of the International Division of the Ministry of Health, Labour and Welfare Minister’s Secretariat
- 34th Breakfast Meeting (2011/12/02)
“GAVI : New Challenges for Public-Private Partnerships”
Seth Berkley, CEO, GAVI



2. (2) Commission on Citizens and Health – Activities in FY2011

■ Summary

The Commission on Citizens and Health pursues its activities with the mission “to realize the highest quality healthcare throughout society by having patients and citizens lead the health policymaking process”.

In phase 1 of the Cancer Policy Information Center project, over 3 years from 2009 to 2011, the 2 goals were as follows:

- ① Supporting patient advocates in participation and influence on good policies and regulations.
- ② Supporting patient advocates in influencing the positive development of cancer budgets and other measures at both a national and prefectural level.

As a result of this focus, over those 3 years 11 prefectures have enacted new “Prefectural Ordinances on Promotion of Cancer Control”, and as of September 2011, we confirmed there was active movement to introduce such measures in a further 6 prefectures (prefectural survey).

Also, with regard to budget planning and similar activities, respect for the efforts of patient advocates we have seen such positive outcomes as early issuance of notification to activate nursing care insurance for cancer patients, and increases in prefectural budgets for counseling support and information sharing measures.

Looking back on 3 years of patient advocacy activity, we can make the observations that

- ① patient advocates have discovered just how strongly politics and policy influence cancer control and cancer care,
- ② there is great motivation and reward to be found in working together on advocacy and forming networks beyond one’s own region or affiliation,
- ③ the sharing of knowledge and information leads to greater progress,
- ④ grassroots ingenuity and best practices can be disseminated and applied nationwide, and
- ⑤ patient advocates have demonstrated that they can take the lead in bringing together diverse stakeholders holding different viewpoints and uniting them and this approach is gaining in popularity.

The results show that patient advocates have become a powerful driving force.

The Cancer Policy Information Center project has promoted the activity of patient advocates and provided a focus for their knowledge sharing and network building. Although the impact of our support on the activities of patient advocates is not always so immediately apparent, we are confident our efforts have had a positive impact on their achievements.

We would like once again to extend our sincere gratitude and appreciation to the many stakeholders who cooperated to the Cancer Policy Information Center Project Phase 1. The second phase of the project is scheduled to start from April 2012.

Cancer Policy Information Center Project Phase 1 (2009-11) Report —Record of a 3-Year Journey with Patient Advocates—

The contents and activities of the project, and a look back on developments in the patient advocacy field and beyond.

【Contents】

Introduction

Chapter 1 3 Years of Cancer Policy Information Center Activity

—Project Mission and Achievement—

Chapter 2 The Progress of Patient Advocacy

1. Establishing Patient Advocacy

~Discovery! “We can speak to the politicians!” ~ < Budding >

2. Forming Networks

~“I’m not alone.” Action to share knowledge and experience~ < Connecting >

3. Informed and “Armed with Information and Knowledge”

~Strength of having both evidence and passion~ < Learning >

4. Disseminating Best Practices

~Successive activities develop from sharing experiences~ < Spreading >

5. United Six-Party Model

~Dynamic joint progress~ < Paving the Way for the Future >

Chapter 3 Data for Use in Advocacy

—“Visualizing” the gap between ideal and reality—

Chapter 4 Project Evaluation

—The Relationship between Activity & Achievement—

Chapter 5 Looking Back on 2009-2011

—3 Years of Upheaval in Politics and Cancer Policy—

Summary



* This report can be downloaded from the Cancer Policy Information Center Website: TOP > Our Mission > About Cancer Policy Information Center.

■ Cancer Policy Summit 2011

The goal of the Summit is to provide a forum for patient representative members of Cancer Control Promotion Committees and open recruited patients from around the country to meet with patient advocates working in cancer control, and to bring them together with prefectural assembly members, local government officials, and healthcare providers to study the practice of cancer control.

