

### East Japan Disaster – PHJ's Reconstruction Support

Immediately after the East Japan Disaster of March 11, PH-Japan (Peoples' HOPE Japan, PHJ) decided to cooperate with All Japan Hospital Association (AJHA) to extend relief support to the people in the disaster areas, acknowledging that the AJHA promptly started to dispatch medical teams. PHJ started the fund raising on March 15 and also stationed a PHJ's staff at the AJHA Disaster Office for coordination of support activities.

By the end of June, 2011, PHJ received the monetary donation worth 38.43 million yen. When starting the donation program, PHJ decided to use the donation for the dispatch of AJHA medical teams. At the general assembly of representatives of AJHA, the first portion of donation worth 15 million yen together with the list of donated goods, namely IT equipment and clothing, was handed to Hiroto Nishizawa, Chairman of AJHA, from Katsuto Kohtani, PHJ's Chairman. The report of PHJ's fund raising up to June 30 is described in the FY2011 Activities Report and on the PHJ English website

<http://www.ph-japan.org/en/news/detail.php?q=news4e4b906693dc4>

From July onward, PHJ has been receiving the donation from individuals and corporations in and out of Japan. PHJ is extending these donations for the reconstruction of the AJHA member hospitals in the disaster areas.

### Donation of Goods from Corporations and Organizations

PHJ received donation of 62,000 pieces of summer clothing from H&M. The company also bore the transportation of these clothing to 103 locations (hospitals and clinics.) The people in disaster areas, particularly high school students and children, truly appreciated these gifts, as shown in the thank you letter from the principal, vice principal and chairman of student union.

向善の心 皆様にはますます御清祥のこととお喜び申し上げます。  
このたびは、福島県立相馬農業高等学校教員の生徒に対し、多大なる御支援を賜り誠にありがとうございます。  
「村の生命」として六十を超える歩みを進めてきた本校ですが、学校の所在地である飯沼村が東電力福島第一原子力発電所の事故により計画的避難地域に指定され、学校機能を移転せざるを得ない状況になりました。飯沼村内の生徒が入校を望める本校においては、学校機能のみならず、それ以外の家族までもが長年住んできた地を離れて生活することを強いられました。  
家庭、学校とたくさんの不安を抱える中、飯沼校は五月十八日には新入生二十名を迎え、在校生五十六名とともに福島県にある福島県教育センターに学校機能を移転し、平成二十三年度の学校活動を開始しました。はじめは慣れない環境に不安と戸惑いを感じていた生徒も、次第に落ち着きを取り戻し、毎日の学習活動に励んでいます。これも、ひとえに皆様の温かい御支援の賜物と感謝申し上げます。  
現在も先が見えず不安は尽きませんが、本校生に引き継がれて参りました「絆心」の精神を生かしながら、社会に貢献できる有為な人材を育成するために、一丸となりまして今後一層の努力をしいていく所存でございます。今後とも飯沼校と生徒たちの発展を温かく見守っていただければ幸いです。  
敬具  
平成二十三年七月  
福島県立相馬農業高等学校校長 二本松 義公  
福島県立相馬農業高等学校教員 飯沼 義一  
校長 飯沼 義一  
副校長 橋本 浩一  
生徒会長 橋本 浩一

Ishinomaki Bay Hospital, an AJHA member hospital, was hit by tsunami and medical equipment and office furniture were severely damaged or lost. Responding to the request of the hospital, Nokia Japan Corporation and other several member companies of European Business Council in Japan donated 200 items of office furniture and equipment as well as the transportation cost. The photo shows the Nokia stuff and the truck ready to leave for the Ishinomaki Bay Hospital with office equipment in July 2011.



## **Requesting Your Cooperation to PHJ's Maternal and Child Health Care and Disaster Relief Programs**

**Toshio Kimura, PHJ Director and President**



PH-Japan (PHJ) has been carrying out maternal and child health care improvement programs in Southeast Asian countries of Cambodia, Indonesia, and Thailand.

Since the East Japan Disaster of March 11, PHJ has been implementing disaster relief programs. As reported in the PHJ News 57, 2011 Summer Edition, we cooperated with All Japan Hospital Association (AJHA) and started disaster relief donation to support AJHA in dispatching its medical teams to devastated areas. We received donation from many PHJ members as well as non-members. PHJ assigned a staff to be stationed at the AJHA disaster office and visited the disaster areas to find out actual needs and to extend the appropriate support. A portion of the donation was delivered to AJHA on June 4 and the remaining donation has been used for reconstruction of hospital functions.

At the PHJ program sites in Southeast Asia, the persons under our support programs and our partner medical and health organizations and staffs participated in the East Japan Disaster relief campaigns and donations. In these sites, there is no city water supply and sewage system, electricity and other infrastructures and the health and medical conditions are very poor. PHJ country directors and staffs who are extending needed assistance in these severe environments. Through the East Japan Disaster relief activities, we acknowledged that the PHJ's programs and the PHJ staffs' sincerity and efforts are highly and truly appreciated by each community.

