

Global Health Activities of the Japan Medical Association

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In March 2010, Global Health Committee of the Japan Medical Association (JMA) presented the JMA President with recommendations regarding the question referred to it for deliberation of “What should the Japan Medical Association do for global health?”

Based on these recommendations, this article provides a summary of the international activities of the JMA, as should be introduced to other countries by the author in his capacity as the JMA Executive Board Member responsible for international affairs, and some hints as to how and to what extent a national medical association can pursue international activities.

Introduction

JMA and global health

The aim of the JMA is to “enhance medical ethics and improve public health.” In accordance with this aim, the JMA has promoted the enhancement of healthcare services in Japan, achieving the excellent result of the world’s highest average life expectancy. Furthermore, two JMA officers have served as President of the World Medical Association (WMA) so far, and the association has also expanded its activities outside of Japan, making contributions to global health.

The phrase “global health” is often used to mean international cooperation with developing countries. In this sense, the JMA has also undertaken medical cooperation with Nepal and carried out disaster support activities with developing countries. However, “global health” also involves an element of international exchange. For example, the JMA has also carried out exchange with developed countries in North

America, Europe and other areas mainly via the WMA. Accordingly, there is a need for “global health” to be understood more broadly as an activity with two aspects: cooperation and exchange.

Due to the momentum generated by the G8 Kyushu Okinawa Summit held in Japan in 2000, treatments for AIDS, tuberculosis, malaria, and other diseases have drawn attention as global health agendas. At the G8 Hokkaido Toyako Summit held in Japan in 2008, the focus was on strengthening healthcare systems. Amidst these trends, in recent years universal health insurance has become a theme of the utmost importance.

Japan is one of the world’s leading countries in terms of universal health insurance. Going back approximately half a century to 1961, Japan already had in place a universal healthcare system covering the entire nation. The JMA played an enormous role in ensuring that this healthcare system did not wind up as just a system on paper, but could be realized in everyday living situations. Without networks of medical associations that included non-governmental medical organizations, private medical institutions, and national medical institutions under the umbrella of the national government, especially prefectural and municipal medical association networks, realization of the universal health insurance system would have been impossible.

And not only the universal health insurance system: in the school health services system, industrial health system, and long-term care system for the elderly, the JMA has built up a tremendous performance record as the brain behind policy formulation by the government and as a body responsible for community healthcare.

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However, people in Japan have taken the products of these efforts for granted, and they do not necessarily understand that these systems currently available in Japan are quite advanced in global terms.

Instead, it is specialists in global healthcare policy-making who evaluate and praise these systems highly, and they hope and expect the JMA to further apply the achievements for more international contribution in the future.

With regard to the international community, the JMA already had its own global health strategies before Japan's universal healthcare system was established. From around 1956, the President of JMA had called for the establishment of the Confederation of Medical Associations in Asia and Oceania (CMAAO), and the JMA had begun medical exchange with Italy, Spain, South Korea, and Taiwan. In 1965, Dr. Albert Schweitzer sent a letter to the JMA President lauding a paper he had written on the topic of medical ethics. Thus, since more than half a century ago, when the expression "global health" was very rarely used, the JMA was beginning its international exchange activities. These exchange activities were conducted not only with developed nations; with the establishment of CMAAO, the JMA began carrying out international cooperative activities with developing countries in the early 1990s while continuing its exchange with developed countries. At this time, a vision had already been formed of communicating messages concerning the resolution of healthcare issues from Japan to Asia and Oceania, and from there to the rest of the world.

As the world becomes increasingly borderless, the act of physicians' fulfilling their mission to "save lives" is also becoming borderless. Even in Japan, patients are no longer necessarily Japanese. There are also Japanese physicians who go to developing countries in order to save people in other countries who are suffering from disease, and Japanese medical students are also showing interest in healthcare in developing countries. What medical treatment is being provided in what regions of the world? What are urgent problems? How effectively are countermeasures being implemented? What support can the JMA provide in the future to improve the healthcare level around the world? It is extremely important that the JMA pursue all these questions.