This time, the focus was very much on discussing and learning how to move cancer control programs forward in each region. Using the Advocacy Workbook Toolkit to assist participants in experiencing the process of grasping the situation, specifying the issues, drafting a strategy to achieve a solution, and evaluating the activity, there were insightful discussions of progress and best practices in cancer control from around the country.

Date: July 16, 2011 (Sat) ~ July 18, 2011 (Mon)

Venue: Bellesalle Kudan

Participants: 172 people in total, including patient representatives, prefectural assembly members, government officials, and healthcare providers

Main program: Learning to Change Cancer Control ~ 4-Stakeholder Talks and Reaching Consensus ~

Special Program: "What You Need To Know About The Cancer Control Act: The Basic Plan to Promote Cancer Control"

Reconstruction Symposium: "Learning from the Earthquake Disaster"



■ "Patient Advocacy Workbook" and "The Toolkit Edition"

The *Patient Advocacy Workbook* originally developed in 2010 was revised and updated. In addition, 7 *Problem-Solving Tools for Cancer Control* were compiled by accumulating information from overseas sources and seeking the advice of policy evaluation experts in Japan. The toolkit introduces the process of ① Sharing the issue among all stakeholders to strengthen cooperation, ② analyzing both the actual circumstances of the issue and the ideal outcome to develop specific measures, and ③ including concrete measures in formulating a strategy and action plan.

Advocacy Workbook

Chapter 1	Advocacy
Chapter 2	Management
Chapter 3	Health Policy

"Toolkit"

1. Survey Research - Identifying the issue in contemporary society
2. Consensus-Seeking Town Meetings - Highlighting the wider issues
3. Solution sheet - Deriving measures from the gap between ideal and reality
4. Strategy Planning sheet - Considering the steps to the goal
5. Target Refinement sheet - Identifying the key persons to resolve the issue
6. Activity card - Evaluating and reconsidering concrete actions
7. The Ability to Realize a Solution - Managing and Leading



■ 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 Promotion committee members, and other stakeholders. As of year end 2011, there were 105 participants.

■ Community Action: Cancer Control Regional Intervention program

Under the slogan "Saving 30,000 lives in 3 years", we support local citizen-led cancer control projects, and by sharing and disseminating best practices and model cases nationwide, we hope to stimulate activity in other regions.

Over the period 2009-11, support was extended to a total of 16 projects, including 4 with which we collaborated for the full 3 years. With 2011 representing the final year of project support, we brought the leaders of those 4 full-term projects together with experts from the program's evaluation committee to discuss citizen-led projects. These discussions identified 1) cooperation with other stakeholders, 2) maintaining motivation, and 3) continuity of the activity as the keys to achieving success. It is expected that this program can serve as a reference point not only for cancer control but also for other citizen-led activities.

The 3-year full-term projects:

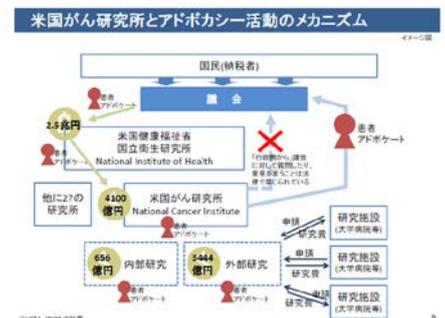
- Hokkaido "Whole-Community-Cancer-Screening Cancer Prevention Project"
Leader: Sadao Tani (Director, Kitami NPO Support Center)
- Miyagi "Patient-Led Hospital Discharge Support Project, Miyagi Version"
Leader: Junko Gonai (Director, Gynecologic Cancer Patients' Group *Cattleya no Mori*)
- Osaka "Delivered to Residents! Unique to Osaka Cancer Information"
Leader: Maki Hamamoto (Director, Living with Cancer Society NPO)
- Kochi "Kochi Cancer Patient Support Project"
Leader: Yuriko Yasuoka (Director, Kochi Cancer Patients' Group *Ikkikai*)