**We are encouraged and reconfirmed our commitment to implement the programs in these sites further more.**

**It is our wish that the individuals and organizations supporting PHJ through the East Japan Disaster donation would understand the PHJ's role as the first certified NPO in Japan and PHJ's activities of extending educational support in maternal and child health care in Southeast Asia are steadily improving the health conditions and making changes in the program sites.**

**Revised NPO Law and a new taxation scheme on donation were implemented on June 30. Under the new taxation on donation system, an individual making donation to a certified NPO would enjoy greater taxation benefits. PHJ as a certified NPO truly welcomes the new system. The donor would have nearly 50% tax deduction (income tax and residential tax) for the total donation to the certified NPO less 2,000 yen. These tax benefits apply retroactively to January 1, 2011. We wish you will make the best use of these benefits in your support of PHJ activities.**

## **Report of FY 2011 Activities and FY2012 Plan**

### **FY2011 Activities Report**

#### **1. Outline:**

**Along with the programs in Cambodia, Indonesia, and Thailand, PHJ devoted a lot of time and manpower for the East Japan Disaster relief since March 11.**

**The activities in these three countries proceeded successfully and fund raising was also successful. This FY's total annual cash revenue including goods in kind and subsidies is Jpn Yen 109 million, 100.05% of the originally planned amount of Jpn Yen 104 million.**

**The total annual outgoing of Jpn Yen 108 million reached nearly the originally planned amount of Jpn Yen 104 million.**

**For our disaster relief program, many companies and individuals made donation and the total disaster relief donation amounted to Jpn. Yen 38.43 million, the goods in kind amounted Jpn Yen 37.77 million. The outgoing amount for dispatch of medical teams to devastated areas and provision of IT equipment to hospitals in disaster areas was Jpn Yen 56.3 million.**

#### **2. Activities report:**

##### **2-1. East Japan Disaster Relief (Total program support in Jpn Yen 56.3 million )**

**PHJ has collaborated with All Japan Hospital Association (AJHA) that, immediately after the disaster, dispatched medical teams to the devastated areas. In the three and half months until the end of June, PHJ supported the dispatch of 127 medical teams, and 482**

personnel such as doctors, nurses, pharmacists and other members, and other supports including the donation of IT equipment. The first donation to AJHA consisted of 15 million Jpn Yen 300 units of personal computers and 100 units of printers. PHJ staffs visited the devastated areas to extend relief activities and to investigate the needs for reconstruction.

## **2-2. Thailand (Total program support in Jpn Yen 35.22 million)**

### **(1) HIV/AIDS Prevention Education Program**

HIV/AIDS Preventive Education program centered on peer to peer education has continued to be implemented in Payap, Chiang Mai and other 3 universities. The program is expanded to high school and junior high school students. Organized a system for students to promote the education themselves.

### **(2) Cervical Cancer and Breast Cancer Prevention Program**

The three year program since 2007 was completed in October 2010. With the Ministry of Foreign Affairs fund, the three year program including the breast cancer prevention started in November 2010. The first year program was implemented in Sarapee and San Kanpee districts successfully under the hospital directors. The minibus donated in April 2010 is effectively used in mobile examination.

### **(3) HOPE Partner Education Program**

This program has been implemented since 1998 with support of individual and corporate members, focusing on medical services and education to the challenged children and their families. Presently 63 patients are supported by 62 Partners. The program supports establishment and operation of the Learning Center for training of the families of these children.

### **(4) Pediatric Cardiovascular Surgery Program**

Thirty one (31) patients successfully received heart surgeries to survive during this past FY with the donation from Musashino City and many other companies. There is a list of 250 children waiting for the surgery.

### **(5) Viet Nam/Hanoi Breast Cancer Prevention Program**

This program was implemented in January 2011 in Hanoi, Vietnam as the fourth supporting country, using a local NGO network and experiences of PHJ-Thailand. This is a test program to investigate whether to be involved in this country or not.

## **2-3. Indonesia (Total program support in Jpn Yen 17.15 million)**

### **(1) Maternal and Child Healthcare (MCH) Program in Banten Province**

A MCH is continuously implemented in Serang district of Banten province, West Java. It aims at improving safe delivery and healthy growth of children under the UN Millennium Development Goals. It consists of construction of clinics with delivery facilities where trained midwives provide services. Nutrition improvement activities are carried out at the newly constructed Nutrition Center. Nutrition counseling and

developing new menus that use less costly local food materials are provided to mothers. Further, the nutrition education is provided in the Tunda Island despite rough weathers.

**(2) Safe and Hygienic Water Supply Program**

In order to resolve the problem of dirty, contaminated, unhygienic and heavily salty water at MCH sites, PHJ drilled a deep well driven by eco-friendly solar batteries and successfully started to supply safe and hygienic water to the sites.