The Significance of the JMA's global health activities

Responses to common world healthcare issues

The fact that Japan has achieved the highest average life expectancy does not mean at all that Japan's healthcare issues have been resolved. Japan still has lots of problems related to healthcare to challenge currently and in the future. The countries of the world have a number of healthcare issues in common, and thus from a global perspective Japanese healthcare can be seen as "regional healthcare within the world" (Taro Takemi). The excellent healthcare activities carried out in Japan can therefore also contribute tremendously in addressing common world healthcare issues. Specific examples of common issues are, firstly, global-scale problems that exceed national borders, such as the H1N1 influenza, and secondly, the aging of society. The aging of society is a problem that is also affecting developing countries. Japan has entered the aging society at a rapid speed that has overtaken other developed nations and faces urgent issues of how best to respond to the rapid changes occurring in social and disease structure. A third example is responses to cutting-edge medical technologies. Organ transplantation may be one of the examples of the most advanced technology that continue to evolve. In using these new technologies, we may sometimes notice that the efforts of Japan alone are insufficient to solve the problems occurring. It is vital in such occasions that we have good information about the healthcare systems in various other countries, identifying examples of their successes and failures, so as to enable Japan to formulate even better healthcare policies for Japan.

Furthermore, in accordance with political trends, new policies such as task-shifting of medical care are being developed one after the other. It is important that the JMA issue opinions that can impact the direction of such policies based also on policy statements issued by the WMA, World Health Organization (WHO), and other international organizations.

Contributing to healthcare through international cooperation

In Japan and around the world, there are many people who are not blessed with access to healthcare. The JMA has not kept its eyes closed to this situation; it has not been satisfied with medical treatment only for Japanese people advancing.

With regard to healthcare for non-Japanese, the JMA has undertaken cooperative activities with Nepal and other developing nations, as well as the people of developing countries in crisis due to natural disasters. These international cooperative efforts have been made as opportunities for physicians to exhibit their fundamental mission, to save lives with no regard for personal gain. This spiritual significance should not be lost.

Transmitting information from Japan to the world

The universal health system and other aspects of Japan's excellent healthcare system are known internationally only by specialists in limited fields. This is because there is an absolutely insufficient amount of English information transmitted from Japan. In future, it is vital to ensure transmission of accurate and sufficient information about Japan's healthcare system to the world via appropriate means. Currently, the present journal is performing that role, but in future, the JMA intends to have papers published about its outstanding healthcare activities in higher-impact international journals as well.

Global Health Activities in Japan

Healthcare activities in Japan include various issues that already have comparatively deep international connections which cannot be ignored to review domestic measures as well. These issues are diversifying including those with no solution found yet such as medical tourism. Here I would like to mention three questions in particular that deserve attention: healthcare for non-Japanese residents, infectious disease pandemics, and global warming. In most cases, these issues need to be resolved through the efforts in international exchange activities. However, the issue of healthcare for non-Japanese residents needs to be addressed from the perspectives of "saving lives" as well as international cooperation.

Healthcare for non-Japanese residents

The number of registered foreign nationals and illegal residents in Japan has reached an unignorable level. The number of registered foreign nationals is 2.15 million, which is approximately 2% of the overall Japanese population; according to statistics released by the Immigration Bureau, the number of illegal residents is 170,000, but adding in the illegal residents not included in the

statistics released, the actual number may far exceed this figure.

Furthermore, most illegal residents do not have health insurance, with the result that they tend to delay seeking treatment at health institutions until after their condition has become severe. Consequently, they fall into a vicious circle of again delaying seeking treatment because their medical expenses build up. Moreover, the treatment of uninsured people is creating the problem of so-called "uncollected payments."

According to the results of a "Survey Concerning Uncollected Payments" conducted by the Japanese Ministry of Health, Labour and Welfare, the average amount of uncollected payments per hospital at the end of 2006 was 45.81 million yen (ca. 500 thousand US\$), and the write-off amount shouldered by hospitals averaged 2.77 million yen (ca. 30 thousand US\$). Since the amount of total uncollected payments for 2008 is said to have been 28.4 billion yen (300 million US\$), the amount of uncollected medical payments is still relatively small compared with the overall figure. However, if the problem of the treatment with no-payment by uninsured non-Japanese patients is added to the financial situation of hospitals already battered by the amount of uncollected payments from Japanese patients, it is highly possible that the burden on hospitals on the front lines of healthcare will increase even further. This problem has the potential to shake the universal health insurance system about which Japan has been able to boast to the world for 50 years. Appropriate actions to improve this situation must be taken.