※Titles etc. current as of October 2011



■ Overseas Training

In June 2011, we participated in the patient advocacy sessions at the American Society of Clinical Oncology (ASCO) annual meeting in Chicago to learn about the latest in cancer care and the activities of patient advocates in the US. At the same time, we were able to visit the National Cancer Institute (NCI), the Food and Drug Administration (FDA), and the Avon Foundation Breast Cancer Center at the Johns Hopkins Hospital, and had opportunities to learn about patient participation in the process of drug development, clinical trial, and approval in the US.

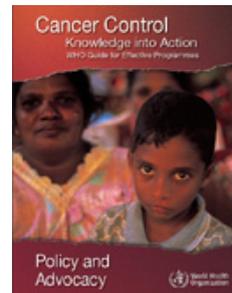


Translation and Dissemination of International Materials

Of the World Health Organization's Cancer Control Series, we translated module 6 on "Policy and advocacy" into Japanese and published it on our website. The booklet provides a simple explanation of the basics of advocacy activity, helping to deepen understanding of what is for many Japanese the somewhat unfamiliar concept of "advocacy".

"Policy and advocacy"

- Advocacy step 1: Defining the Situation
- Advocacy step 2: Setting Goals and Objectives
- Advocacy step 3: Identifying the Target Audience
- Advocacy step 4: Mobilizing Support
- Advocacy step 5: Developing Key Messages
- Advocacy step 6: Selecting Methods of Advocacy
- Advocacy step 7: Developing and Implementing the Advocacy Plan
- Advocacy step 8: Monitoring and Evaluation



※This document (in Japanese) can be downloaded from the Cancer Policy Information Center website: [TOP](#)>[Learning from examples](#)>[Information](#)>[Advocacy activity guide \(translated\)](#)

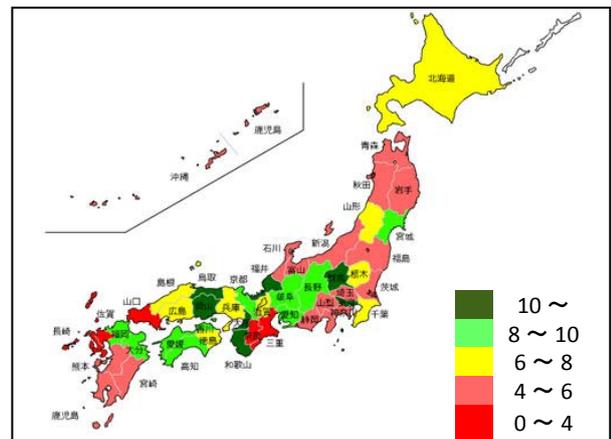
Processing and Publishing Data on Disparities

By processing data, organizing them along relevant themes, and making them available on our website, regional disparities in cancer control become more easily and widely understood. 1345 cases published as of year end 2011

Sample published case:
"Medical Resources for Cancer"
No. of breast cancer specialists

Data source: No. of breast cancer specialists
from The Japan Breast Cancer Society homepage
(as of January 1, 2011)

Data processed by Cancer Policy Information Center,
Health and Global Policy Institute



Project Evaluation

Evaluation by Participants

Once a year, the Center requests feedback on the project's activities from all patient advocates participating in the mailing list and/or attending the Cancer Policy Summit. In the 2011 survey, information sharing tools such as the mailing list and mail magazine were especially highly evaluated.

At the same time, we ask patient advocates about their sense of their own activities, and the results from 2011 (50 respondents) show that interest and level of engagement in advocacy activities has continued to rise when compared to 2009, and is related to a sense of the actual outcomes achieved.

Evaluation by External Evaluation Committee

An Evaluation Committee comprising six external experts was established, meeting once a year to evaluate and offer guidance on aspects such as the validity of the project's goals, the progress of activities, and the project's overall social impact.