**(3) Infectious Diseases Prevention Program**

Influenza prevention program was successfully implemented in East Bali in FY10. In this area, the cases of patients suffering from ravies are rather high. At the request of the provincial authority, the program focused on ravies prevention in FY11.

**(4) Training of Radiation Medical Equipment and Ultra-sound Image Diagnosis**

PHJ has been supporting Gianyar hospital by dispatching Japanese physician and technician. Continuing the previous FY activities, image diagnosis technical training was provided to local Indonesian physicians and technicians of hospitals as well as clinics and the training period was extended further .

**(5) Oral Hygiene Education Program**

In this FY the program supported dental skill up seminars for pediatric dental specialists in East Java.

**2-4. Cambodia MCH programs (Total program support in Jpn Yen 29.29 million)**

**(1) Midwives Training Program**

Since 2007 midwives from local health stations in the province of Prey Veng have been trained in the Ob-Gyn dept. of provincial hospital, so that they acquire appropriate baby delivery assistance skills. This FY, the training was provided to 8 midwives of health centers in ob-Nyakruan at the hospital .

**(2) MCH Program (MOFA support)**

With the experience of successful achievement of health center function reinforcement program and training of midwives, a MCH program started in January, 2008 for farmers' community in the province of Kampong Thom and completed. Aiming that the health centers in the community provide appropriate MCH support, our program has proven effective in improving MCH services of health centers and increasing the number of pregnant women receiving antenatal tests and delivery with midwife's assistance.



## Photos



East Japan Disaster Support - Dispatch of All Japan Hospital Association



Thailand – HOPE Partner Education hydro therapy medical teams



Indonesia – Nutrition education



Cambodia – Midwives training

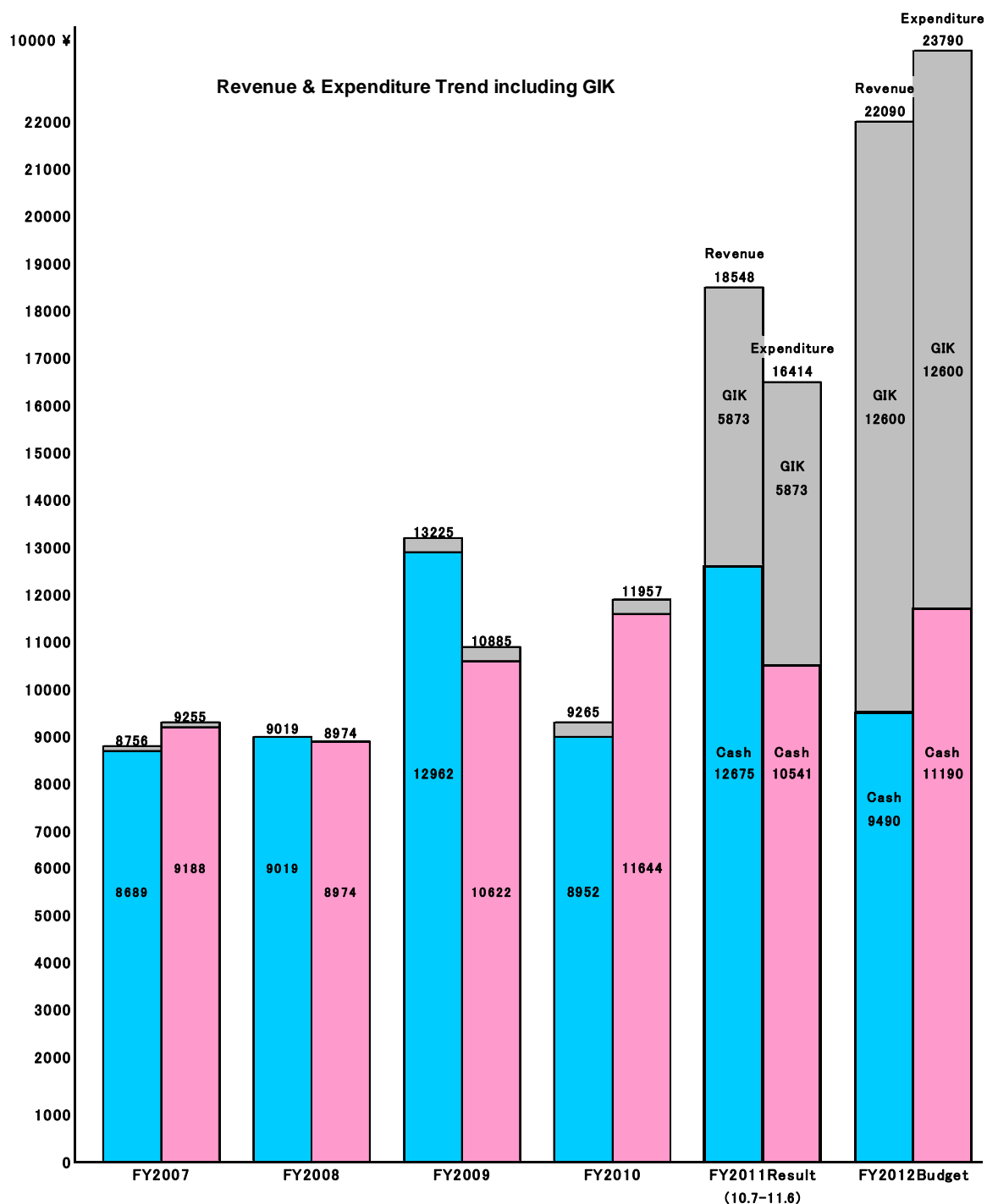
# Financial Report FY2011 Result and FY2012 Budget

