論文の内容の要旨

論文題目　Global Health and Japan: G7 presidency in the 2016 Ise-Shima Summit and beyond（グローバルヘルスと日本：2016 年 G7 伊勢志摩サミット及びその後の展望）
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Background: 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 MDGs in which three out of eight goals were directly related to health, fewer attention has been paid to health challenges at newly adopted SDGs. There is also a growing number of competing agendas for policy makers, including terrorism, migration and refugees and climate change, and the level of Official Development Assistance for global health has stagnated in recent years. This is further confounded by new and emerging political and economic actors in this arena. In the midst of these transformations in global health, Japan hosted the G7 Ise-Shima summit in May 2016 where the major focus was on the global health architecture (GHA), universal health coverage (UHC) and antimicrobial resistance (AMR).

Objective: to clarify why Japan brought up these agendas – GHA, UHC and AMR high on the political agenda, and how it developed and succeed in raising political momentum for theses agendas in collaboration with other G7 members and key stakeholders. In addition, Tuberculosis (TB) was also analyzed why it could successfully catch political awareness.

Method: Shiffman's framework was applied for GHA, UHC and TB, while Kingdon's framework was applied for AMR. Interviews was also conducted with government officials from the Ministry of Health, Labour and Welfare and the Ministry of Foreign Affairs, all of them participated into preparatory process of G7 Ise-Shima summit and G7 Kobe Health ministers' meeting in 2016.

Findings: In all four case studies, Japan has successfully leverage its role as G7 president and key global health player both within and outside of G7 member countries through G7 related meetings as well as other international conferences. For example, in UHC case, Japan had the highest level of champions, which was a crucial ingredient for raising awareness and raise global health agenda at a top global level. This included attendance of the highest-level of policy-makers to attend health-related meetings, picked health agenda at meeting agenda including bi-lateral meetings, and made commitment from the highest echelons visible: publication through internationally recognized journals, mass media, and speeches at public event including the UN and the WHO meetings. These visible commitments could be good tool for showing other countries to nation's strong commitment toward global health agenda. Another key lesson was that Japan effectively connected diverse stakeholders. Though G7 had been influential body on global health, G7 itself was not enough for raising awareness and moving forward global health agenda. The important things were having "channels" with diverse stakeholders including non-governmental organization and civil society organizations.

Discussion: For the GHA, UHC and TB, which used Shiffman's frameworks, all three agendas gained greater political attention by fulfilling each core category set by Shiffman: Actor power, Idea, Political context, and Issue characteristics for 2007 framework, and Actor power, Policy environment, and Issue characteristics for 2016 framework. In the case of mainstreaming the nutrition initiative globally, Pelletier et al introduced that policy community cohesion could contribute to an increase in political awareness toward ending the undernutrition endemic. Similar to the global nutrition initiative case, for the GHA, Japan initiated several policy dialogues through the Cabinet, Keizo Takemi (a member of the House of Councilors), and then Health minister, which all contributed to strengthening collective efforts toward reinforcing the GHA. Also, two political leaders, the Prime Minister and then Health Minister of Japan championed to this agenda. The emergence of strong political leadership helps to generate a high level of political attention. For example, James Grant, the former director of the UN Children's Fund (UNICEF) gathered global attention to child health. One remaining issue in the actor power category of the GHA is CSOs engagement which Shiffman's framework emphasizes s important. HIV/AIDS generated political awareness by effectively developing grassroots activities. Further analysis of CSO engagement for reinforcing the GHA is needed.

About the UHC case, similar to the GHA case, a noteworthy finding was two strong champions for UHC, Prime Minister Shinzo Abe and then Minister for the MHLW Mr. Yasuhisa Shiozaki. Under their leadership, Japan paid the highest attention toward UHC. As shows in a UHC case study conducted by the WB group, previous study already indicated that such strong leadership effectively promotes issues to higher positions on the political agenda. Moreover, as with the NCD Ministerial meeting in Moscow, the UN High-Level Meeting for NCD in 2011 contributed to enhancing global momentum toward NCDs, by hosting high-level political dialogue and accepting UHC as an agenda both in and outside of G7 events such as at the International Conference on UHC in the New Development Era in Tokyo in 2015, the TICAD VI in Kenya in 2016, the G7 Ise-Shima Summit, and G7 Kobe Health Ministers' Meeting, Japan leveraged its G7 presidency to promote this issue in 2016. All of these efforts are clearly indicated at each outcome, namely the G7 Leader's Declaration, the G7 Kobe Communique, and UHC in Africa, which also contributed UHC to get higher political attention through increasing policy community cohesion.

