

The Economic and Fiscal Revitalization Action Program

- **Reform with Innovation** utilizing “visualization” and “wise spending” -

- Overview -

December 24, 2015
Council on Economic and Fiscal Policy

1. Key Points

- Dynamic reform advancement is essential. The core is ***reform with innovation*** which utilizes “visualization” and “wise spending”, contributing to realizing Dynamic Engagement of All Citizens.
- “Visualization” enables to — (1) compare and see differences between related organizations and regions, (2) see if there are any or to what degree existing operational issues and achievements of administration, and (3) see where we have issues of the reform, and increase public understanding of and belief in the reform.
- “Wise Spending” is — positive thinking that we drastically rebuild the economic and fiscal situation in a major structural change, allocating well thought-out expenditures with a good balance between strength and constraint while focusing on indispensable expenditures that bring high effects of policy.
- We will clarify specific content, size and timeline for all of major 80 reform items, and develop and systemize KPI (approx. 180) with progress on management, structural change and macro effect levels.
- Commitments over multiple years – It is important that effects of the reform will steadily emerge and we will build an effective PDCA cycle (precise check, ensure reflecting to the next actions and plans). From the start of the first year, we will inform on possible impacts with a certain range of buffers that will accompany reform effects.

2. Reform Process <Social Security Area>

- After proceeding to thorough “visualization” of the facts of healthcare and long-term care benefits, we will analyze inputs and regional disparities and advance measures to correct them.
 - Activate incentive/disincentive system
 - Estimate “healthcare plus long-term care” cost per person by prefecture/basic-municipality, visualize it in various aspects
- For the promotion of clinical specialization and collaboration, we will move up formulation of the regional healthcare vision by the end of FY2016 and take actions for improvement of delivery systems of healthcare. By formulating a medical cost optimization plan, we will take the initiative in the moderation.
- In order to promote disease prevention, prevention of aggravation, long-term care prevention, use of generic drugs and proper receiving of treatment, we will establish a framework with incentives to encourage both individuals and insurers to make efforts (insurer support system in National Health Insurance, a rule for increasing or reducing the amount of late-stage elderly support coverage, healthcare points, etc.).
- We will clearly define the planning and execution schedule and the reform direction, regarding fairness in insurance contributions based on ability to pay and optimization of benefits.
- Regarding reforms related to remuneration for medical treatment in terms of drug prices and dispensing and reforms related to pharmaceuticals, we will clarify actions needed for the FY2016 revision of remunerations for medical treatment, etc.

<Social Security Area (Excerpt)>

	FY2014, 2015		Intensive Reform Period			FY 2019	FY 2020 -	KPI (Level 1)	KPI (Level 2)	
	<< Major ministries and agencies in charge >>		FY2016	FY2017	FY2018					
Improvement of the delivery systems of healthcare and long-term care	<<MHLW>>		Regular Diet session	Budget request Tax revision request, etc.	Year-end	Regular Diet session				
	<p><(1) Promotion of clinical specialization and collaboration based on “visualization” of healthcare, by formulating a regional healthcare vision per prefecture (solve regional disparity regarding long-stay beds) ></p>									
	Accelerate formulating a regional healthcare vision which defines medical demand and required beds per four functions (advanced acute phase, acute phase, recovery phase, chronic stage) as of 2025, basically in all prefectures by FY2016 end, after conducting necessary data analysis and estimate			Promotion of clinical specialization and collaboration based on regional healthcare visions (solve regional disparity regarding long-stay beds, etc.)						
	With regards to the clinical function report system that is necessary to evaluate the progress of clinical specialization, review and formulate at related meetings the standards including quantitative ones used to judge clinical function, in time for the next report in October 2016			Clinical function report based on revised standards						
<p><(2) Review systems related to service provision meeting the healthcare and long-term care needs of chronic stage></p>										
Take actions in FY2016 revision, regarding remuneration for medical treatment to properly evaluate severity of inpatients in long-stay beds, aiming to resolve regional disparity			Take further actions in FY2018 revision, regarding remuneration for medical treatment aiming to resolve regional disparity							
At MHLW “meeting to think future of long-stay beds”, discuss actions on healthcare and long-term care service provision platform regarding persons who are defined in regional medical care concept guideline to be cared for by home-care, handling of long-stay beds which are scheduled to be discontinued in FY2017 end, and sort out specific reform options			Discuss at related councils a shift to a platform that efficiently provides services including long-stay beds, and draw a conclusion by FY2016 end			Based on the conclusion by related councils, take necessary measures (including a bill submission to FY2017 regular Diet session, for items which require legal change)			Promoting a shift to a platform that efficiently provides services including long-stay beds	
								<p>Each region advances efforts</p> <p>Progress rate per prefecture, against necessary number of beds per medical function (advanced acute, acute, recovery and chronic stage) as of 2025 that are defined in regional healthcare visions [achieve enough rates as of FY2020]</p> <p>The number of prefectures that will have formulated regional healthcare visions by the end of FY2016 [47 prefectures]</p>		