Unit: Japanese Yen

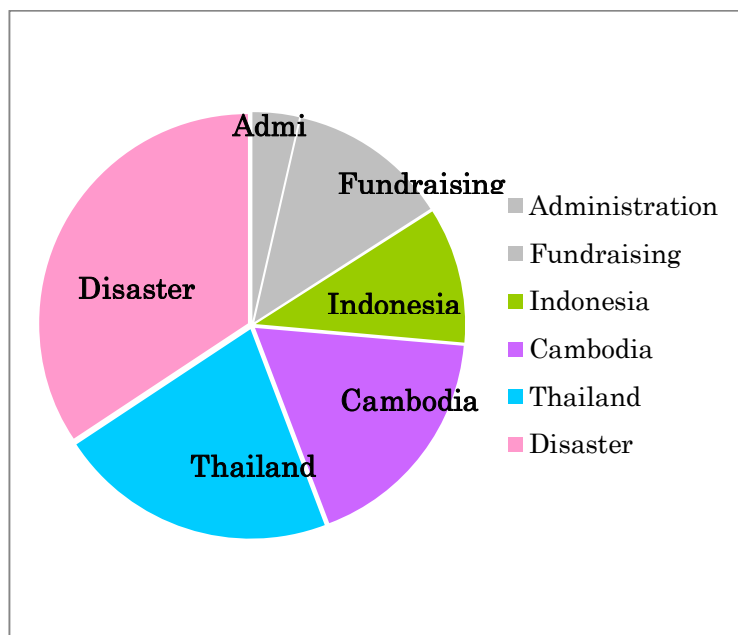
Item	FY2011	FY2012
	Result	Budget
<b>1. Revenue</b>		
1.Cash donation	<b>112,207,407</b>	<b>73,200,000</b>
Corporation	56,006,880	51,700,000
Individual	7,954,840	8,200,000
HOPE Partner	2,295,000	2,300,000
One-shot	7,134,315	6,000,000
Disaster	38,427,557	5,000,000
Special	388,815	
2. GIK	<b>58,727,801</b>	<b>126,000,000</b>
3. Public fund	<b>14,509,774</b>	<b>21,700,000</b>
4. Bank interest	35,974	
Cash revenue	<b>126,753,155</b>	<b>94,900,000</b>
GIK	<b>58,727,801</b>	<b>126,000,000</b>
Total revenue (A)	<b>185,480,956</b>	<b>220,900,000</b>
Balance forward (Cash)	<b>47,309,208</b>	<b>68,651,183</b>
Balance forward (GIK)	0	0
<b>Total Revenue (B)</b>	<b>232,790,164</b>	<b>289,551,183</b>
<b>II. Expenses</b>		
1.Program	<b>137,966,208</b> (84.1%)	<b>215,900,000</b> (90.8%)
Cash	79,238,407	89,900,000
GIK	58,727,801	126,000,000
2. Fundraising	<b>20,251,542</b> (12.3%)	<b>16,000,000</b> (6.7%)
Personnel	13,010,000	9,000,000
Expenses	7,241,542	7,000,000
3. Administration	<b>5,921,231</b> (3.6%)	<b>6,000,000</b> (2.5%)
Personnel	1,946,725	2,000,000
Expenses	3,974,506	4,000,000
<b>Total Expenses (C)</b>	<b>164,138,981</b> (100%)	<b>237,900,000</b> (100%)
Cash	105,411,180	111,900,000
GIK	58,727,801	126,000,000
<b>III. Balance forward (B-C)</b>	<b>68,651,183</b>	<b>51,651,183</b>
1. Cash	68,651,183	51,651,183
2 GIK.	0	0

## FY2011 Breakdown of Expenses (Cash and GIK)

Program	Cash	GIK	Total
Indonesia	15,362,892	1,790,622	17,153,514
Cambodia	17,183,759	12,109,219	29,292,978
Thailand	28,161,336	7,059,550	35,220,886
Japan (disaster relief)	18,530,420	37,768,410	56,298,830
<b>Total</b>	<b>79,238,407</b>	<b>58,727,801</b>	<b>137,966,208</b>







