



Japan must retain its position as a health leader

The G7 host country should lead the debate on world health and ensure it follows up on pledges to fight disease and invest in human security

KEY TAKEAWAYS

Japan’s role as a leader in global health stretches back to the 1979 G7 summit

Global health issues are always changing and require constant attention from world leaders

The Japanese government must try to maintain its health legacy despite challenges

The topic of human health first appeared at the 1979 G7 summit hosted by Japan, four years after the first meeting of the world’s major advanced economies. The leaders vowed to “place more emphasis on cooperation with developing countries in overcoming hunger and malnutrition”. Thereafter, this truly global concern remained a substantive agenda item.

Health-related agenda topics were scarce, however, until 1996, when the global HIV/AIDS pandemic led to the creation of UNAIDS. Since then, HIV/AIDS has remained central to summit discussions.

Japan has remained a leader in health at the summits, from the Hashimoto Initiative to control infectious diseases established as a result of the 1997 Denver and 1998 Birmingham summits, through the 2000 Okinawa Summit with its infectious disease initiative and the initial proposal that led to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. Japan’s leadership has focused on building capacity and improving national health infrastructure, as exemplified by the health-system strengthening initiative at the 2008 Hokkaido Toyako Summit.



TAKASHI AOYAMA/GETTY IMAGES

Satoshi Omura speaks to the media after winning his Nobel Prize in October 2015

The international commitment to global health is manifest in the sustainable development activities of the United Nations, originating in the 1992 Earth Summit in Brazil and the Millennium Development Goals in 2000. The 2002 Rio+10 Summit and 2012 Rio+20 re-emphasised the impacts – beneficial and detrimental – of globalisation.

How the world has changed

The international pharmaceutical industry has also played a major part in improving global public health. Merck’s donation of ivermectin to fight river blindness in 1987 was followed by drug donations from several major pharmaceutical manufacturers.

The new paradigm of international, multifaceted mobilisation to improve global health was further advanced by the Bill & Melinda Gates Foundation in 2000; Gavi, the Vaccine Alliance; and others, including the President’s Emergency Plan for AIDS Relief (PEPFAR) in 2003. The Gates Foundation represented new leadership, creating multidisciplinary partnerships such as Grand Challenges Canada and Japan’s Global Health Innovative Technology Fund with non-governmental organisations, countries, academia and industry.

Resource-poor, disease-endemic countries and affected communities have also made significant health interventions. Modern technology is informing and empowering virtually all communities, so they can now take advantage of social networking and other enabling systems to address their own health needs.

Yet the income/wealth gap, within and between countries, continues to widen, while mass production and massive consumerism increase and the world population burgeons, resulting in human societies with clearly unsustainable foundations.

Shifting world economic power has seen the G20 meeting at the leaders’ level starting in 2008, the emergence of the BRICS group of Brazil, Russia, India, China and South Africa, and two new major development banks. Single events resonate globally, as evidenced by September 11 in 2001 and the release of the iPhone in 2007. The Arab Spring in 2010 led to failed states in North Africa and the Middle East, causing refugees to flood across the European Union and creating unforeseen, complicated emergencies.

Integrated measures against HIV/AIDS, tuberculosis and malaria have progressed

Kiyoshi Kurokawa



Chair
Health and Global
Policy Institute

Kurokawa is also Chair of the Global Health Innovative Technology Fund, as well as an adjunct professor and the principal investigator of the Global Health Innovation Policy Program at the Graduate Institute of Policy Studies in Tokyo. He is a member of the G8 World Dementia Council. Trained in internal medicine and nephrology, he has taught in the faculties of medicine at the University of Tokyo, University of Pennsylvania, UCLA and Tokai University, among others.

kiyoshikurokawa.com/en/

significantly since 2000, proving that concerted, multi-stakeholder health interventions can conquer intractable diseases. But global health problems are dynamic and forever evolving, and so need constant attention from world leaders.

Maintaining Japan’s legacy

As health and poverty are central to today’s inherently unstable globalisation, improving human health is a major global challenge that will benefit all humankind. This potential is recognised by the Hideyo Noguchi Africa Prize introduced by Japan in 2005. Furthermore, new international medical science prizes, such as the Lasker and Gairdner awards, are rewarding public service and global health. The 2015 Nobel Prize in Physiology and Medicine was awarded to Satoshi Omura and William Campbell for discovering avermectin and to Youyou Tu for discovering artemisinin. As well as official development assistance and funding from multilateral agencies such as the UN and World Bank, novel forms of private-public partnerships have appeared nationally and internationally, with the Gates Foundation playing a big role.

For 20 years, existing and emerging health challenges, including ageing, polio and influenza epidemics, have received significant G7/8 consideration. Recent summits have continued to address infectious diseases including dengue and Ebola, anti-microbial resistance (AMR), ageing, dementia and vaccination programmes (including eradicating polio).

The Japanese government must try hard to maintain its credibility and legacy on health at the G7. It should lead the discussion on universal health coverage, ageing and dementia, epidemics and AMR. Promises to fight devastating diseases and procure the necessary financial resources must be executed despite big challenges including the sluggish economy and huge sovereign debt. Innovative financial mechanisms, such as those employed by Gavi (which receives about 20% of its funding from the United Kingdom, France, Italy, Norway, Australia, Spain, the Netherlands, Sweden and South Africa), may offer a new model for using national bonds as a critical source of funding for protecting health and human security. Japan must uphold its pledges made at the summit and continue to strive to be a leader in global health. **G7**