

## Japan Must Uphold Its G7/8 Legacy as a Leader in Global Health

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1. G7/8 Summit meetings began in 1976, when the world's six major advanced economies met to discuss economics and macroeconomic initiatives. The topic of Human Health first appeared at the 1979 annual meeting in Japan, the final communiqué concluding; *'We will place more emphasis on cooperation with developing countries in overcoming hunger and malnutrition.'* Thereafter, 'Human Health', a truly global concern, became a substantive agenda item.\*2
2. Health-related agenda topics were scarce until 1996, when the global HIV/AIDS pandemic led to the creation of UNAIDS. Since then, HIV/AIDS has remained central to Summit discussions.
3. Japan has been a proactive leader in Health at G7/8 Summits, from the 1997/98 Hashimoto Initiative, through the Okinawa Infectious Disease Initiative, to its initial proposal in 2000 that led to creation of the Global Fund to fight HIV/AIDS, Malaria and Tuberculosis. Japan's Health leadership in G7/8 Summits has focused on capacity building and improving national health infrastructure, as exemplified by the 2008 'Health Systems Strengthening' initiative.
4. International commitment to global health is manifest in the UN's Sustainable Development activities, originating in the 1992 Earth Summit in Brazil, and the Millennium Development Goals (MDG) in 2000. The Rio+10 Summit (2002) and Rio+20 (2012) re-emphasized the impacts - beneficial and detrimental - of Globalization.
5. The international Pharmaceutical industry has also played a major part in improving global public health, Merck's original drug donation of Ivermectin to tackle River Blindness in 1987 being followed by subsequent drug donation initiatives from several major pharmaceutical manufacturers.
6. The new paradigm of international, multi-faceted mobilisation to improve global health was further advanced by the appearance of the Bill & Melinda Gates

Foundation (BMGF) in 2000, together with GAVI and many other new programs, including the President's Emergency Plan For AIDS Relief (PEPFAR) in 2003. The BMGF represented new leadership, creating and expanding multidisciplinary partnerships with NGOs, countries, academia and industry (e.g. the Grand Challenges Canada (2010) and the Japan's Global Health Innovation Technology (GHIT) Fund (2013)).

7. Connectivity and access to the Internet have become increasingly easier and cheaper, raising awareness of Globalization among wider sectors of the general public and changing the policy-making process - multi-stakeholders becoming engaged, not just national and international government entities. Transparency has also now become of critical importance in all governance and accountability.
8. Resource-poor, disease-endemic countries and affected communities have also made significant health interventions, which often reflect those responsible for Japan's post-war Health Miracle. Modern technology is informing and empowering virtually all communities, who can now take advantage of social networking and other enabling systems to help directly address their own health needs.
9. The bursting of the 'Bubble' economies in Japan in 1990, elsewhere in Asia in 1997, and then Wall Street in 2008, confirmed that economic and industrial paradigms are changing, driving the world toward so-called 'Post-capitalism.' The income/wealth gap, within and between nations, continues to widen, while mass production and massive consumerism increases, and the world population burgeons, resulting in human societies with clearly unsustainable foundations.
10. Shifting world economic power has seen the 2008 launch of the G20, emergence of the BRICS group, and two new major Development Banks. Now, single events resonate globally, as evidenced by the 9.11 disaster in 2001, the iPhone appearance in 2007, and the Arab Spring in 2010, which expedited the disappearance or failure of nations in North Africa and the Middle East, causing refugees to flood into EU countries creating unforeseen and complicated emergencies.
11. Worldwide, multi-partner, integrated measures against HIV/AIDS, Malaria and Tuberculosis have progressed significantly since 2000, proving that concerted, multi-stakeholder health interventions can conquer intractable diseases. But global

health problems are dynamic, forever evolving, and so need constant attention from world leaders.

12. As health and poverty are central to today's inherently unstable Globalization process, improving human health is a major global challenge that will benefit all mankind. This is endorsed by the fact that, in 2005, Japan introduced a special Hideyo Noguchi Prize, devoted to global health with a focus on Africa, to add to Thailand's existing Prince Mahidol Prize. Furthermore, new premier international Medical Science awards (e.g. Lasker and Gairdner Prizes) are devoted to the new categories of 'Public Health Service' and 'Global Health', respectively. In addition, the 2015 Nobel Prize in Physiology and Medicine was awarded to Satoshi Omura and William Campbell for the discovery of Ivermectin (>250 million people taking free tablets annually to eradicate river blindness and elephantiasis), and to Youyou Tu for her discovery of artemisinin (firstline antimalarial that has helped halve deaths from the disease).
13. In addition to bilateral ODA and funding from multilateral agencies (e.g. the UN, World Bank) novel forms of private-public-partnership have appeared, nationally and internationally, with the BMGF is playing a major role in this respect.
14. For 20 years, existing and emerging health challenges, including ageing, polio and flu epidemics, have received significant G7/8 consideration. Recent Summits have continued to address infectious diseases, including epidemics of dengue and Ebola, antimicrobial resistance (AMR), aging societies and healthy aging, dementia, and vaccination programs (e.g. final steps for polio eradication).
15. The Japanese Government must try its best to maintain its credibility and its legacy on Health at the G7 Summit at Ise-Shima, May, 2016. It should lead the discussion on items such as Universal Health Coverage, Aging and Dementia. Further, epidemics and AMR both natural and intentional, are real global risks with advancing urbanization and increasing human traffic across national and continental boundaries.
16. The promises to fight devastating diseases and to procure the necessary financial resources must be executed in the face of major challenges, including the sluggish economy and huge sovereign debts. Innovative financial mechanisms, such as

those employed by GAVI (about twenty percent of its funding comes from national bonds of UK, France, Italy, Norway, Australia, Spain, the Netherlands, Sweden and South Africa), may provide a new model for utilizing national bonds as a critical source of funding for protecting health and human security. Japan must uphold its commitments made at the G7/8 Summits and continue to strive to be a leader in global health.

Footnotes;

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2. Footnote; Primary data source of this report is the G8 Research Group of the Munk School of Global Affairs, University of Toronto at  
<<http://www.g8.utoronto.ca/conclusions/index.html>>

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