**FY2011 Expenditure**  
**Total 16.413M¥**

## Auditors Report

**To: Mr. Katsuto Kohtani, Chairman of  
the Board of Directors**

**I have audited the PH-Japan's FY2011 activities  
and financial report and consider them appropriate and correct.**

**August 5, 2011 Michio Ueno, Auditor (seal)**

## **FY2012 Activities Plan**

### **1. Outline**

**PHJ will continue to collaborate with All Japan Hospital Association (AJHA) in reconstruction of the AJHA member hospitals.**

**PHJ's main activities in Southeast Asia have some unfavorable effects from the East Japan Disaster support, as many individual and corporate donors concentrated on the disaster donation. We will develop new ideas and methods to raise funds for these Asian programs and positively continue and expand these programs. The programs different from FY2011 are briefly described in the following.**

**2. East Japan Disaster Reconstruction (Total program support: Jpn Yen 24.9 million)**

**3. Thailand (Total program support: Jpn Yen 27.61million)**

**(1) HIV/AIDS Prevention Education Program**

The program from previous years will be implemented at the minimum scope. Instead we will review and evaluate the past programs with the fund from the Ministry of Foreign Affairs of Japan.

**(2) Cervical Cancer and Breast Cancer Prevention Program**

A new 3 year program covering both cervical and breast cancers started in November 2010. Activities at Sarapee and San Kanpee districts will be reviewed at the end of October 2011 and new activities will be implemented in Sansai and Doi Saket districts in November 2011.

**(3) HOPE Partner Education Program**

**(4) Pediatric Cardiac Surgery Program**

**(5) Viet Nam/ Hanoi Breast Cancer Prevention Program**

**4. Indonesia (Total program support: Jpn Yen 18.38 million)**

**(1) MCH Program in Banten Province**

**(2) Image Diagnosis Technology Support Program**

**(3) Infectious Disease Prevention Program**

**(4) Oral Hygiene Education Program**

**5. Cambodia MCH program (Total program support in Jpn Yen 19.01 million)**

**(1) MCH Improvement Project (MOFA support)**

A new 3 year program called a healthy village will be implemented in FY12. The health center services have been improved during the past program, the focus will be on the improvement of health behavior of the villagers. Health volunteers selected from villagers will play a central role in MCH as promoters of MCH improvement.

**(2) Education and Training of Midwives and TBA**

## **The 16<sup>th</sup> Board of Directors and the 14<sup>th</sup> General Assembly**

On August 18, the 16<sup>th</sup> Board of Directors Meeting was held at Josui Kaikan, Chiyoda-ku, Tokyo as shown on the photo. The Board approved the PHJ's fiscal year 2011 activities and



financial report as well as the fiscal year 2012 activities plan and budget, as well as the partial change in the Board members as shown on the following table. All the agenda was resolved and approved by the 14<sup>th</sup> General Assembly.

Mika Ito, PHJ Indonesia Director, and

**Yoshimi Nakata, PHJ Cambodia Director reported on the activities of each office, while Masahiko Hasumi, PHJ Tokyo responsible for PHJ Thailand reported on the Thai activities.**

**Board of Directors of PH-Japan (as of September 6, 2011)**

<b>Title at PHJ</b>	<b>Name</b>	<b>Title and Organization</b>
<b>Chairperson</b>	<b>Katsuto Kohtani</b>	<b>Former President, Hewlett-Packard Japan, Ltd.</b>
<b>Vice Chairperson</b>	<b>Shigeru Tanaka</b>	<b>Professor, Keio University</b>
<b>Vice Chairperson</b>	<b>Shingo Oda</b>	<b>Former President, Hewlett-Packard Japan, Ltd.</b>
<b>Director</b>	<b>Jun Kawakami</b>	<b>President and CEO, GE Healthcare Japan Corporation</b>
<b>Director</b>	<b>Yukiko Goto</b>	<b>Citizen, Musashino City</b>
<b>Director</b>	<b>Mitsuhiro Saotome</b>	<b>First Ambassador for Civil Society of Japan, Former Ambassador of Japan to the Republic of Zambia and the Republic of Malawi</b>
<b>Director</b>	<b>Atsushi Seike</b>	<b>President, Keio Univeristy</b>
<b>Director</b>	<b>Takashi Shoda</b>	<b>Chairman, the Federation of Pharmaceutical Manufacturers' Association of JAPAN, Chairman of Daiichi Sankyo Co., Ltd.</b>
<b>Director</b>	<b>Yasuo Nakajima</b>	<b>Professor, St. Marianna University School of Medicine</b>
<b>Director</b>	<b>Hirotooshi Nishizawa</b>	<b>Chairman, All Japan Hospital Association, Chairman, Nishioka Hospital</b>
<b>Director</b>	<b>Kenichi Matsumoto</b>	<b>Advisor, JFMDA (Chairman, Sakura Global Holding Co., Ltd.)</b>
<b>Director</b>	<b>Fumio Mizoguchi</b>	<b>Former Auditor, Yokogawa Electric Corporation</b>
<b>Director</b>	<b>Toshio Kimura</b>	<b>President, PH-Japan</b>
<b>Auditor</b>	<b>Michio Ueno</b>	<b>Former Executive Director of Mizuho Corporate Bank Ltd.</b>

