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分担研究報告書

Japan's contribution to making global health architecture a top political agenda by leveraging the G7 presidency

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研究要旨

The recent outbreak of Ebola virus caused tremendous debate about the current global health architecture (GHA) for health emergencies. This has been fueled by the complex interactions of health transition, global health priorities, and uncertainties in global governance and economic prospects. In the midst of this transformation, Japan hosted the G7 Ise-Shima Summit in May 2016 and set health as one of its priority agenda items with a major focus on GHA alongside Universal Health Coverage and Antimicrobial Resistance. In this paper, using Jeremy Shiffman's analytical framework, we analyze why Japan placed GHA high on the political agenda, and how it developed and succeeded in raising political momentum for GHA in collaboration with other G7 members and partner organizations.

A．研究目的

Global health is currently at a crossroads. The majority of low- and middle-income countries are now suffering from double burden of diseases. Compared with the Millennium Development Goals (MDGs) in which three out of eight goals were directly related to health, the newly adopted Sustainable Development Goals (SDGs) give less attention to health challenges. There are also a growing number of competing global issues for policy makers, including downside risks to global economy, terrorism, migration and refugees, and climate change. Consequently, the level of Official Development Assistance (ODA) for global health has stagnated in recent years. This is further confounded by new and emerging political and economic actors in this arena.

The debates on global health architecture (GHA) have been fueled by the complex interactions of health transition, global health priorities, and uncertainties in global governance and economic prospects. In particular, the recent Ebola outbreak was a game changer in global health architecture, defined as "the relationship between the many different actors engaged in global health and the processes through which they work together" by Kickbusch et al. The World Health Organization (WHO), as the only United Nation (UN) agency specializing in health, was criticized for not handling the Ebola outbreak effectively and efficiently, which has evoked a series of debates and controversies on GHA.

In the midst of this transformation in global health, Japan hosted the G7 Ise-Shima summit in May 2016 and set health as one of its priorities with a major focus on GHA alongside Universal Health Coverage (UHC) and Antimicrobial Resistance (AMR). Japan has a history of leading the health agenda at previous G8 summits. At the G8 Kyushu-Okinawa Summit in 2000, Japan advocated the importance of combatting infectious diseases and took a leading role in establishing the Global Fund to Fight AIDS, Tuberculosis and Malaria. Subsequently, at the G8 Hokkaido Toyako Summit in 2008, Japan moved forward the agenda of health systems strengthening with an emphasis on health information, financing and human resources.

In this paper, we first review a series of political analysis framework which have been used in the area of global health, and then using Jeremy Shiffman's political analysis framework we analyze why Japan put GHA high on the political agenda, and how it developed and succeeded in raising political momentum for GHA in collaboration with other G7 members. We also describe how Japan has played a major role in rebuilding GHA after the G7 summit in Japan.

B．研究方法

A framework for analyzing political power of

global health agenda-setting

Several analytical frameworks have been developed in assessing elements which influence the global health agenda. Kingdon's theory of window of opportunity, path dependence theory, Anthony Down's issue-attention cycle and Duncan Black's median voter theorem are examples that have been commonly used in analyzing political power in health care.

In 2007, Jeremy Shiffman proposed a framework for determinants of political priority in global health initiatives. This approach was built on the analysis of the global motherhood initiative, which was jointly launched in 1987 by the World Bank, WHO and the UN Population Fund (UNFPA). By analyzing the stakeholders of the global motherhood initiative primarily through interviews and literature reviews, he defined four main criteria as key areas of determining political power:

1. Actor power: the strength of the individuals and organizations concerned with the issue,
2. Ideas: the ways in which those involved with the issue understand and portray it,
3. Political contexts: the environments in which actors operate), and
4. Issue characteristics: features of the problem.

Obviously no single category is sufficient nor a necessary condition to ensure political momentum. Even if a certain health policy agenda meets some categories, this does not necessarily mean that it is successful in capturing political attention. Nonetheless, because of its relative usefulness, we primarily employed this framework to analyze the political momentum on and Japan's contribution to GHA in this paper.