In the world there are countries that are taking advanced measures regarding visa-less foreign national workers. Thailand presents an example. Thailand employs a registration system which requires that visa-less workers must register in order to receive permission to work. Under this system, foreigners who register and apply for permission to work must pay a processing fee of 3,800 baht (ca. 108 US\$). This amount includes a work permission processing fee (1,800 baht), health insurance valid for one year (1,300 baht), fee for medical check-up at time of registration (600 baht), and registration processing fee (100 baht). These health insurance fees and initial consultation fees go a long way in covering medical examination expenses for these foreign workers. Japan could not adopt this system as is,

but as Japanese society undergoes aging at an unparalleled pace with a population decrease, it is highly possible that in the future Japanese society itself will be unable to function without foreign-national workers. The time has come for the national Government and the JMA to work in concert to design a viable system.

Infectious disease pandemics

Following the outbreak of SARS in 2003 and the spread of avian influenza centered in Southeast Asia since 2007 and increasing fears regarding the mutation of human influenza strains, Japan's Ministry of Health, Labour and Welfare formulated the "Pandemic Influenza Preparedness Action Plan" in February 2009 in preparation against a scenario involving human influenza virus mutating and spreading worldwide.

In the Action Plan, the Ministry clearly stated the aims of pandemic influenza countermeasures as being (1) to control the spread of infection as far as possible and minimize the damage to health; and (2) prevent deterioration of socioeconomic functions.

Institutions providing healthcare services and healthcare workers play important roles in the formulation of action plans such as this, and members of the JMA play a central role as members of a professional organization for physicians. Accordingly, in April 2009 the JMA formulated its own "Action Plan Concerning Pandemic Influenza Countermeasures" aimed at minimizing the impact of an influenza pandemic on the JMA's public activities.

Amidst these preparations, in April 2009 the new H1N1 influenza outbreak in Mexico spread in no time across borders and throughout the world. This new H1N1 influenza strain was characterized by uneven regional distribution, shifts in endemic areas, and the age group most affected by the disease which is young people. In response, the JMA collected information with the cooperation of prefectural and municipal medical associations and returning it through its flexible inclusion in policies. The JMA learned many major lessons from this epidemic as a professional organization of front-line medical workers. Regardless of the conditions of the epidemic, it is the medical professionals who are the main actors implementing measures in response to actual conditions and maintaining the front lines of healthcare. In this regard, it is

also clear from the association activities outlined above that the JMA plays a major role in a wide range of health related areas.

The information on which this excellent response was based was not gathered solely in Japan. Information was collected from Mexico, the United States, and WHO headquarters and physicians did what they needed to do in collaboration with other countries. The possibility that another outbreak of influenza with a similar or higher virulence will occur in the future cannot be denied. International perspectives may supplement what domestic and local way of thinking lacks to comprehensively ensure the enhancement of public health. However, many issues remain concerning responses to future pandemics with regard to support measures for Japanese citizens overseas and overseas-based Japanese companies. We need to consider how best the JMA can address these issues.

Global warming

In recent years, the problem of climate change including global warming has been gaining tremendous attention as a global issue. Specific problems include rising sea levels, desertification, increased frequency and intensity of abnormal weather, the impact of climate change on agricultural, and its impact on health. As a measure to ease global warming, global scale mechanisms are being created to reduce carbon dioxide emissions and increase carbon dioxide stabilization and absorption levels. However, even if carbon dioxide and other greenhouse gas emissions continue at the current rate, the average temperature of the Earth at the end of this century is expected to be two degrees higher than in 2000, and so there is an urgent need to consider how to adapt to these changes.

The WHO report "Climate Change and Human Health" describes the following effects of global warming on health. Anticipated direct effects include (1) the occurrence of heat waves at high altitudes and increased incidence of heat stroke; (2) spread of mosquito-transmitted infections (malaria, dengue fever, chikungunya fever, etc.) due to expanded mosquito range; and (3) increased human suffering due to floods, drought, and other abnormal weather. Anticipated indirect effects include (4) poor agricultural performance due to damage caused by drought, floods, and salt damage to coastal areas caused by rising sea

levels, consequently causing malnutrition, especially in developing countries, as well as (5) increased amounts of tiny substances floating in the atmosphere, such as yellow sand caused by advancing desertification, and a consequent increase in respiratory and eye diseases. Primarily responses focused mainly on easing measures such as reducing carbon dioxide emissions are required, but in the short term, measures for handling the above-mentioned diseases will need to be enhanced.