## **Indonesia – Maternal and Child Health Program – Community Health Improvement**

**The United Nations Millennium Summit held in 2000 deliberated world health issues and resolved to achieve the goals in eight fields by 2015. Since then governments and international NGOs in healthcare have been implementing activities for this purpose. (These activities are collectively called Millennium Development Goals, MDGs.)**

**In 2001, PHJ Indonesia selected its program theme as the achievement of the MDGs and made a site investigation together with the Ministry of Health of Indonesia and UNICEF. From among the three candidate provinces of poor health indices, we selected Serang District, Banten Province. In 2004, we started the maternal and child health improvement program, aiming at the reduction of mortality of pregnant women and infants. In 2009, we cleared these two targets but this achievement did not continue in 2010. Nevertheless, we are pleased with the progress.**

**The program activities consist of three kinds as shown on the table. First we started with the investigation of children under 5 years (finding birthday, height, weight, health), second we built a health check system for pregnant women, and third we decided to compile the health registry of residents. In the course of these activities, we hand made an infant height measure.**

**Presently, we are focusing our activities on one municipality (14 villages with the total population of 45,000 including 3,800 children under 5, and 8,900 women in the 16-35 years) to build a model district in Serang District. We are paying attention on the balance of education ( software) as well as facilities with adequate medical equipment (hardware for delivery, nutrition, well, and infant nursing). With the cooperation of residents and local municipal government people, PHJ Indonesia (consisting of two PHJ staffs, 20 local volunteer staffs, and 100 health volunteers) is making steady improvement of health conditions.**

**It is truly encouraging that we were able to have cooperation of midwives stationed in villages to implement the programs. There are still pending issues related to religion, tradition, custom, poverty, health environment, etc. But to respond to the earnest wishes of mothers to keep health of their children, we plan to continue these programs with the understanding and cooperation of PHJ supporters.**

## PHJ Indonesia Program

Year		2000	2004	2007	2011
Item		MDGs resolution			
Pre-investigation		←--→			
Program proposal		←→			
Program start/implementation		☆			
E d u c a t i o n	Maternal and child health education (monthly workshop - midwives, TBA, pregnant women)	-----→			
	Nutrition improvement education (nutritious food supply)	-----→			
	(nutrition clinic, cooking class, local food menu development, vegetable garden development)	-----→			
H a r d w a r e	Delivery facilities and others (site)	--→	1 1	1 3 3	1
	Well for above (site)		--→ 1	2 3	1
	Children nursery (site)	--→	1 1 1		1
	Nutrition education center (site)			--→	1
System building (site) blood donation, delivery saving, midwives network				-----→	3
Program sites (number of municipalities)		5	4 →	2 → 1	→
R e s u l t	Delivery at medical facilities (%)	0	→	3.8 →	41
	Malnutrition children (%)	6.2	→ 1.5	→	0.13

### Cambodia – Visit to Tipo Health Center

Late July, I visited Tipo Health Center, one of the health centers PHJ has been supporting in Khonpong Thom. Leaving the PHJ Cambodia office at the provincial capital at 7 in the morning, going south on the national highway and passing through dirt road for about one hour, we arrived at the center around 9.

At the front yard of the entrance, there were many bicycles and motor cycle of patients. There were 16 villagers in the waiting room. Among them, there were mothers with infants, pregnant women, grown up persons who have cold. At a patient's room, a mother and her baby born yesterday were resting.

Having visited the center after two years, I was amazed at the busy activities. The last time I visited, staffs were just sitting at desks without nothing to do. This time, the staffs were busy examining patients and giving medicine to them.

**At the waiting room, I asked the villagers why they come to the health center. For the question whether they used the facility three years ago, none responded. A rather old couple said that they were not aware of the health center and it was quite time taking to go to a distant hospital. A pregnant woman said that she heard about the center services from other villagers, health volunteers, and health center staffs who gave vaccination.**



**I was happy to confirm that these health center staffs and health volunteers who have been trained by PHJ are making changes in villages. Moreover, I was glad to confirm first hand that the health center PHJ has been supporting is being fully used by villagers. According to the governmental health statistics, this health center is highly used by the villagers.**

**Masahiro Ishizeki, PHJ Tokyo**

#### **Message from Yoshimi Nakata, PHJ Cambodia Director**

**I will be leaving Cambodia on October 1 to study public health in London for one year. I am truly grateful for your warm support and cooperation extended to me for the past five years. Please kindly extend the same support to Yumiko Kume, my successor, and PHJ Cambodia programs.**