2. Reform Process <Non Social Security Area>

[Social infrastructure improvement]

➤ Conversion of sustainable city structures and stock optimization

- We will realize compact and sustainable city structures and optimize public stock by “visualization” of information regarding maintenance cost and assets in each city. In addition, PPP/PFI scheme will be widely by establishing nationwide platforms.

➤ Strategy for Social infrastructure improvement

- We will prioritize social infrastructure investment areas to maximize their stock effects. Long-life infrastructure system and infrastructure maintenance related industry will be developed. Construction industry reform will be facilitated to secure labor resources. In addition, productivity of construction will be increased.

[Education, science and technology, diplomacy, national security and defense]

➤ We will emphasize evidence of educational effects and promote experimental studies on education policy. Based on the progress, we will present a midterm vision regarding quotas for teaching staff based on the declining birthrate and school issues.

➤ We will introduce private-sector funding to national universities and applied research, and define indexes of quality improvement of education and research.

<Non Social Security (Excerpt) >

	FY2014, 2015	Intensive Reform Period			FY 2019	FY 2020 -	KPI (Level 1)	KPI (Level 2)
	<< Major ministries and agencies in charge >>	FY2016		FY2017	FY2018			
Establishing the Compact Plus Network		Regular Diet session	Budget request Tax revision request, etc.	Year-end	Regular Diet session			
		<(1) Consolidation and revitalization process through the Compact Plus Network and effective, efficient operating and maintenance> [Promotion of creating a plan of location optimization] - Promote creating a plan of location optimization through supporting measures for municipalities						Grasp effects of compacting Number of municipalities that create a plan of location optimization [Target: 150 municipalities by 2020] Regarding encouraging facilities positioned in a plan of location optimization, the number of municipalities whose ratio of the said facilities within a urban functions encouraging area against ones within a whole municipality is increasing [Target: 100 municipalities by 2020] The number of municipalities whose ratio of residents living in a residence encouraging area against their population is increasing [Target: 100 municipalities by 2020] Ratio of population who live in an area with highly convenient public transportation [Target: Three major metropolitan areas 90.5%=>90.8% Local major city areas 78.7%=>81.7% Local city areas 38.6%=>41.6% ※(FY2014=> FY2020)]
		Establish a system for a plan of location optimization that encourages and gathers urban functions and residences (FY2014)						
		Publicize and spread a system for a plan of location optimization, support municipalities' plan creation by budgeting (FY2014-)						
		[Promotion of implementing a plan of location optimization] - Promote implementing a plan of location optimization through supporting measures for municipalities						
		Establish measures including budgeting (FY2014)	Based on the plan for location optimization, support with budget for developing urban functions such as encouraging facilities and public transportation network					
		Set up a compact city creation support team (March 2015 -)	Enhancement of supporting measures meeting the needs and issues of municipalities, through compact city creation support team					
		[Model cases and horizontal spreading (FY2015-)] Relevant ministries collaboratively give supports to efforts that can be a model for other municipalities, with a clear image of an ideal city and clear target values and expected effects of compact cities						
		[“Visualization” of each municipality’s achievements, continuous evaluation (FY2015-)] - Provide municipalities indicators about various effects of a compact city such as economy and finances, healthcare, recommend to evaluate achievements through comparison with other municipalities - Through the support team, relevant ministries continuously monitor and evaluate progress, effects and issue of municipalities’ efforts - Promptly start development of healthcare indicators						
	<<Compact city creation support team (MLIT, Cabinet Secretariat, Reconstruction Agency, MIC, MOF, FSA, MEXT, MHLW, MAFF, METI)>>							

