By Dr Toh Han Chong and Dr Hsu Liyang

Interview with Mr James Kondo

(Photo credit: Joi Ito)

James Kondo is the Co-Founder and President of Health Policy Institute Japan – the first truly independent health policy think-tank in Japan. Most recently he organised the Global Health Summit in Tokyo with the World Bank and Gates Foundation to help set the global health agenda for the G8 in 2008. He is also the Co-Chairperson of TABLE FOR TWO – a World Economic Forum supported initiative that seeks to simultaneously address hunger in developing countries and obesity in developed countries. He is also the Co-Director of Healthcare and Social Policy Leadership Program at the University of Tokyo. Before that, James was a consultant at McKinsey & Company for 15 years. James holds an MBA from Harvard Business School, BA in Economics from Keio University in Japan, and was a visiting student at Brown University. Research interests include management, economic policy, and health policy. He likes to cook, travel, read and to visit zen temples.

Can you tell us a bit about "Table for Two" and what it has achieved to date?

Table for Two is a health initiative announced at the World Economic Forum (Davos). Of the 6 billion people living on this planet, 1 billion suffers from hunger, while another 1 billion suffers from obesity and other life-style related diseases. Table for Two addresses this global dichotomy and tries to address both issues simultaneously. Every time one eats a healthy Table for Two meal in participating company cafeterias and restaurants, 20 cents is donated to school meals in developing countries. By eating healthily, you are giving an undernourished child a healthy meal – thus the name "Table for Two". We started in Japan where almost 100 multinational companies and public institutions have already enrolled to our cause. We are opening our US office this summer and EU office later in the year. We would love to have a Singapore chapter!

Recently in Japan, we see the rise of several "custodial hospitals" – institutions where the elderly and infirm can get rehabilitation and/or chronic care. This is in some ways a combination of both rehabilitation hospitals and "old folks' homes" that we have in Singapore. What do you make of this phenomenon and is this a step forward in dealing with the ageing population?

Asia, with its lowest birth rates in the world, will also face the fastest ageing population in the world. Creating societies that can cope with ageing populations will be Asia's challenge and contribution to the world. I would say that Japan is still experimenting. It is clear that old people who do not require intensive care should not stay forever in acute care facilities. At the same time, neither home care nor traditional nursing homes currently provide adequate healthcare backup. We need diverse solutions to meet the diverse needs of our ageing population. The important thing is that we experiment with various models – including custodial hospitals, home care, and nursing homes. There should be many answers depending on the region and the person.

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School girls in Uganda sit outside during a break and enjoy a cup of pre-lunch porridge served by TABLE FOR TWO.

In your opinion, which countries' healthcare systems function well? Is there even an objective way of assessing such systems?

Well-established democracies have debated their healthcare systems deeply and have ended up with very different societal choices. I don't believe there is a "model" that all countries should emulate, because our societies are different.

In addition to the "access-quality-cost" triangle that all systems grapple with, three issues will be fundamental for future health system performance. First is citizen and patient involvement in policy decision-making. As healthcare financing takes up an ever-increasing share of public spending, "how" one allocates the spending will be as important as the "what". Second is expanding the scope of "healthcare" to include all key determinants of health. We know that exercise, dietary habits, and smoking – which in turn are influenced by education and income – are critical determinants of health, and yet healthcare systems are viewed too narrowly. We need to change that. Third is the public/private split in healthcare spending. This is important not only for determining who pays for the ever-rising costs. It touches on the pivotal questions surrounding life-style related diseases: how accountable should individuals be for one's health, and how much of an unhealthy life-style is a choice as opposed to a risk. Depending on the answers, we need to devise a new way to incentivise and support individuals.

Do you think Medical Associations have sufficiently been influential in shaping medical and health policies? What about the Japanese Medical Association?

Medical Associations have an obligation to help inform and shape public debate on health policies. Such professional leadership is essential for the medical profession and their opinions to be respected in democratic societies. I would assert that Medical Associations for the most part, have not given enough attention to such public engagement. As a result, they have let the public debate shape them, as opposed to informing and shaping the public debate.

Japan Medical Association used to be very influential. However, their influence is waning because the general public perceives them as a "lobby group" that aims to increase healthcare spending for their members. Medical Associations need to rise above lobbying and be respected for their integrity and the quality of their ideas. Otherwise, they will simply be a business, not a profession.

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Are there economic or policy reasons for why technological advances have not in general driven down unit costs in healthcare? After all, unit costs of transportation, computers and so on have all fallen as a result of scientific advances.

Breakthrough technologies have succeeded in driving down the unit costs of major infectious diseases. However, the tools we have to combat chronic diseases and ageing are imperfect. Imperfect technologies – that only prolong but cannot stem – are by their nature expensive. At the same time, there are major wastes in our system. We need to work on "system innovation" in addition to "product innovation".

Are there any lessons you would like to share from the Japanese healthcare system with regards to cost-effectiveness or improving clinical outcomes?

The biggest lesson from Japan, I believe, is that it pays to have a healthy population. According to my analysis, disease burden in Japan is 27% lower than the US, resulting in 22% less healthcare spending. This is truly significant. The US-Japan disease burden difference stems from differences in diet, accidents, violence, sexual behavior, tobacco, drugs and alcohol consumption. These have more to do with societal differences as opposed to how healthcare is provided. The bad news is that the Japanese society is losing these healthy traits. We need to enlarge the healthcare debate to social debate on factors that determine health.

Can you tell us a bit about the Health Policy Institute – how it is structured and how it sets about achieving its mission?

The Health Policy Institute is the first independent, non-partisan, multi-stakeholder think-tank in Japan focused on health policy. Its mission is to help inform the public about policy choices. We are unique in that we include all stakeholders – government, parties, providers, businesses, patient groups, media, and academics – in our debates. Our annual public survey on health policy has become a fact-base for all stakeholders. We have also helped consolidate and articulate the patient's voice. This year, we have also spearheaded the debate on global health agenda that Japan should shape as the chair of the G8.

In your travels to both developed and developing countries, can you share some impressions you have had when observing medical care and health systems worldwide?

Primary school children in Uganda receiving a serving of school lunch served by TABLE FOR TWO.

Citizen and professionals in rich countries – like Singapore and Japan – need to do a lot more to contribute to solving global health issues in the poorest regions of the world. Poverty and sickness are interlinked, and the despair that they cause is at the root of many global conflicts. Through foreign policy and as global citizens, we must do more.

Have any childhood memories, experiences, books and individuals shaped your passion for becoming a powerful activist for global health issues?

I was born and raised in rich countries – the US, the UK and Japan. I have lived a comfortable life as what the rock star Bono calls "the accident of longitude and latitude". We, the privileged, have an obligation to help those in need: otherwise, the inequality would simply be an injustice. After the Cold War, the central politics of our world will be the global issues – such as global health and climate change. Our generation will be judged by whether we united as a humanity to address these issues or not. This challenge, and opportunity, is what drives me.

What do you do for relaxation?

Taking a walk in nature, and practicing Zen meditation. ■