Applying the framework

We did a systematic review of documents including papers both published and unpublished documents, the official reports and notes on GHA at the UN and other relevant meetings, and from the outcome documents of conferences (e.g. the G7 Ise-Shima Leaders' Declaration). Because our research largely relied on diplomatic processes, which were sometimes not documented for political reasons, we also conducted a series of interviews with staffs from the departments involved in global health at the Cabinet Secretariat, the Ministry of Foreign Affairs (MOFA), the Ministry of Finance (MOF) and the Ministry of Health, Labour and Welfare (MHLW) of Japan who participated in the preparatory processes for the G7 Ise-Shima Summit, G7 Kobe Health Ministers' Meeting, Tokyo International Conference on African Development (TICAD), the World Health Assembly (WHA), the UN General Assembly and other meetings related to GHA. Since degree of financial contribution largely pertains to the process of policy making, we also analyzed financial aspects of GHA, although the original framework does not contain a financial assessment.

C．研究結果

Political mapping of GHA

Actor power

Actor power consists of: 1) policy community cohesion, 2) leadership, 3) guiding institutions and 4) civil society. First, with respect to policy community cohesion, we analyzed three different types of actor power: Japan, G7 member states and others. There are four major actors within Japan: the Cabinet Secretariat, MOFA, MHLW, and MOF. These ministries have slightly different views on and interests in GHA. Since health emergencies directly affect the health status of the Japanese citizens, a key responsibility of the MHLW, and given their comparative advantage in technical expertise in this area, the ministry had strong interest in GHA at an early stage. Besides, the MHLW thought GHA could evoke leader's level attention beyond health sectors since GHA is strongly related with national and global security and serves as an entry point to wider global health challenges such as UHC and AMR. MOFA emphasized the relevance of UHC in the context of ensuring human security and implementing the SDGs as part of its foreign policy framework, while MOF focused on promoting the World Bank Group's funding scheme initiatives (i.e., Pandemic Emergency Facility (PEF) and International Development Associations (IDA)) to respond to and prepare for health security. However, since health security is strongly related to national, global and human security, under Prime Minister Abe's leadership, the Cabinet Secretariat and these three ministries were aligned successfully around the goal of reinforcing GHA as well as streamlining the focus of the health agenda into three key areas: GHA, UHC and AMR. The three ministries and the Cabinet Secretariat constantly had joint meetings, with director-general level participants of each ministry, in order to share information and discuss how to consolidate Japan's commitment under a unified government.

Besides Prime Minister Abe's leadership, Mr. Yasuhisa Shiozaki, Minister for Health, Labour and Welfare is a leading figure enthusiastic about Japan leading and contributing to global health. He leveraged Japan's experience in achieving the world's highest longevity through generations of health policies including achieving and managing UHC in a globalized and ageing world.

Under his leadership, the MHLW made a significant contribution to leading and promoting policy cohesion within the government. Minister Shiozaki first established the Advisory Panel on Health Care 2035 in February 2015 to envision Japan's future health care, in which leadership in global health was one of the three key recommendations along with promoting value-based care and social determinants of health. He also established the Advisory Panel on Global Health in August 2015 in order to institutionalize a mechanism to develop global

health policies within the MHLW. The Panel consisted of two working groups: human resources for global health policy making and global health governance, which aimed to make recommendations to the Government of Japan. This process contributed to the basis for discussions not only among Japanese stakeholders, but also with other G7 member states to reach consensus on the global health agenda at the G7 Ise-Shima Summit.

Strong political support also came from Professor Keizo Takemi, member of the House of Councilors and a chairman of the Special Mission Committee on Global Health Strategy of the ruling Liberal Democratic Party of Japan. As a champion of global health with solid academic and policy-making background in this area, he published internationally recognized papers that gave significant influence to the previous G8 preparatory processes as well as being the main advocator of global health issues through the track 2 process at the G8 Kyushu-Okinawa Summit in 2001 and the G8 Hokkaido Toyako Summit in 2008. In 2016, he led the track 2 process for the G7 Ise-Shima Summit with a set of policy proposals form his working group. Prof. Keizo Takemi also chairs round table meetings with government, relevant private and civil society institutions, which serve to promote mutual understanding of key global health issues including those relevant to the G7.