2. Reform Process

<Local-government administrative and fiscal reform, and cross-sectoral initiatives>

- To encourage local governments' efforts for regional revitalization and administrative and fiscal reform, we will advance incentive reforms by reflecting achievements in calculation of Vitalizing Local Economies project and introducing the Top Runner method (the reflection of the cost levels attained by expenditure efficient entities in calculations of a basic amount of fiscal demand for local allocation tax for the purpose of enforcing efficient expenditures)
 - * Promote nationwide adoption of advanced models of operational reforms
- Monitoring wage increase rate and capital investment growth rate as evaluation points for the economic effects derived from local governments' efforts
- "Visualization" of administrative cost per resident by nature and objectives in local government and "visualization" of stock information through improvement of the fixed asset ledger
- To monitor changes of administrative cost per person by prefecture and the breakdown of their revenue source (e.g. local tax, local allocation tax and national treasury disbursement), by conducting "visualization" and generating a comparable situation Building a framework to check an outcome as a result of inputs (cost-effectiveness)
- With model projects of operational reforms and creation of standard outsourcing specifications, accelerating proper outsourcing to the private sector, which leads to innovation in public services and industrialization of public-related services
- Further promotion of innovation in local governments' public services by transition to cloud-computing technology and enforcing operational reforms, support for training persons who can promote IT strategy and securing human resources who can play a CIO role in local governments

* In proceeding the reform, various geographical conditions of each local government should be considered

<Local-government administrative and fiscal reform, and cross-sectorial initiatives (Excerpt)>

	FY2014, 2015		Intensive Reform Period				FY 2019	FY 2020	KPI (Level 1)	KPI (Level 2)
	<< Major ministries and agencies in charge >>		FY2016		FY2017	FY2018	-	-		
"Visualization" of local government administration and finance		Regular Diet session	Budget request Tax revision request, etc.	Year-end	Regular Diet session					
	<p><(6) Thorough "visualization" of local government administrative cost and information on owned or maintained infrastructure, information disclosure in a way accessible for everyone to use ></p> <p>- Full-scale "visualization" of local government finance</p>									
	<p>On MIC homepage disclose administrative cost comparison of organizations over the years, comparison with other organizations, finance status materials summarizing organizations' own analysis (Excel format), etc.</p>		<p>Comprehensively "visualize" administrative cost per resident including finance analysis:</p> <ul style="list-style-type: none"> - by nature such as maintenance cost, ordinary construction works expenditure (new, renewal) - by objectives like social welfare, sanitation, education 			<p>"Visualization" leading to comparison & analysis</p>		<p>Further consider promotion of "visualization", based on achievements of efforts in intensive reform period</p>		
			<p>In response to a new issue of aging public facilities and in line with improvement of fixed asset ledger, full-scale "visualization" of stock information through:</p> <ul style="list-style-type: none"> - "visualization" of each local government's "ratio of asset aging" and introduce "combined analysis" with future liability ratio - "visualization" of stock information such as area per person by facility type, land information from fixed asset ledger, etc. 							
			<p>Improve the ease of use of homepage for local financial closing information, by adding data search function or graph creation function for analysis</p>			<p>Consider database improvement so that local government and residents are able to compare with other organizations by specifying conditions such as area, population size or ratio of senior people, and execute proper measures as needed</p>				
<p>"Visualization" of information disclosure with enriched comparison between budget and settlement in consideration of administrative burden of local government</p>										
<p><<MIC Local Public Finance Bureau>></p>										

