

Shinjiro Nozaki, External Relations Officer, WHO Centre for Health Development

After graduation of university, I was in charge of humanitarian assistance in Japanese Red Cross Society as a logistics officer and studied coordination and management for international cooperation activities. Especially, I mainly coordinated humanitarian assistance for Former Soviet Union on behalf of the Government of Japan.

After changing my position to the Ministry of Foreign Affairs, as one of the key coordinators for medical assistance for the former Soviet Union countries, I planned and coordinated EPI vaccine assistance needed for five years for the former Soviet Union countries with donor countries and UN organizations, including the United States, EU, WHO, and UNICEF. I also took the initiative in the establishment of a donor coordinating mechanism named Inter-Agency Immunization Coordinating Committee (IICC), which was one of the first donor coordinating mechanisms in the field of global health.

Then, I changed my position to Japan International Cooperation of Welfare Services, JICWELS, which is the sole implementing organization for technical cooperation on behalf of the Ministry of Health, Labour and Welfare of Japan. My responsibility was management of all activities of JICWELS as a Director of International Programmes. I managed more than 250 human resources development programs for Asian and African health personnel, such as communicable diseases control, HIV/AIDS, pharmaceutical administration, mother and child health and health systems. The targets of the programs were government officials in health ministries, and more than 5,000 health personnel from 75 countries participated in the programs. Since most of participants became high-ranking officials in health ministries after the programs, our contribution was fundamental for health development in Asia and Africa.

Additionally, in Cambodia and Mongolia, I established and implemented the Health Sector Strategic Master Plan Development Projects. Through these projects, I succeeded in developing new health policy and strategy for both countries. I also engaged in donor coordination under these projects with USAID, AusAID, WB, ADB, WHO, UNICEF, UNFPA and many NGOs. The successes that were achieved in the master plan development process became one of the tools of capacity building for local organizations and health personnel in the countries where the projects were implemented.

I was also main organizer for the scheme "Deployment and acceptance of Indonesian and Filipino nurses and care givers to Japan." I was mainly involved in coordinating the provisions of the Memorandum of Understanding between the two governments and organized mechanisms and schemes for nurses and care givers coming to Japan, including training programs. This scheme was the first time for Japan to open its labor markets and it made a significant impact on Japanese society.

Following my experiences in JICWELS, I was invited to Nagasaki University as Deputy Director and professor of the Center for International Collaborative Research. I was managing and coordinating all international cooperation activities / projects / programs in cooperation with WHO, JICA, Japanese government ministries, Japanese universities, Mahidol University, University of Indonesia, London School of Hygiene & Tropical Medicine, Imperial College, and ICDDR, B.

In 2011, the Government of Japan sent me to WHO HQ in Geneva as the liaison for Board Chair of GHWA, the Global Health Workforce Alliance, which was created in 2006 as a common platform for action to address the crisis. GHWA is a partnership of national governments, civil society, international agencies, finance institutions, researchers, educators and professional associations dedicated to identifying, implementing and advocating for solution, hosted by WHO. Health workers are the heart and soul of health systems. And yet, the world is faced with a chronic shortage - an estimated 4.2 million health workers are needed to bridge the gap, with 1.5 million needed in Africa alone. The critical shortage is recognized as one of the most fundamental constraints to achieving progress on health and reaching health and development goals. GHWA is leading for advocacy and adding value for HRH issues. I spent 4 years in Geneva for

successful completion of GHWA's mandate including the 3rd Global Forum on HRH in Brazil in 2014 and development of WHO Global Strategy on Human Resources for Health: Workforce 2030.

According to the completion of GHWA's mandate, I moved to WHO Center for Health Development (WHO Kobe Centre; WKC) in Japan from July 2015. My main role in WKC is donor coordination and advisory for the Director of the Centre. WKC was established in Kobe, Japan in 1995 by the WHO Executive Board to be a global centre conducting research on the consequences of social, economic, and environmental change and its implications for health policies. The Centre is fully part of WHO's Headquarters in Geneva. WKC renewed from 2016 its research focus from "Urban Health" to "UHC, Innovation and Ageing" and expanding its role as "think tank in WHO" to provide evidence for WHO activities through research in collaboration with international academia.