As to the cohesion among G7 member states, global governance for future public health emergencies started to be shed light on at the 2015 G7 Elmau Summit in Germany. In light of the global situation where the global community was still traumatized by the aftermath of the Ebola outbreaks, the WHO's emergency reform was still at an early stage and a series of policy documents to tackle health emergencies were published. Therefore, there was virtually no strong opposition and in fact a huge expectation from the head of state to include global health architecture for future pandemics into the G7 agenda.

In order to secure and expand cohesion, it was important to have communication be as extensive and effective as possible, especially with non-G7 countries. Japan prepared several dialogue opportunities with these countries throughout its G7 presidency in 2016. First, at the 69th World Health Assembly, as the only G7 member from Asia, Japan acted on behalf of member states from the WHO Western Pacific region. The countries made a joint statement to support the WHO's emergency reform explicitly, which sent a strong political signal to back up the directions proposed by the WHO Director-General.

Simultaneously, representatives of the Japanese delegation attended several side events organized by the WHO, the World Bank, the National Academy of Medicine and the Graduate Institute of International and Development Studies resulting in enhanced mutual understanding of

how the global community should rebuild and revamp GHA.

The World Health Assembly was an opportunity for Japan to disseminate G7 efforts towards GHA and reach out to health ministers and policy makers around the world, whereas the Tokyo International Conference on African Development (TICAD) in August 2016 was a platform to discuss GHA specifically with African leaders. TICAD VI was the first to be held in Kenya, Africa instead of Japan. It was co-organized by the Government of Japan, the United Nations, UNDP, the African Union Commission, and the World Bank. Health was one of the three major themes at TICAD VI and was picked up as an agenda item for the first time under the leadership of the Prime Minister Abe together with Ministers for Foreign Affairs and Health, Labour and Welfare. The debate on health focused on promoting resilient health systems.

As the chair of the meeting's thematic session for health, Minister Shiozaki led an intense debate with the African heads of state and ministers, as well as leaders from international organizations such as the WHO and the World Bank. During the preparatory process, the MHLW had an extensive debate with the WB, the co-chair of the thematic session, as to how to raise awareness toward reinforcing GHA among the African leaders, international organizations and civil society organizations (CSO). Throughout this consultation process, they reached consensus on what should be done to prepare for and respond to future health crises, summarized in the Nairobi Declaration and its implementation measures. In particular, Minister Shiozaki's remarks emphasized the importance of coordination with the current international movement including the WHO emergency reform as well as the WHO and the WB efforts towards financing mechanisms; the emphasis on building on Africa's own experience in fighting against health crises to enhance networking of human resources within the continent:

"Protecting human security is emerging as a core challenge for political leaders, who are concurrently dealing with refugee and migration crises, climate change, and disease epidemics. The Ebola virus outbreaks in West Africa exposed fundamental fragility in global health architecture as well as in health systems. This is a crucial juncture for the future of global health…. Now the world needs well-balanced and comprehensive strategy more than ever in order to deal with health emergencies, the global community including the World Health Assembly and G7 Ise-Shima Summit this May agreed that the global coordination arrangement is desperately essential for large-scale health emergencies." (Speech made by Mr. Yasuhisa Shiozaki at TICAD VI, thematic session)

Two weeks after TICAD VI, the G7 Kobe Health Ministers' Meeting was held in September, 2016,

where four Asian Ministers as well as the WHO, UN Office for the Coordination of Humanitarian Affairs (UNOCHA), the World Bank and the OECD also joined discussions. This meeting aimed to elaborate and move forward the health-related agenda at the G7 Ise-Shima Summit in May and propose concrete actions to attain the goals described at the G7 Ise-Shima Leaders' Declaration. Together with three official preparatory meetings, the meeting also contributed to increasing policy cohesion among G7 members both at head of state and health minister level.

Ideas

Ideas refer to internal and external frames. As for internal frame, the concept of human security has been the central tenet of Japan's foreign policy, where health is considered its core element. Human security as defined by the UN is "to protect the vital core of all human lives in ways that enhance human freedom and fulfilment (36)." Prime Minister Shinzo Abe also supported this idea, as mentioned in his comment in the Lancet in 2015, that addressing basic health needs, especially for women and children, is of vital importance in order to attain human security.