## **Thailand – Ten Children Graduated from the HOPE Partner Program in June**

**PHJ's HOPE Partner Education Program extends medical and educational support to the children with disabilities and/or chronic illnesses who need periodical treatment for a long time. Ten children who have recovered from the prolonged illness or who have grown up to take care of themselves financially graduated from the program in June. Two graduates are introduced below.**



**Noon (left photo) had been suffering from the Thalassemia disease and was enrolled in the program in 2001. His family consists of his father, mother, and younger sister also with the Thalassemia disease. Under this PHJ program, he has been receiving medical treatment at a hospital and education. Ten years ago, he looked pale and got easily tired. Taking medicines periodically and receiving blood transfusion from time to time, his health has been improving steadily. Earlier this year he became 20 years old and in April he graduated from a vocational school and joined a convenience store as a full time staff. Being able to pay for his medical expenses and healthier than before, he graduated from the program which supported him for 10 years.**

**First is another graduate (right photo). Her family consists of her father who works as a company employee and earns 6,000 Bhats per month and her mother. First has been suffering from asthma and receiving the PHJ's support since 2008. Earlier, she got easily ill, depended on the nasal spray, and was hospitalized often. Having received periodical medical treatment, she could overcome the asthma and graduated from the program. Her parents participated in the PHJ training activities with enthusiasm said, "We are happy that our daughter is no longer suffering from the asthma anymore. We do not know what would have happened to her without the PHJ support." First is enrolled at a senior class of a kindergarten and her wish is to become a Miss Thailand one day.**



**We are happy for those children who have overcome their illnesses. PHJ extends its sincerest appreciation to the HOPE Partners who have supported these 10 children. We hope you will extend your support to other children under this program.**

**By Armin, PHJ Thailand HOPE Partner program staff**

## **Director Saotome's Column Vol. 4**

**Mitsuhiro Saotome (Japan's First Ambassador for Civil Society,  
One of the best essayists of Bungei Shunju Magazine, PHJ Director**



## **Should We Celebrate the Longest Life Expectancy in the World?**

According to the United Nations statistics, the world's population will exceed 7 billion in October 2011, 9.3 billion in 2050, and 10.1 billion in 2100. This is attributed to the decrease of infant mortality and increase of life expectancy due to the improved level of medical care. Particularly, the population increase in developing countries in Asia and Africa is significant, while in developed countries including Japan, the population increase is either flat or down. In 2050, the population in developed area will be 1.3 billion while that of the developing area would reach 8 billion.



Human life expectancy is extending longer and this applies to the Japanese people with already the longest life expectancy in the world. According to the Japan Ministry of Health, Welfare and Labor's simplified life expectancy table of 2009, male life expectancy is 79.59 years, while female's one is 86.44 years. The figures for 2050 are estimated to be 87.37 years for male and 90.9 years for female. The gap between the male and female would be smaller and the people would enjoy longer lives in Japan.

I have heard a very interesting story about age. Dr. Hiroshi Yamada, a medical doctor in Kyoto, mentioned that a human being has a family registry age and a biological age. Take an example of a family registry 45 years old person who is really active and healthy, the person's biological age is 39 years. For a family registry 45 years person who is tired and not active, the biological age would be 51 years. Although the family registry age is same, their biological ages would be 12 years apart. For a family registry 75 years persons, the gap would be greater at 9 years and the active person's biological age would be 66, while an inactive person would be 84 years.

Looking at the world, our health and life expectancy depends on natural environment, food, water, medical service and other factors. It is a responsibility of a person enjoying wealth to think of a suffering person. In short, it is the concept of noblesse oblige. We can replace a person with a country. From this regard, I wish the Japanese people not only enjoy their long lives but also extend support so that all people in the world could enjoy healthy and safe lives.

**\*This article was translated by PHJ from the Japanese original.**

## **Member's Voice - Message to PHJ Members from the European Business Council in Japan**

**By Alison Murray, Executive Director, European Business Council in Japan (EBC)**

**I am delighted to have this opportunity to contribute to the Peoples' HOPE Japan (PHJ) newsletter. As the EBC Executive Director, I had the privilege of first meeting with representatives of PHJ in 2001 and I am delighted that we have kept in close contact since that time.**

**The EBC is the trade policy arm of seventeen European National Chamber of Commerce and Business Associations located in Japan. First established in 1972, the EBC works through 30 industry committees consisting of around 400 European company executives to improve the trade and investment environment for around 3,000 European companies operating in Japan. The EBC is also registered with the Japanese Government as the European (EU) Chamber of Commerce in Japan.**