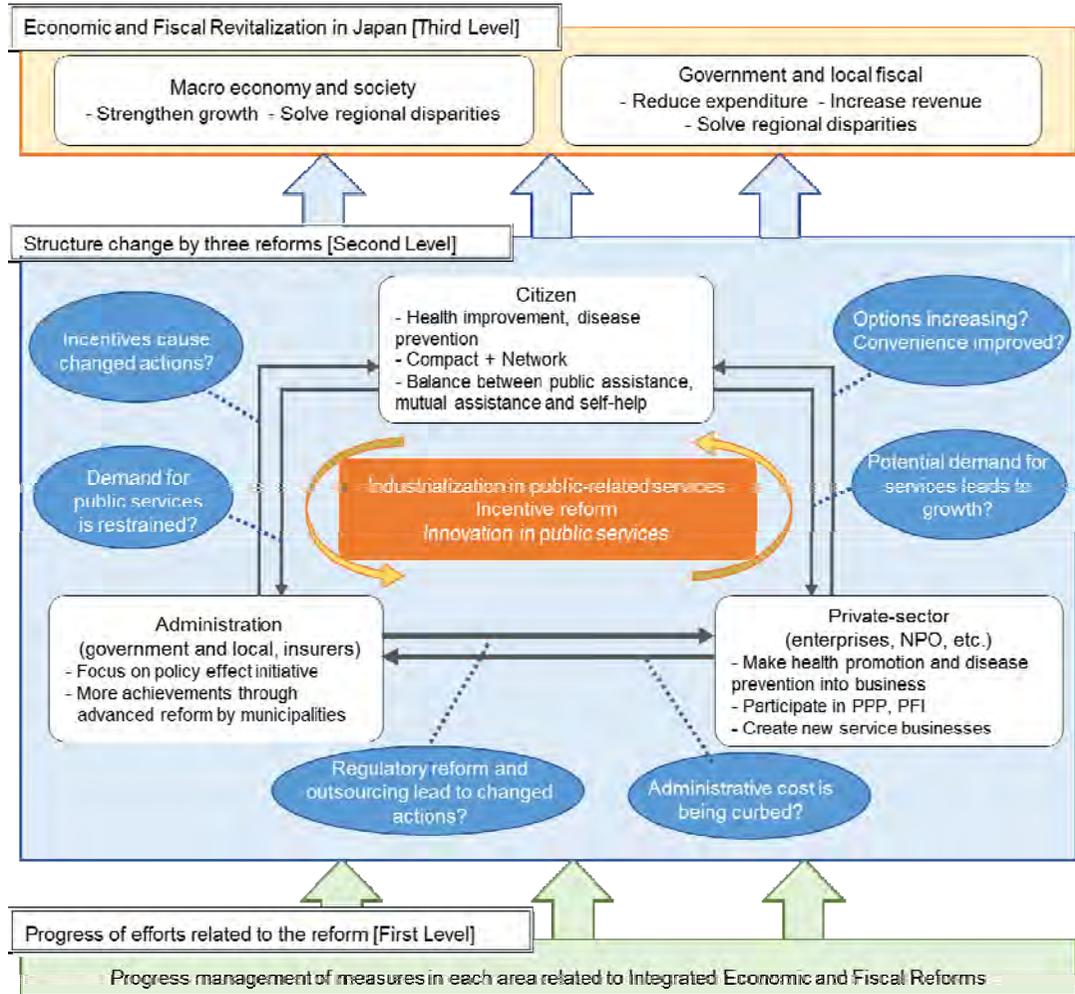
3. KPI Structure

- ❑ KPI focuses on checkpoints of progress management and a link to macro effects
- ❑ Systematize approximately 180 indicators, based on progress management, structural change and macro effect levels

<Major KPIs in key areas>

area	Indicator (example)	Numerical Target
Social Security	Number of prefectures that have front-loaded formulating medical cost optimization plan	Almost half (FY2016 End)
	Insurers working on healthcare cost optimization such as decreasing redundant/frequent treatments or redundant dosage	100%
	Number of local government promoting incentives targeting residents on disease prevention and health improvement (NHI insurer, etc.)	800 municipalities
	Regional diff. of healthcare cost/person (age-adjusted)	Gradually decrease until making it is halved
	Usage rate of generic drugs	70% or more (FY2017 mid), 80% or more (at the earliest in FY2018-2020 End)
	Insurer who analyzed regional diff. and formulated long-term care benefit moderation measures	100%
Non Social Security	Number of municipalities creating a plan of optimized location	150 municipalities (FY2020)
	Ratio of population who live in areas with highly convenient public transportation	Three major metro. areas: 90.8% (FY2020) Local major cities: 81.7% (FY2020) Local cities: 41.6% (FY2020)
	Number of ministries and local gov with 200,000 or more population that have formulated systems to prioritize adopting PPP/PFI methods	100% (FY2016 End)
	Ratio of local gov. working on measures for smaller school size	2/3 (FY2018) 100% (FY2020)
System, local administration and finance	Ratio of "outcome" reflected to Vitalizing Local Economies project costs (as the end in view)	More than half after the intensive reform period
	Number of municipalities that work on versatile and advanced reform such as the outsourcing of counter services	Double (FY2020)
	Number of local governments transitioning to cloud-computing technology	About 1000 (FY2017)
	Cost of the local governments' operations	Decrease by 30% (the deadline will be determined within the intensive reform period)