Regarding the external frame, since GHA is concerned not only with health aspects but also with national, global and economic security features, GHA could successfully portray its image as a useful framework for addressing a wide-range of challenges that different types of political leadership need to be dealt with respectively. Challenges for peace and prosperity to G7 leaders, economic threats to finance ministers, humanitarian emergencies to international organizations and CSO are linked with GHA. Large threats to and burdens on the health of the citizens keep health ministers concerned. Public health emergencies were also highlighted as security issues for foreign ministers for the first time, in the G7 Foreign Ministers' Meeting Joint Communique adopted at the G7 Hiroshima Foreign Ministers' Meeting in 2016 clearly mentioned the importance of collective efforts toward GHA.

Political context

Policy window and good global governance structure are two key components in this category. Generally, a policy window is likely to open after major events such as disasters, discoveries, or forums. The Ebola outbreak was not an exception. Since it caused tremendous damage with a total of 28,616 cases and 11,301 deaths with a global pandemic potential, it was quite natural to draw political attention including the UN High-Level Meeting on the Response to the Ebola Virus Disease Outbreak in 2014 and newly creating the UN Mission for Ebola Emergency Response (UNMEER). Under the UN Secretary-General, UN High-level Panel on Global Response to Health Crises worked at the highest level of the policy window by publishing an influential report *Protecting Humanity From*

Future Health Crises. Following the recommendations made by the Panel, the Global Health Crises Task Force was launched. Dr. Shigeru Omi, the former WHO Regional Director for Western Pacific Region participated in this task force with financial contribution from the Government of Japan, to enhance cohesion between the work done by the task force and the preparatory process of the G7 Summit.

In parallel, the WHO published the second report of the advisory group on reform of WHO's work in outbreaks and emergencies in 2016 and, by recognizing the need for significant changes throughout the WHO, proposed a set of recommendations. The Director General of the WHO also established an Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme to provide direction and monitor the activities of the Programme. Together with these efforts, the 69th World Health Assembly also contributed to creating political momentum towards reinforcing GHA, especially among health ministers, by adopting a resolution recommending a reform of WHO's emergency response capacity. Academic institutes also played a major role in opening the political windows. Especially the National Academy of Medicine (NAM), and Harvard and London School of Hygiene & Tropical Medicine (LSHTM) Independent Panel on the Global Response to Ebola published their views of the Ebola outbreak and its responses respectively, and strongly advocated that the international community prepare for and respond to future public health emergencies.

As described earlier, Japan played an important role in creating a policy window, by convening a series of high-level political meetings and adopting key documents as an outcome of these political meetings: G7 Leaders' Declaration and G7 Vision for Global Health at G7 Ise-Shima Summit, Nairobi Declaration and Nairobi Implementation Measures at TICAD VI, and the G7 Kobe Communique at G7 Kobe Health Ministers' Meeting.

Another element in the political context is global governance structure—the degree to which norms and institutions operating in a sector provide a platform for effective collective action. The Oslo Group which consists of seven diverse countries (Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand) has been a strong advocate for the relationship between foreign policy and global health since 2007. At the 70th UN General Assembly (UNGA) in 2015, a resolution proposed by the Oslo Group entitled, *Global health and foreign policy: strengthening the management of international health crises*, was adopted. This resolution successfully discussed health issues outside the WHO. In order to keep up this momentum, Japan also worked with the Oslo Group at the 71st UNGA in 2016, and successfully included sections related to enhanced GHA in the form of coordination arrangements among UN entities mentioned

below in resolution A/RES/71/159 entitled *Global Health and Foreign Policy: Health Employment and Economic Growth*. Although the main topic this time was economic growth and human resources for health, it also served as the basis for continuing dialogue regarding GHA among the UN entities.