At the 2011 meeting, an evaluation of the full 3 years of the project was made. Discussion focused on 3 particular issues: 1) evaluation of the project's goals and outcomes, 2) advocacy activities and the situation in Japan, and 3) expanding project recognition. In closing, the chair of the Committee, Prof. Yasunori Sone of Keio University's Graduate School of Media and Governance, commented that finding a meaningful Japanese word to replace the borrowed word "advocacy" would help to boost future advocacy activity in Japan.

※The Evaluation Committee Report can be downloaded from the Cancer Policy Information Center website: [TOP](#)>[Our Mission](#)>[About the Cancer Policy Information Center](#)

2. (3) Global Health Policy Center – Activities in FY2011

■ Summary

The arrival of 2011 meant that just 4 more years remained until the 2015 deadline for achievement of the Millennium Development Goals (MDGs). Throughout the year, we focused both on working toward realization of the MDGs and, looking toward global health issues beyond 2015, on building up our activities on the domestic front.

As a new project, we launched an investigation into Japan's decision-making process for global health policy. The main focus of the project is to verify how decisions are reached on global health-related policies in Japan by interviewing key stakeholders in that process, while at the same time considering measures to raise public awareness of global health challenges and the potential for public participation in policy. As one aspect of this project, domestic and overseas global health experts were invited to speak at several of our regular breakfast meetings. Moreover, through our intensive course aimed at developing next-generation leaders in the global health field (co-sponsored with The University of Tokyo and held annually since 2010), we have continued to conduct practical research into human resource development in this area.

This coming year, we will continue and enhance our activities from 2011, and while clarifying the decision-making process for Japan's global health policy, we will also work toward practical solutions with the aim of realizing public participation in the policymaking process.

■ Global Health Summer Program ~Action from Japan to Solve Global Health Issues~ (2011/7/28~8/6)

Co-sponsored with the Department of Global Health Policy at the University of Tokyo's Graduate School of Medicine, HGPI organized Global Health Summer Program 2011 as an intensive course aimed at developing next-generation leaders in the global health field.

The program is aimed at capable young individuals seeking an active career on the global stage working for solutions to global issues to realize a better society. In order for Japan to continue its contribution to global health, and especially by developing public-private approaches, program participants were given the mission of considering practical solutions to the vital global health issue of polio eradication.

After first hearing lectures from leaders and social entrepreneurs at the forefront of global health and diverse other domains, participants were divided into teams to conduct fieldwork, which involved discussion and negotiation with corporations, groups and individuals to develop an action plan capable of meaningful social impact. On the final day, as a program summary, each group presented its action plan and received feedback from global health experts and social entrepreneurs.



■ Research Project on the Global Health Policy Decision-Making Process

Since November 2011, we have launched a project to investigate the decision-making process for global health policy.

The project aims to verify how decisions are reached on global health-related policies in Japan, while at the same time investigating efforts to raise public awareness of global health challenges and the possibility of public participation in policy.

Throughout our FY2011 activities, in order to clarify the policy decision-making process, we surveyed literature and conducted interviews with diverse stakeholders, from lawmakers and government officials to representatives from NGOs and academia. Moreover, to widen interest and participation in the global health field and share new examples and insights, we invited the CEO of the GAVI Alliance to address one of our Breakfast Meetings.

These activities will be carried over into FY2012, with a report and announcement of our findings scheduled for autumn 2012.

■ Hosted Breakfast Meeting

• 12th Special Breakfast Meeting (2011/9/21)

In advance of World Polio Day on October 24, we welcomed as speakers Dr. Roland Sutter, visiting Japan in his capacity as Deputy Director of the Global Polio Eradication Initiative at the World Health Organization (WHO), together with Mr. Daikichi Momma, Deputy Director-General of the International Bureau at the Ministry of Finance. They spoke primarily about the importance of final-stage efforts toward polio eradication and Japan's ODA support for eradication of the disease.