**The EBC consists of a Board of Governors made up of the Presidents of the member European Chambers of Commerce in Japan, an Executive Operating Board (EOB) consisting of the EBC Chairman, two EBC Vice-Chairmen along with representatives of the Boards of the stakeholder organizations, 30 industry sector committees and a Secretariat headed by the EBC Executive Director, who coordinates EBC activities. Each EBC Committee is unique, reflecting the varied make-up of the EBC membership and the issues they deal with on a day-to-day basis. Currently, we have two healthcare sector committees: Medical Equipment and Medical Diagnostics.**

**During the more than 27 years since I first came to Japan, I have constantly been impressed by the generosity of the Japanese people and companies in responding to global calamities and in assisting underdeveloped countries. Japan's ability to make a difference under difficult circumstances was put to the severest of tests on March 11, 2011. Members of the EBC have been amazed at the way the Japanese people have responded to the tremendous disaster in the Tohoku region. Japan has gained respect from across the globe for the manner in which the nation has pulled together to support the people in need and to cope with the problems that arose from the additional disaster in Fukushima. Most of all, we stand in awe of the calm, the order, and the generosity the Japanese people have shown their fellow countrymen who are suffering so much.**

**EBC members are particularly impressed by the way in which PHJ quickly teamed up with the All Japan Hospitals' Association to take volunteer medical help to the affected areas as soon as possible. When the EBC decided to start a relief fund to contribute to the fund-raising efforts, it was only natural that we selected our long-time friend, PHJ, as the recipient of our humble effort to help. We have also been pleased to help in a small way by encouraging our members to donate furniture to the Ishinomaki Bay Hospital at the request of PHJ, and we stand ready to assist further when we are alerted to particular needs.**

**The EBC is proud of its long association with PHJ and is pleased that some of the Japan-based European corporate members of our healthcare sector committees are PHJ sponsors. I am honored that the EBC has in some way been able to contribute to the activities of this worthy non-profit foundation in a bid to quickly provide healthcare to affected people in the Tohoku region and to provide opportunities for people in need everywhere.**



**Photo: Donation (for East Japan Disaster Relief from EBC to PHJ ) ceremony on June 16 at Europe House, Tokyo, from right : Alison Murray, EBC Executive Director; Shingo Oda, PHJ Vice Chairman; Sachiko Yazaki, PHJ Communications, Hisashi Ookouchi, PHJ Fund-raising, Tommy Kulber, EBC Chairman, and Duco Delgorge, EBC Vice Chairman**

## **Introduction of New Staff**

### **Yumiko Kume, Acting Director of PHJ Cambodia Office**

**While working as a nurse, I began to get interested in international health. For the past several years, I have been working abroad. Last year I participated in the Cambodian program of another non-profit organization (NPO) as an intern. It was a stunning experience to find the poor medical and health conditions in that part of Asia that is only several hours flight distance from Japan.**



**For example, even after a normal delivery, a slightly excessive bleeding would become a matter of life or death. In Japan, such case can be treated immediately as follows: “Confirm the bleeding point, give her intravenous drip....” In Cambodia, particularly in the countryside where child delivery is taken care at home or health center, many problems arise. “Should the woman be taken to a hospital?” “How much would it cost?” Once it is decided to take her to a hospital, “Where can we find a car?” “We don’t have cash now. How much is the fare?” The family and the woman arrive at a hospital several hours later but her condition has grown serious. The hospital may not have adequate staff and equipment and may say “Sorry, but we cannot take care of her.” Such cases arise so frequently in Cambodia. It is sad to acknowledge that the woman’s life could be saved, if above-mentioned conditions are managed.**

**There are many international organizations and NPOs that are implementing development and support programs in Cambodia. But the country maintains virtues of rural life and I am truly enchanted with its gentle and peaceful life style. So I am happy to accept the opportunity to go back to the country and work in the PHJ Cambodia Office. I will try my best to improve the base of medical and health conditions in the country.**



## **PHJ's Charity Calendar 2012 Will be Exhibited.....**

### ● At Global Festa 2011 JAPAN . . .

PHJ will participate in the Global Festa 2011 JAPAN to be held on October 1 and 2 at Hibiya Park, Tokyo. This is the largest fair in Japan participated by governmental organizations, NGOs, and corporations. We will be showing the drawings for the charity calendar 2012 at PHJ's booth at . In addition to the drawings prepared by the children



for the Asian Fairy Tales Calendar 2012, we will be introducing our program activities. For the donation of 1,000 yen, a visitor to the PHJ booth will receive one charity calendar. We hope to see you at the fair.

The photo shows the PHJ booth at the Global Festa 2010 Japan.

### ● At Musashino International Fair 2011 . . .

PHJ will participate in the Musashino International Fair to be held on November 20 at Swing Hall, Musashi Sakai, Tokyo. In addition to the display of the drawings for the charity calendar 2012, we will be reading fairy tales of Asia and hold a picture drawing workshop.

The photo shows the 2010 picture drawing workshop.



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