Issue characteristics

This category consists of a credible indicator, its severity, and effective interventions. At the beginning, only severity was widely recognized, whereas the other two elements were not sufficiently addressed. In 1994 Jamison and colleagues proposed the core functions of international organizations in the area of global health as promotion of global public goods, and interventions to deal with international externalities. The Ebola outbreak is not only characterized by its severity, the number of deaths, but also by its significance as it revealed fundamental fragility of the existing governance including the WHO, which could not handle these core functions; failure to contain virus transmission, lack of providing vaccines or other public goods. In terms of the severity of the economic aspect, the World Bank Group estimated that the three countries most affected by Ebola lost at least US $1.6 billion in forgone economic growth in 2015. Sub-Saharan Africa, as a whole, also lost US $500 million (low) to US $6.2 billion (high).

With regard to credible indicators and effective interventions, because a large scale public health emergency like the Ebola outbreak in 2014 is a rare event, there was not enough evidence on credible indicators. There were also limited effective interventions at the time of the outbreak primarily due to the failure of global public goods provision. However, some progresses were made: the WHO Emergency Programme and the Level 3 (L3) Activation Procedures for Infectious Disease Events were adopted.

Financial resource flow

We also analyzed financial contribution as one of the most visible ways to show the government's commitment in a specific area. There are two key components in this category: existence of a mechanism which directly allocates financial resources, and actual amount of financial contributions. The fundamental challenge of the Ebola outbreak was the failure of the existing global health architecture to deal with core functions. Schäferhoff and colleagues pointed out that in 2015, 78% of total development assistance went to supportive functions such as technical cooperation in developing countries while only 21% went to core functions to fix market failure. At the time of the Ebola outbreak, the global community did not have adequate funding for outbreaks nor mechanisms of effectively disbursing financial resources.

However, some progress has been made and the Japanese government was the driving force of these progresses. The WHO's Contingency Fund

for Emergencies (CFE) and the WB' Pandemic Financing Facility (PEF) were launched. CFE fills a critical gap from the beginning of an emergency which enables WHO to deploy experts and begin operations immediately. The aim of PEF is to fill a critical gap in the current financing architecture and its financing. PEF is activated once an outbreak reaches a significant level of severity, well after the WHO's CFE has disbursed to support early responses. On the occasion of the G7 Ise-Shima Summit, Japanese Prime Minister Shinzo Abe pledged a total of US $1.1 billion to global health institutes, including US $50 million to the WHO. Also at the G7 Finance Ministers and Central Bank Governors' Meeting in Japan in 2016 where PEF was officially launched, the Government of Japan announced their financial commitment of US $50 million to this new facility.

The Coalition for Epidemic Preparedness Innovations (CEPI) was also officially launched at the 2017 World Economic Forum, an international collective effort toward creating vaccines for future pandemics. Japan is a founding member of this new initiative and has committed a financial contribution of 25 million USD per year to this.

Efforts are not only necessary at times of emergencies, but also at a "peace time" through strengthening health systems to prepare for and respond to public health emergencies. Through Japan's efforts to reposition resilient health systems as a precursor to address public health emergencies, there is increasing momentum toward financially contributing to health systems strengthening. At TICAD VI in 2016, "UHC in Africa: A Framework for Action" was launched together with the WHO, WB, GF, Japan International Cooperation Agency (JICA) and the African Development Bank (AfDB) which provides useful guidance for African countries to develop national roadmaps and concrete actions toward UHC. In line with this framework, the WB group and the GF pledged 24 billion USD for African countries in order for them to attain UHC.

D. 結論

An implication from the analysis of reinforcing GHA through Japan's G7 presidency is that GHA could successfully get higher political attention by fulfilling four core categories; actor power, idea, context, issue characteristics and finance. In the case of mainstreaming the nutrition initiative globally, Pelletier et al. introduced the concept that policy community cohesion could contribute to increase political awareness toward ending the malnutrition endemic. Similar to the global nutrition initiative case, this time with GHA, Japan initiated several policy dialogues under the leadership of Prime Minister Abe echoed by Health Minister Yasuhisa Shiozaki and Keizo Takemi. These all contributed to strengthening collective efforts toward reinforcing GHA. It was exceptional in the history of Japan's global health-policy making

