

18 March 2016

G7 Network of Health-related NGOs in Japan

New Recommendation regarding the Health Agenda at the G7 Ise-Shima Summit 2016

The “G7 Network of Health-related NGOs in Japan”, a group of civil society organizations of Japan working on global health, issued the “Civil Society Recommendation on Health Agenda Items to be discussed at the G7 Ise-Shima Summit 2016” in November 2015. Following developments such as responses to public health crises to promote Universal Health Coverage (UHC) being officially included as a major health agenda item, and with due respect to other major agenda items and the previous recommendation, we recommend as the following on resolving challenges and investing in health:

1. Tangible Commitment towards UHC is crucial for a world that ensures “Health for All”

Civil society organizations (CSO) working on global health welcome Japan’s leadership towards the realization of UHC, and we request for a clear-cut, ambitious yet tangible process to realize UHC. The network proposes the following in achieving this goal:

a. Increased Support for Building Health Systems that “Leave No One Behind”

In order to realize UHC, it is essential to build a health system that “Leaves No One Behind”, where the poorest and most marginalized population have access to health services they need without being further pushed into poverty due to expensive out-of-pocket payments. Donor countries, including the G7, must provide further support in the creation of such health systems through funding and technical support, as well as strengthening capacities to progressively mobilize domestic funding. Resolving health disparities between populations that enjoy many benefits, and those that are more vulnerable and do not have such privileges, should be set as a target goal in achieving UHC. We request the Government of Japan to show leadership in clearly stratifying such support, and ensure commitments to necessary funding.

b. Establishment of a “UHC Alliance”: promoting UHC at the global level

We also request the G7 leadership to positively commit to the establishment of the “UHC Alliance”, a new global partnership framework proposed by the WHO to promote implementation, monitoring, and accountability of UHC. This alliance effectively covers IHP+ and other initiatives that work for strengthening existing health systems, which requires donors to collaborate and liaise with national health plans, and to ensure

accountability from the perspective of realizing a truly equitable UHC for all actors. These are all elements that civil society deem extremely important. In order to realize the rights to health of all, participation of civil society organizations, with their perspective of the excluded, marginalized, and vulnerable populations, is crucial in all processes and governance of the “UHC Alliance”.

c. Aid for Health should be grant-centered, loans must be planned not to tighten beneficiaries’ economic capacity

Though a large part of aid for UHC from the Japanese Government is understood to be provided as yen loans, in principle, grant aid instead of loans are preferred. If the government is planning to utilize yen loans in the future, measures to prevent past failures, including the beneficiaries prioritizing their social development budget to pay back their loans, must be taken such as: monitoring of debt levels should be intensified to maintain sustainable levels; further concessions of interest and payment periods; and increasing loans and accepting more payments based on foreign currency.

2. Responding to Health Crises: Managing the Pandemic Emergency Financing Facility (PEF) Properly

Regarding global health threats, the civil society understands that prevention through building stronger health systems is better than emergency response. However, we also agree that building a quick and effective support system to respond to pandemics is equally necessary. Through the process of building this system, we request private health insurance companies to simplify insurance claim processes and set up plans to clarify priorities of claim settlements under unanticipated situations.

Such systems, which utilize private sector’s functions, tend to become complicated and highly technical. We request that these systems built would be accessible, understandable, and provides necessary information in a timely manner, in order to allow civil society to participate in appropriate management processes and monitor facilitation as required.

3. Expanding investment in Health to achieve “Sustainable Development Goals (SDGs)”

With the rapid increase of refugees, from Syria and other countries and regions globally, fleeing their homes to near-by countries and to Europe, governments in Europe are cutting out ODA funding that were originally intended to be used for global health, and switching them to assist refugees. We, the civil society, is highly concerned of such trend.

The rapid increase of refugees would clearly raise health service needs in the receiving communities. However, this does not cut down any of the existing global health challenges, actually building on them. Developed countries must not cut down expenditure for global health

due to the plight of refugees, but increase them, including budget to resolve the health needs of the displaced. Especially, Japan, which has relatively not been effected by global issues surrounding refugees, needs to increase its contribution to global health.

The “Sustainable Development Goals (SDGs)”, compared to the “Millennium Development Goals (MDGs)” have set higher goals regarding goals 4-6, specifically, the decrease of child mortality, improving maternal health, and combatting, or as it is clearly stated, to “end HIV/AIDS, tuberculosis, and malaria”. In order to significantly reduce new cases of HIV/AIDS, tuberculosis, and malaria, there must be even more investment in health during the five years up to 2020.

Japan needs to expand their efforts towards UHC and health crises governance, in coordination with global trends, and significantly increase funding to health-related multinational funding agencies including the Global Fund and GAVI, the Vaccine Alliance. We specifically call upon the Japanese Government to fulfill the following responsibilities to the Global Fund, which is now in its fifth replenishment:

- Exercise strong leadership as the Host Country of this G7 Summit, as well as the Host of the Preparatory Meeting of the Global Fund Fifth Replenishment, in achieving its goal of 13 billion USD.
- Clearly state the commitment of the G7 countries in the G7 communique and related documents to: overcome HIV/AIDS, tuberculosis, and malaria and strengthening health systems; the importance of the Global Fund in achieving UHC; to put in all efforts for a successful fifth replenishment of the Global Fund G7.
- Declare at the G7 Summit that Japan will contribute 1.15 billion USD at maximum in the fifth replenishment of the Global Fund, to show the political commitment of Japan in successfully concluding the Global Fund’s fifth replenishment, and building robust and flexible health systems globally, for the time being (during the financial years 2017-2019).
- Significantly increase funding for health related international agencies, including GAVI, the Vaccine Alliance, World Health Organization (WHO), and to Global Health Innovative Technology Fund (GHIT) and related organizations that support innovations in health and medical services, ranging around 200-250 billion JPY (1.8 billion to 2.2 billion USD) in total during a three-to-five-year-period.

Participating organizations of G7 Network of Health-related NGOs in Japan



Africa Japan Forum



Japanese Organization for International
Cooperation in Family Planning (JOICFP)



Stop TB Partnership Japan



Save the Children Japan (SCJ)



RESULTS Japan



Malaria No More Japan



Health and Development Service (HANDS)



World Vision Japan



Japan Anti-Tuberculosis Association

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