In a lecture entitled "Accelerating Public-Private Partnerships for Global Health – Polio Eradication", Dr. Sutter spoke of the importance of the combined efforts of government and private sector to cover the "last inch" in eradicating polio, which now remains in only four countries. Mr. Momma then spoke about the current status of Japan's ODA support as well as future possibilities, describing the example of a 4.9 billion yen loan for an immunization campaign in Pakistan made by the Japanese government through a "Loan Conversion" mechanism in cooperation with the Bill & Melinda Gates Foundation.

Also present at the meeting were Mr. Shigekazu Miyazaki, a former District Governor of Rotary International, and Mr. Kunihiko Hirabayashi, Director of UNICEF's Tokyo office, both important partners in activities for polio eradication. All participants were able to join a lively exchange of opinions and information on such issues as the significance and new determination of public-private alliances, and the importance of Japan's initiatives in global society.



• 34th Breakfast Meeting "GAVI : New Challenges for Public-Private Partnerships" (2011/12/2)

We welcomed Dr. Seth Berkley, new CEO of GAVI, to speak on the theme, "GAVI : New Challenges for Public-Private Partnerships."

Just four years remain to the 2015 target of 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 three of the eight MDGs are specific global health issues, continued effort in the global health arena is essential if the 2015 targets are to be achieved. Under severe economic circumstances, and with sluggish ODA contributions from many donor countries, it is thus imperative to strengthen public-private partnerships.

In such circumstances, the GAVI Alliance is attracting significant attention. The GAVI Alliance model is a public-private global partnership which works to save children's lives and protect people's health by improving access to vaccination in developing countries. The Alliance brings together international bodies including UNICEF, the World Health Organization, and the World Bank, private organizations such as the Bill & Melinda Gates Foundation, vaccine manufacturers, and the governments of both developing and industrialized countries. With the Japanese government this year becoming a GAVI donor, and with 30,000 individual Japanese investors purchasing the vaccine bonds issued by GAVI, Japan is becoming ever more deeply involved. At this Breakfast Meeting, we were very pleased to welcome Dr. Berkley on his visit to Japan to speak about GAVI's innovative public-private partnership, its funding scheme that is not reliant on ODA alone, the importance of Japan's involvement, and the latest developments in the field.



■ Conference with GAVI Alliance CEO and CSO

On June 3rd, 2011, CEO of The Global Alliance for Vaccines and Immunizations (GAVI Alliance) Helen Evans met with Japanese medical CSOs (Civil Society Organizations such as NGOs and NPOs) for a conference hosted by HGPI. The GAVI Alliance works to reduce infant mortality through better access to vaccines and immunizations within developing countries. By connecting key players in governments, citizen groups, and businesses, the organization is able to build groundbreaking mechanisms in developing healthcare systems. Evans spoke of strengthening teamwork with Japanese CSOs, focusing on the future possibilities of cooperation.



3. Our Plans for FY2012

Health Policy

Building on our achievement in FY2011 in strengthening cooperation with global-level think tanks and leaders in each field, the Health Policy unit will undertake extensive multi-stakeholder activity to stimulate policy proposals and implementation on a broad range of policy issues. In particular, as the country's community medical program is set for revision from FY2013, we hope to shape policy proposals for the addition of mental health to the traditional "big four" diseases of cancer, stroke, diabetes and heart disease, by convening forums to bring together domestic and international experts in mental health and community healthcare planning.

Moreover, we will continue our collaboration with U.S. think tank CSIS (Center for Strategic and International Studies) in conducting research with experts from both countries and putting forward policy proposals on common healthcare issues.

In addition, we will continue our support for reconstruction efforts after the Great East Japan Earthquake Disaster, working in collaboration with Project HOPE to provide healthcare support in Yamada, Iwate, and making joint policy proposals with CSIS and others.