where powerful political leaders fully endorsed this agenda. As seen in the example of James Grant, the former director of the UN Children's Fund (UNICEF) who successfully gathered global attention to focus on children's health, the emergence of strong political leadership helped generate a high level of political attention. One remaining issue in the actor power category is CSO engagement in Shiffman's framework. In light of the fact that HIV/AIDS could successfully generate political awareness by effectively developing grassroots activities, further analysis of CSO engagement for reinforcing GHA is needed. Private sector also plays an important role at a time of pandemics. Japanese pharmaceutical companies not only provided drugs and diagnostics directly at the time of Ebola outbreak, but also contributed to the area of infectious disease control through the Global Health Innovative Technology (GHIT) Fund. The GHIT Fund was launched in 2013 as a collaborative effort between the MHLW, MOFA, Japanese pharmaceutical companies, the Gates Foundation and UNDP with a mission to facilitate international public and private partnerships that bring Japanese innovation, investment, and leadership to the global fight against infectious diseases and poverty in the developing world. GHIT has shown tangible achievements such as new malaria vaccine and is expected to further contribute to develop new drugs, diagnostics and vaccines especially for neglected tropical diseases (NTDs).

As to the idea category, Shiffman pointed out that, by applying his framework to the global motherhood initiative, compared with child health, maternal health failed to catch higher political attention because of its vague concept and hard to have same understanding among stakeholders. On the contrary, the GHA issue was visible and impactful to major stakeholders both within and outside Japan, which have already shared a concept of health security as a national, global and economic security issue. Similar to the HIV/AIDS endemic, which was recognized as public health, humanitarian, human rights, or in many other ways, therefore successfully drew wide political attention, GHA successfully involved several aspects from other sectors: public health, humanitarian crises, national, global and economic security.

With regard to the political context, the severity and externality of the Ebola outbreak itself caused higher political attention such as the UN High-level Meeting on the Response to the Ebola Virus Disease Outbreak and several influential reports from WHO and academic institutions. As shown in HIV/AIDS and NCDs, UN high level meetings largely promoted the health agenda. GHA was discussed at the UN high-level meeting which in turn supported GHA to be at the top global health agenda. Additionally, as seen in previous G7/G8 leaders meetings advancement of the global health agenda (i.e, strong emphasis on infectious diseases and increasing momentum toward creating the

Global Fund in Japan in 2000 and Italy in 2001, G8 dementia summit in UK in 2008, and maternal and child health in Muskoka Summit in Canada in 2010), Japan was also leading the political process and contributed to opening the political window; with the G7 leaders at G7 Ise-Shima Summit, with health ministers at the 69th WHA, with leaders from African countries and international organizations at TICAD VI, and G7 health ministers, WHO and UNOCHA at the G7 Kobe Health Ministers' Meeting.

There are some limitations to this framework. Previous research shows that, other conditions being equal, every category increases the chances of obtaining political attention. However, this framework does not analyze the relative causal weights of the factors, interaction between categories, interaction from outside the health sector and the additive effect of the combination of different categories and further research is therefore needed for these challenges. As indicated in the framework regarding the importance of credible indicators and effective interventions, renewed global health architecture for future public health crises are in early stages of being development including the WHO's Health Emergencies Programme, Level 3 Activation Procedures for Infectious Disease Events as well as new financing schemes of CFE, PEF and CEPI, and these new mechanisms should be closely monitored and evaluated. Particularly, effective and efficient use of financial resources are needed as scarce financial resources may hinder sustainability.

Conclusion

The recent Ebola outbreak revealed the fundamental fragility of the current global health architecture and caused tremendous debate about how to reinforce it. Taking advantage of the G7 presidency in 2016 and thereafter, Japan has been contributing to strengthening global health architecture for future public health crises through the involvement of notable Japanese political leaders, by enhancing community cohesion within and outside G7 members. In order to keep up this momentum toward GHA and ensure that recent global efforts fully result into health for all, new architecture such as the WHO emergency reform and Level 3 Activation Procedures for Infectious Disease Events as well as financing mechanisms should be closely monitored and evaluated.

E. 研究発表

1. 論文発表

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2. 学会発表

特になし

F. 知的財産権の出願・登録状況

（予定を含む。）

1. **特許取得**

特になし

2. **実用新案登録**

特になし

3. **その他**

特になし