The JMA has responded to these issues individually through medical treatment. However, as comprehensive efforts for how to address health problems brought about by global warming and climate change, the JMA has expressed its position through environmental declarations and action plans and conveyed these policies to the international community through English-language translations.

With the environmental situation expected to exert a greater and greater impact on public health in the future, it is vital that the JMA continues to proactively address global-scale issues in this way.

Actual Global Health Activities of the JMA

The actions taken by the JMA with regard to global warming are described above. In addition, the JMA has for many years been active in global health through the Takemi Program in International Health, WMA, CMAAO, School and Community Health Project (SCHP) in Nepal, and international journal publication (JMAJ). Below is an overview of each of these activities.

Takemi Program in International Health

In 1983, the JMA established the Takemi Program in International Health at the Harvard School of Public Health (HSPH). Each year this academic research program accepts as fellows around 10 mid-career specialists from throughout the world, mainly developing countries, with the aim of contributing to the expansion of global health and healthcare policy in the fellows' home countries by expanding the research capabilities of individuals. Each year Japan also sends two fellows, the majority of whom after returning home take key positions in the field of global health in Japan, playing a leadership role in Japan's

global health activities overall. The JMA provides Japanese Takemi Fellows with financial assistance and is substantively involved in the program's management. In this way, the JMA is involved at the forefront of academic researches, contributing tremendously to global health through its role as a bridge for human resource training, and intends in future to continue and further expand this program. It is also important that the JMA attempt to introduce the details of Japan's healthcare system including its structure and historical background to healthcare workers around the world. There is a trend towards increasing numbers of international students coming to Japan to acquire academic degrees in the medical field. The time has come for not only Japanese to learn about healthcare around the world but also to promote opportunities for medical professionals from around the world to study Japanese healthcare. The improvement of environment to meet these requirements is also needed.

World Medical Association (WMA)

The World Medical Association (WMA) is an international organization that was established in 1947. Its aims are to establish the independence of physicians and enable them to practice medicine consistently under the highest standards of medical ethics. As of 2009, the WMA has a membership of 95 national medical associations (NMAs). Since joining the WMA in 1951, the JMA has increased its strong influence on WMA policy formation through its involvement in developing policy documents of WMA. The JMA has also contributed to the operation of the WMA, with two JMA presidents having in the past served as WMA President, and JMA officers serving consecutively as Vice-Chair of Council and Council members. These active endeavors within the WMA are carried out based on the intention to not only contribute internationally but also ensure that the content of international policy recommendations are also reflected within Japan as well. The relationships of trust and international networks forged between NMAs are precious assets and should be utilized even more proactively in the future.

Confederation of Medical Associations in Asia and Oceania (CMAAO)

The Confederation of Medical Associations in Asia and Oceania (CMAAO) was established

in 1956, at the instigation of predominantly the Philippine and Japan Medical Associations, based on the strategic concept of creating consensus amongst the NMAs of Asia and Oceania in order to strengthen the voice of the region in the WMA. Communicating this advanced idea to and obtaining the understanding of JMA members in Japan, who were daily engaged in regional healthcare, was not an easy task at that time. However, as it has expanded and its secretariat relocated to Japan in 2000, CMAAO has been playing an increasingly significant role.

The countries of the Asian and Oceanian region differ richly and widely in social structure, politics, religion, ethnicity, and various other aspects. Overcoming these differences, CMAAO works to resolve various healthcare issues and has also contributed greatly to disaster relief in countries in Asia. Based on the relationships of trust that has been built up, under the current situation it is easy for Japan to send disaster relief to CMAAO member countries. Expectations are held for the promotion of international cooperation utilizing this network.

The Asian and Oceanian region is gaining attention not only demographically but also as a region experiencing marked economic expansion, and consequently CMAAO's activities are gaining even more significance. In future, expectations are held that not only will discussions within CMAAO deepen, but also that CMAAO will convey healthcare information to the world, as was the organization's original purpose.

School and Community Health Project (SCHP) in Nepal

Following the democratization of Nepal in 1990, at the request of the Nepalese Government cooperative healthcare activities were carried out jointly by the JMA and Japan International Cooperation Agency (JICA) between 1993 and 2004. Efforts initially focused on activities at health centers in regional towns, but in line with Japan's regional healthcare philosophy, a diversity of local healthcare activities and school health activities were implemented in remote areas. As a result, these activities were praised by the late King Birendra, who awarded Dr. Eitaka Tsuboi, the JMA President at that time with the Medal of Achievement. Furthermore, to ensure that the results of efforts in regional towns translated into results for the entire country,

the JMA also cooperated in the formulation of school health policies and helped to create a Department of School Health in the Nepalese Ministry of Health. These activities played a role in the creation of a foundation for school health in Nepal on a national level. The same approach was later used in activities leading to the creation of school health policies in Laos and Cambodia.