As for leadership, in the Japanese case study, the champions were all politicians. However, it does not necessarily have to be a politician; for example, a British singer was the champion for climate change. There is a need to examine what kind of people can become champions and whether it is enough to be celebrities, entertainers, politicians, or other prominent people. The mechanism of why a potential champion chooses a particular issue out of many issues has not yet been fully explained. It would be necessary to examine this area in the future. As for civil society's mobilization, their participation is essential, as shown in HIV/AIDS and tuberculosis. Still, there are also issues such as lack of sufficient

funds for their activities and lack of their voices in policymaking. It is necessary for policymakers to pay special attention to NGOs and civil society. Besides, when considering the allocation of funds, it is also important to consider which areas of NGOs should receive more funding. It will be necessary to examine which areas of NGOs and civil society donors and policymakers pay more attention to and whether this analysis can be tested using Shiffman's framework.

Moving on to the Idea category, Shiffman pointed out that, when applying his framework to the global motherhood initiative, compared with child health, maternal health failed to grab higher political attention because of its vague concept and the difficulty of not having the same understanding among stakeholders. As to the GHA case, for the internal frame, major stakeholders already shared a concept of human security, which relates to GHA and made it easier to get consensus on what the GHA includes. Also, like HIV/AIDS, which can be recognized as public health issue, humanitarian issue, human rights issue, or in many other ways, GHA drew attention from diverse sectors by showing several aspects, such as public health, humanitarian crises, health security, and economic burden. In some cases, the framing was successful because it was simple and straightforward, as in the case of AMR and TB. While the GHA was able to attract many stakeholders' attention through its various interpretations, it may also lead to the dispersal of interest, as in the case of maternal health. In this regard, further study is needed to determine whether diverse aspects cause more stakeholders or more fragmentation.

With regard to the Political context category, in the case of GHA, the severity and externality of the Ebola outbreak itself caused greater political attention. As shown with the case of HIV/AIDs and NCDs, UN high-level meetings promote the health agenda. Also, a previous G7/G8 leaders' meeting advanced the global health agenda (for example: maternal and child health in the Muskoka Summit in Canada). The GHA was discussed in UN high-level meetings and G7 summit, which in turn led it to be at the top global health agenda. Japan was one of the members leading this process and contributed to opening a political window with the G7 leaders at the G7 Ise-Shima Summit; with health ministers at the 69th WHA; with leaders from African countries and international organizations at the TICAD VI; and with G7 heath ministers, the WHO and UNOCHA at the G7 Kobe Health Ministers' Meeting.

For the UHC case, not only did Japan have many allies in promoting UHC, but there was also no strong opposition to UHC at that time, which was a key success factor. However, too many allies also cause fragmentation of the policy-setting. When a country promotes an agenda, especially with commitment from its highest ranks, such as the president, prime minister, or minister, it usually has some expectation toward increasing its presence, rather than for purely humanitarian reasons. This sometimes causes political tension among countries with similar interests.

Lastly, about issue characteristics, in the case of the GHA, new mechanisms for future public health crises have just started under standard operation procedure (SOP) by the WHO and UNOCHA as well as WHO emergency reform, and these new mechanisms should be closely evaluated and monitored. Also, regarding financial contribution to the GHA, tremendous efforts have been made on a global level such as the WHO's CFE and the WB's PEF and Coalition for Epidemic Preparedness Innovations (CEPI). As scarce financial resources may hinder sustainability, effective and efficient use of financial resources are needed.

Though the study applied a different framework for the AMR case (Kingdon's three theory framework), there were similar trends for AMR's rise to the top of the political agenda. About the framing issue, AMR as a problem stream, not only grabbed attention for its severity through the renowned report by Jim O'Neil, it was relatively simple to describe and, thus, a common understanding among the relevant stakeholders was easy to establish with a cross sectoral slogan such as "One Health." Similar to the TB case, the WHO together with the seminal O'Neil report was able to provide a clear framework for the common knowledge and understanding of AMR among stakeholders.

As to policy cohesion and political environment in Shiffman's framework, as in the AMR case where G7 related meetings are the key component of the political stream of Kingdon's framework. It can be said that Japan as G7 president in 2016, contributed to enhancing the political stream by establishing AMR as an agenda item at G7 related meetings on several occasions: the G7 Ise-Shima Summit, the G7 Kobe Health Ministers' Meeting, and the G7 Niigata Agriculture Meeting. Japan also leveraged its G7 presidency role to members external to the G7, in addition to hosting high-level meetings, such as the Tokyo Meeting of Health Ministers on AMR, and related side-events at international conferences. The most noteworthy efforts were made for the adoption of the G7 Leaders' Declaration, the G7 Niigata Agriculture Leaders Communique, and the G7 Kobe Health Ministers' Communique, all of which clearly indicated the importance of AMR.

Support for AMR is now at a higher level than ever before, and the momentum to address this as a global issue is increasing. However, as history shows, many global health agendas are created and then fail. And as such, there is uncertainty regarding how long the momentum and support for AMR will last. Kingdon indicated that, in order for initiatives to survive, technical feasibility, value acceptability, and anticipation of future constrains are essential criteria for survival. Even though these survival criteria where not analyzed in this paper, it is still essential that the global community bare these survival criteria in mind in promoting the AMR agenda.

Conclusion: Since after G7 Ise-shima summit in 2016, Japan has successfully contributed to enhance several global health agendas.