Commission on Citizens and Health

2011 saw the end of phase 1 of the Cancer Policy Information Center project, and from April 2012 we will commence with phase 2. In phase 1, the central focus was on training patient advocates to influence policy and ordinances through their advocacy activities. In phase 2, again with patient advocates at the core, we will support efforts to realize advances in cancer control through a "unified 6-party model" of collaboration among diverse stakeholders.

2012 also sees the start of the 2nd term of the National Cancer Control Plan, and so it is a key year for formulating cancer control plans in every prefecture. National goals will be laid out (20% reduction in mortality rates, improving patient QOL, creating a society in which patients can live anxiety-free), and patient advocates can take the lead in creating a collaborative environment among all stakeholders.

Although project resources in phase 2 will only be around 1/3rd of the level in phase 1, we will strive to increase operational efficiency and raise the quality of our activities.

Global Health Policy Center

Although public opinion in Japan supports development assistance in the healthcare field, it currently represents only a minor proportion of Japan's ODA. Therefore, continuing from last year, we will interview key stakeholders to verify how decisions are reached on global health-related policies in Japan, and publish a report later this year. From this autumn, with the aim of increasing Japan's contributions in the global health field, we plan to expand awareness-raising public participation activities for global health issues.

Moreover, this summer, for the third year, we will collaborate with the University of Tokyo to provide motivated college and graduate students with lectures, training, and ongoing support in the global health field with the aim of boosting the number of young Japanese personnel able to play an active role on the global stage.

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

- Cancer Policy Information Center
- Global Health Center

www.ganseisaku.net

www.global-health-summit.org

■ Email Publications

- Health and Global Policy Institute Email Magazine

Delivered non-periodically, especially on the occasion of events, providing HGPI activities and event information. As of the end of FY2011, HGPI Email Magazine is delivered to about 3,000 subscribers representatives.

※Subscribe to the mail magazine at HGPI website: [TOP > HGPI Mail Magazine > Member Registration](#)

- Cancer Policy Letter

Delivered every other Tuesday, providing news, information, and trends in cancer control, as well as direct links to the Cancer Policy Information Center website. As of the end of FY2011, the Cancer Policy Letter is delivered to 665 subscribers representatives.

※Subscribe to the mail magazine at the Cancer Policy Information Center website: [TOP > "Our Impact" > Mail magazine](#)



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. Change of name to: Specified Non-Profit Organization, Health Policy Institute, Japan
- 2006**
- Feb. Symposium: "1st Health Policy Summit", since hosted annually
"Public Survey on Healthcare in Japan", conducted annually until 2010
- 2007**
- Dec. Prefectural Cancer Policy Workshop (Co-sponsor: American Cancer Society)
- 2008**
- Feb. "1st Global Health Summit" (Co-sponsor: World Bank)
 - Mar. "2008 International Cardiovascular Disease Patient Organization Symposium"
- 2009**
- Feb. "Health Policy Summit 2009"
 - May "Cancer Policy Summit Spring 2009"
 - June Launch of "Health Policy Forum" (The first phase of the activity ended in August 2009.)
 - Oct. "Stroke Policy Summit"
 - Oct. "Cancer Policy Summit Fall 2009"
- 2010**
- Feb. "Health Policy Summit 2010"
"Public Survey on Healthcare in Japan"
 - Apr. "Cancer Policy Summit Spring 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"
Reported 2009 Survey "Cancer Patient Awareness Survey"
 - Dec. "Advocacy Workbook ~A guide to Policy Proposal Activity Made by Patients~" published
- 2011**
- Jan. Authorized as a "Certified NPO Organization" by the National Tax Agency
 - Feb. "Health Policy Summit 2011"
"Global Health Forum 2011" (Co-sponsor: UNITAID, Department of Global Health Policy at the University of Tokyo)
"Bipartisan Congressional Briefing"
 - Apr. Conducted a survey on cancer control among patients and their relatives asking them to share their experiences and opinions of cancer diagnosis and treatment, commissioned by MHLW to conduct evaluation and analysis of cancer control measures
 - May Workshop "Local Health Planning for Local Health Planners"
Reported 2010 Survey "Cancer Patient Awareness Survey"
 - July "Roundtable Discussion on the Health Implications of Japan's Triple Disaster" (Co-sponsors: CSIS)
"Cancer Policy Summit 2011"
"Global Health Summer Program"
 - Aug. "U.S.-Japan Health Policy Project" Policy Recommendation
 - Nov. "Reconstruction in Tohoku: An Open Dialogue on Strategies and Partnerships"
"NCD Japan Forum 2011"
- 2012**
- Jan. Bipartisan Congressional Briefing "Ageing and Healthcare Reform in the Netherlands"
Published White Paper on Cancer Control 2011 - Trove of information for advocacy -
 - Feb. "Health Policy Summit 2012"