Transmission of information to the international community via the Japan Medical Association Journal (JMAJ)

The Japan Medical Association Journal (JMAJ), the English language journal issued by the JMA, was first published in 1958 as the Asian Medical Journal with the purpose of contributing to the enhancement of medicine in the Asian region. In 2001 the journal's name was changed to its present one, and its target readership expanded from the Asian region to the entire international community. Currently the journal publishes mainly JMA policies such as terminal care guidelines, resolutions opposing nuclear testing, and environmental declarations; the results of research conducted by the Japan Medical Association Research Institute (JMARI); and translations of papers published in the Japanese-language, *Nippon Ishikai Zasshi* or *Journal of the JMA*. The JMAJ also serves as an official journal of CMAAO. With numerous English-language medical journals being published by various national medical associations, specialist societies, and private publishers, the JMAJ has a hugely significant presence as the sole medium to independently plan content that the JMA should convey to the international community and to send a broad range of information, from healthcare policies to global health, from the JMA to the world. Expectations are held for the strategic utilization of the journal in today's information society.

Medical Association Organization and Information Transmission to Ensure the Sustainability of Global Health Activities

Currently in the JMA, the International Affairs Division is responsible for implementing global health activities, and the JMA President, Vice-Presidents and Executive Board Members responsible for international affairs oversee these activities. The JMA needs to further expand and enhance its global health activities, which it

has continued for more than fifty years. To this end, the JMA needs to strengthen information collaboration within the association as well as link together the global health activities being carried out by association members. As the national medical association of the country that has achieved the world's highest average life expectancy, the JMA intends in future to further communicate to the world the information about the important roles in which physicians have played in Japanese longevity society and the roles in healthcare in which they should also play in the future.

The content of the JMA's global health-related activities is diversifying. These activities are becoming even more important than previously. An example of this in recent years is the JMA's involvement in the Takemi Global Health Working Group, which was organized to coincide with the 2008 G8 Hokkaido Toyako Summit. Through its involvement as a member of this working group, the JMA is deepening its collaboration with the Ministry of Health, Labour and Welfare, Ministry of Finance, and Ministry of Foreign Affairs in order to carry out global health activities. Moreover, the JMA has participated in meetings of the WHO headquarters and the WHO Regional Office for the Western Pacific (WPRO) as an observer. The JMA also exchanges information with numerous international organizations—including the Council for International Organizations of Medical Sciences (CIOMS), United States Food and Drug Administration (FDA), European Convention, European Commission, and the Good Clinical Practice (GCP) Federation—and makes efforts to communicate the status of these organizations' activities to its members. As part of its international cooperation activities, the JMA continues to provide disaster assistance for developing countries, contributing to the fostering of trust with not only the people rescued but also on a national level.

The JMA is making efforts to share with its members the global health-related information obtained through these activities. Specifically, the journal and newsletter of the JMA are used to convey information to members. For example, when the JMA was collaborating with JICA in its Nepal project, information about the activities in Nepal were delivered to members regularly via newsletter. In addition, articles about the WMA, CMAAO, and Takemi Program in International

Health, as described above, are regularly published in the JMAJ every year.

However, it is not only the board members at the center of the JMA that are involved in carrying out international cooperation and international exchange activities. JMA members belonging to local medical associations are also interested in health in developing countries and independently undertake various international cooperation activities. There are also JMA members who are deepening their exchange with world-leading health workers and specialists in global health-policy through international academic societies. However, such information is not necessarily acquired regularly, nor is it communicated to other JMA members. Innovations are required so that information about the diverse range of global health activities being carried out individually by JMA members may be shared among the members, and learning forums created so that this information can be further distributed to as many physicians as possible. Through such measures global health activities that tend to be scattered can be consolidated, demonstrating even greater power.

