

Keynote Speech

Reflections on the Takemi Program, Past and Future^{*1}

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Michael R. REICH¹

The Takemi Program in International Health was established in 1983 from the shared interests of Dr. Taro Takemi in Japan and Dr. Howard Hiatt in the United States. Each had long been concerned about the problems of promoting health and preventing disease, both in industrialized nations confronted by rising health costs and in developing countries burdened by persistent poverty. Each year since then, the Program has brought together at Harvard a small group of Takemi Fellows from around the world, to engage in a program of research and advanced training on how to improve global health. Over the past 30 years, 242 Takemi Fellows from 51 countries have participated in the program. Many Takemi Fellows have achieved leadership positions in their own countries and in international organizations.

This presentation reviews the history of the Takemi Program, the accomplishments of Takemi Fellows, and challenges for the Takemi Program's future.

History of the Takemi Program

Dr. Taro Takemi, as President of the Japan Medical Association from 1957 for 25 years, provided the initiative to establish the Takemi Program at Harvard. During his career, Dr. Takemi emphasized the need to bring together experts from medicine, public health, economics, law, politics, and other fields to find effective and equitable solutions to the development and allocation of health care resources. Dr. Hiatt, as Dean of the Harvard School of Public Health, similarly



stressed the development of interdisciplinary approaches to the study of health problems and health policy (**Slide 1**).

In April 1981, Dr. Takemi invited Dean Hiatt to Tokyo to address a meeting of the World Medical Association on the development and allocation of medical care resources. We recently found a copy of this invitation letter in the archives of the Takemi Program. Dr. Hiatt accepted the invitation from Dr. Takemi to visit Japan. Out of their discussions in 1981 grew the idea of the Takemi Program in International Health at Harvard. To move the ideas forward, Dean Hiatt included Professor David Bell, who was Chair of the Department of Population Sciences, in a visit to Tokyo in December 1981 (shown in **Slide 2**).

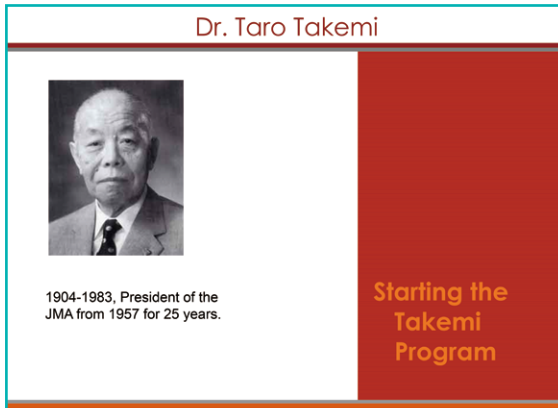
Dr. Takemi and Dean Hiatt agreed that the Program would concentrate on the problems of mobilizing, allocating, and managing scarce resources to improve health, and of designing effective strategies for disease control and prevention and health promotion, with a focus on the world's poorer countries. Each year the Program would bring together at Harvard a small group of Takemi Fellows, with an emphasis on participants from developing countries.

The Program started in July 1983, with funds

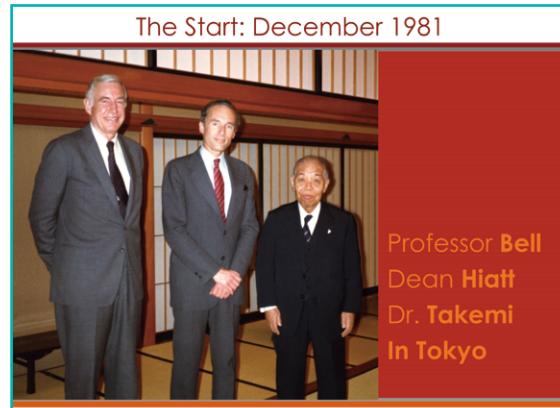
^{*1} This article is a revised transcript of the presentation delivered by the author at the Takemi Program 30th Anniversary Symposium, which was held at the JMA Auditorium, Tokyo, on November 23, 2013.

¹ Taro Takemi Professor of International Health Policy, Harvard School of Public Health, Boston, USA (reich@hsph.harvard.edu).

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donated by two private companies in Japan, and was named after Dr. Taro Takemi. The funds provided for an endowed chair named after Taro Takemi, and for start-up funds for the Takemi Program. Professor Bell served as Acting Director of the Program, and I was hired as the Program's Assistant Director, to organize the Program and make it run.

In 1986, the new Dean of the Harvard School of Public Health, Dr. Harvey Fineberg, recruited Dr. Lincoln Chen as the first Taro Takemi Professor of International Health at Harvard. They visited Tokyo in the late 1980s for a Takemi Symposium on International Health, and met with Mrs. Takemi and Professor Seiji Kaya, former President of Tokyo University and chair of the Japan Committee for the Takemi Program at the time.

Throughout the Takemi Program's existence, it has received support from Keizo Takemi, as a representative of the Takemi family, and core support from the Japan Medical Association, which has become a key partner for the Takemi Program. In 1988, I was appointed Director of the Program—a position I continue to hold at present—and in 1997 I was appointed Taro Takemi Professor of International Health Policy.

Accomplishments of the Takemi Fellows

The first group of Takemi Fellows arrived at Harvard in late summer 1984, to begin their research fellowship year at the Harvard School of Public Health. They included (from the left in **Slide 3**): Lukas Hendrata (Indonesia), Hacheong

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Yeon (South Korea), Prakash Gupta (India), Hong-chang Yuan (China), and Keiji Tanaka (Japan). Their research topics remain relevant today, three decades later: effective family planning and community participation in Indonesia; economic analysis of Korea's health system; controlling the health consequences of smokeless tobacco use in India; strategies for schistosomiasis control in China; and how the fee schedule works for paying physicians in Japan.