6. Corporate Overview

(As of June 2012)

Name	Health and Global Policy Institute	
	(Authorized as a "Certified NPO Organization" by the National Tax Agency in January 2011)	
Address	(Headquarters (Health Policy/Global Health Policy Center))	
	7F 1-11-28, Nagatacho, Chiyoda-ku, Tokyo, 100-0014, Japan	
	Tel. 03-5511-8521 Fax 03-5511-8523	
	(Commission on Citizens and Health)	
	Palace Side State Homes Kojimachi Room No. 101,	
	2-10-10, Kojimachi, Chiyoda-ku, Tokyo, 102-0083	
	Tel. 03-3222-6532 Fax 03-5614-7795	
Board	Chairman	Kiyoshi Kurokawa
	Vice-Chairman	Hiroaki Yoshida
	Director/President	Hikaru Ishiguro
	Director	Hiroyuki William Saito
	Director	Ken Shibusawa
	Director	Takashi Takenoshita
	Director	Kenichi Hanioka
	Director	Yoshinori Hiroi
	Director	Hiroaki Yoshida
	Auditor	Tsuyoshi Dai

7. Financial Results

List of Assets (Units: Yen)
(As of 2012/03/31)

I. Assets		
1.	Current Assets	153,858,025
2.	Fixed Assets	6,569,392
	Total Assets	160,427,417
II. Liabilities		
1.	Current Liabilities	9,816,640
2.	Fixed Liabilities	0
	Total Liabilities	9,816,640
	Net Assets	150,610,777

Statement of Revenues and Expenses (Units: Yen)
(April 1, 2011 – March 31, 2012)

I. Current Revenues		
1.	Membership Fees	4,300,000
2.	Contributions and Grants	157,126,006
3.	Other Revenues	522,635
	Total Current Revenue	161,948,641
II. Current Expenditures		
1.	Operating Expenses	
	Health Policy Research and Study Projects	2,934,904
	Health Policy Proposal Projects	93,205,238
	Human Resource Development Projects	5,477,565
	Health Policy Information Exchange	42,552,258
	Total Operating Expenses	144,169,965
2.	Administrative Expenses	19,472,678
	Total Current Expenditure	163,642,643
	Current Revenue Expenditure Balance	-1,694,002



Health and Global Policy Institute

■ **Headquarters (Health Policy / Global Health Policy Center)**

7F 1-11-28, Nagatacho, Chiyoda-ku, Tokyo 100-0014

TEL 03-5511-8521 FAX 03-5511-8523

URL: www.hgpi.org E-mail: info@hgpi.org

■ **Commission on Citizens and Health**

Palace Side Stage Homes Kojimachi Room No.101,

2-10-10, Kojimachi, Chiyoda-ku, Tokyo, 102-0083

TEL 03-3222-6532 FAX 03-3222-6535

URL: <http://ganseisaku.net/>

E-mail: info-gan@hgpi.org