Summary

Global health and the JMA

Over more than 50 years, the JMA has been involved in the promotion and enhancement of global health as a member—sometimes as a leader—of the WMA and CMAAO. During this time, Japan has achieved the world's highest average life expectancy, naturally being blessed with an opportunity to make a global contribution by becoming a model for the world. In order to save many lives, it is important that in the future the role fulfilled thus far by the JMA is also raised on an international level. The JMA already undertakes international cooperative support activities for developing countries, while at the same time working to train Japanese human resources with the cooperation of HSPH. In this way, it may be said that the core part of human resources of Japan's global health has been cultivated by the JMA. This paper has shown that utilization of these assets in the future is also possible.

Significance of global health activities

With regard to the significance of the JMA's

global health activities, the first example that can be given is responses to healthcare problems that are common to countries around the world. Specific examples of these are the new H1N1 influenza, the aging society, and responses to advanced medical technology. Problems that cannot be resolved in Japan alone need to be addressed via international exchange for solution. It may be that JMA members have received no direct benefits as the result of international cooperation activities, but within these activities is a spiritual significance in physicians returning to their origins to simply help people who are sick and save lives. The meaningfulness of global health activities that cannot be fully expressed in numbers should not be forgotten.

Global health activities in Japan

The problems in Japan that concern global health are diversifying in nature. This paper has shown the track record and future expectations for the JMA to address these issues, especially healthcare for non-Japanese nationals, infectious disease pandemics, and global warming-related problems. This paper showed that, despite these being domestic issues, the JMA needs to undertake international exchange activities in order to tackle with these issues, and that with regard to healthcare for non-Japanese nationals, in order to “save lives,” it is also important that activities should be implemented with no regard to profits, but with an international cooperation perspective.

Global health activities in the international community

With regard to international exchange, the JMA continues its WMA and CMAAO activities. In the area of international cooperation, the JMA has over many years nurtured Japanese global health human resources through the Takemi Program in International Health. This paper showed that expectations are held that the JMA will continue these activities in the future and that continuing the Takemi Program is very important. Not only that, the paper proposed that the time has come to create opportunities for overseas healthcare workers to learn on the front lines of Japanese healthcare. Moreover, the JMA has also played an important role in the G8 and other important global health-related international conferences, and the paper emphasized that the JMA should contribute to even more

enhancement of global health.

Transmission of information: in Japan and to the international community

The JMA has already been communicating information about global health, both in Japan and to the international community. However, looking just at the universal healthcare system, even, communication of Japan’s excellent activities, both domestically and internationally, in the form of scientific papers is insufficient. In future, Japan needs to continue and further increase communication of good-quality information, and this could be a huge international contribution by the JMA. This paper emphasized that that increasing opportunities for learning and exchanging information shared by JMA members who individually are involved in various global health activities could enable the JMA to expand its contribution to the global health areas as a group.

Organizational reinforcement to enhance global health activities

Expectations of the JMA’s global health activities will never decrease. This paper showed that in order to fulfill these expectations, the JMA needs to further strengthen its internal organization.

Conclusion

Physicians may be motivated by profit and loss, but they may also be motivated by right and wrong. The history of global health activities is also the history of both of these. In order to resolve healthcare issues in Japan, international exchange has been indispensable. Through international exchange, the JMA has profited; JMA members have also profited, and have patients.

Amidst carrying out international exchange, Japan achieved the world’s highest average life expectancy, and the role of the JMA in achieving this has been enormous. Expectations are now held that activities that were carried out for the benefit of Japan can be a model for other countries in the world. Furthermore, the time is arriving for Japan’s results as one case example of regional healthcare in the world to be applied to regional healthcare in countries around the world. Japan is also reaching a time when it needs to strengthen transmission activities of information for the benefit of the world.

On first glance it appears that there are no

direct paybacks from international cooperation. Some may view international cooperation as a loss because cooperation requires funds and people. However, it is this international cooperation that is praised by the international community; it is never criticized. The JMA has not conducted international cooperation activities for its own advantage; as physicians, we carried out these activities for “good.” The motive for carrying out these cooperative activities has been to save the lives of people around the world who are suffering. Here there was no room for “wrong.”

International exchange will never disappear, but international cooperation does not necessarily have to be undertaken. However, the expectation of the international community for the JMA to carry out these activities will not disappear. International exchange and international cooperation: comprising these two elements, global health activities are indispensable activities for the JMA. The JMA should not take action for its advantage but instead further invigorate its global health activities in future as the activities of physicians who act for “good.”

Global Health Committee of the Japan Medical Association (2008–2009)

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