The accomplishments of the 242 Takemi Fellows to date are impressive. Many Takemi Fellows have achieved leadership positions in their own countries, and have pushed the frontiers of knowledge and action in many fields. Let me cite just a few of these leaders in global health, to illustrate what Takemi Fellows have achieved:

- *Dr. Keiji Tanaka*, who was in the first group of Takemi Fellows and rose to a leadership position in Japan's Ministry of Health, Labour and Welfare;
- *Dr. Bong-min Yang*, who has served as Dean and Professor in the School of Public Health at Seoul National University in Korea and has pushed reforms in several fields of national health policy;
- *Dr. Nafsiah Mboi*, who currently serves as the Minister of Health for Indonesia and also Chair of the Board for the Global Fund to Fight AIDS, TB, and Malaria;
- *Dr. Uche Amazigo*, who served as Director of the African Programme on Onchocerciasis Control and received the prestigious Prince Mahidol Award in Public Health in 2012 for her work in promoting community-directed treatment for infectious diseases;
- *Dr. Ranganayakulu Bodavala*, who founded an independent non-governmental organization, called THRIVE, to produce and promote portable solar-powered LED lights for the poorest people in India, Africa, and other countries around the world.

It is also worth noting that 52 of the 242 Takemi Fellows to date have been from Japan. These Japanese participants have assumed key positions in global health in Japan, including professors in many universities and leadership roles in hospitals, global health agencies, and government agencies. They have helped to shape the field of global health in Japan over the past three decades.

One goal of the Takemi Program has been to increase participation by women as Takemi Fellows over time. There were no women in the Takemi Program until the fourth year of Fellows (1987-88), with 7 men and 1 woman.

Women did not out-number men in a single year until 1998-99 (with 4 women and 3 men). Since 2008-9, however, women have out-numbered men in 4 out of 6 years. By decade, the percentage of women has increased from 20% in the first decade, to 37% in the second decade, and to 48% in the third decade. When considered as a cumulative percentage over time, the trend is moving in the right direction, with greater representation of women as Takemi Fellows. The recent group of Takemi Fellows in 2013-14 clearly demonstrates this pattern.

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Long-standing Partners in Japan




- Long-standing Partnership with the Japan Medical Association
- Annual donation from Japan Pharmaceutical Manufacturers Association for many years

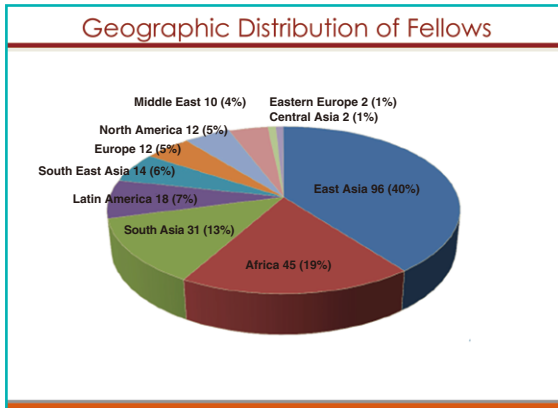
Challenges for the Future

Many organizations have contributed to sustaining the activities of the Takemi Program at Harvard over the past 30 years. In particular, two Japanese organizations deserve special mention. The long-standing partnership with the Japan Medical Association has provided a solid foundation for the Program, reflecting the special relationship with Dr. Taro Takemi. A generous annual donation from the Japan Pharmaceutical Manufacturers Association has contributed most of the Program's annual operating expenses for many years (Slide 4).

For the past decade, most Takemi Fellows have raised their own fellowship funds, from many different sources, in order to participate in the Program. In the Program's second decade, the Carnegie Corporation of New York and the Merck Company Foundation made generous grants to the Program that provided financial support to individual Takemi Fellows from low-and-middle income countries. These contributions are greatly appreciated.

One of the challenges for future of the Takemi Program is funding to support Takemi Fellows from low-income countries. At the 30th Anniversary Symposium for the Takemi Program, held at Harvard on 11-12 October 2013, nearly 80 Takemi Fellows gathered to celebrate the event. One result of the gathering was a decision by Takemi Fellows to participate more actively in fund-raising to support the future of the Takemi Program, to contribute their own money to help finance Takemi Fellows from

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low-income countries. In addition, one Takemi Fellow who works for the Ford Foundation encouraged the Program to submit a grant application to provide financial support for persons from West Africa with leadership potential in women's health and adolescent development; in February 2014 that application was approved and awarded.

The availability of funding for Takemi Fellows has influenced the geographical distribution

of participants by region, as shown in **Slide 5**. The predominance of Takemi Fellows from East Asia (40%) reflects the strong financial support from Japan and the availability of sabbatical support from Korean universities. The relatively low participation from Africa (at 19%) was supported by external grants from foundations, as noted above, during the Takemi Program's second decade. The Program hopes that future funding for low-income countries will help support the participation of Takemi Fellows from regions of the world that could especially benefit from leadership development in health.

During its three decades of activities, the Takemi Program at Harvard has evolved into a unique example of global health leadership development supported by US-Japan private cooperation to advance the welfare of developing countries. The Program especially appreciates the commitment of individual Takemi Fellows, and many individuals and important partners in Japan, at Harvard University, and in other countries around the world, who have contributed to realizing the dreams of Dr. Takemi and Dean Hiatt in the Takemi Program. We hope that continuing support will allow the Takemi Program to sustain its activities long into the future.