<KPI design concept>



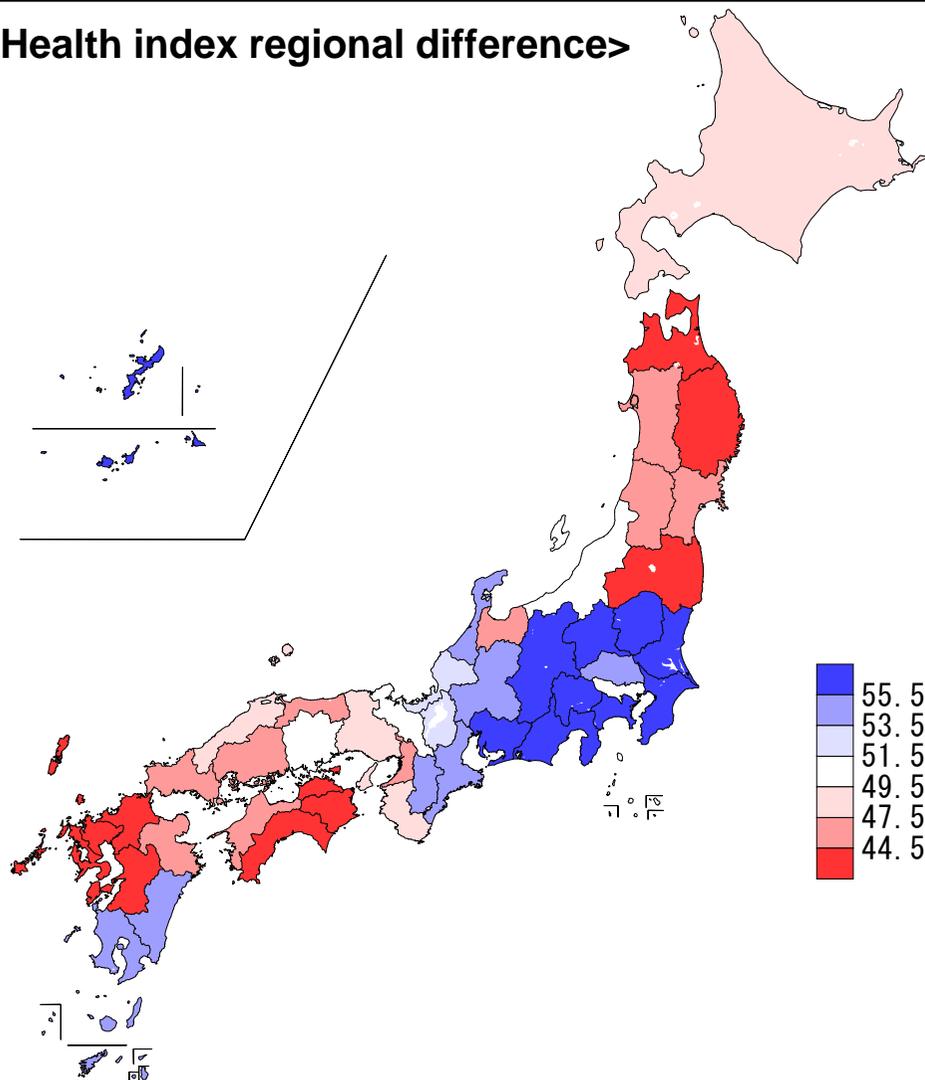
“Visualization” examples

Note: The following are implemented by the Cabinet Office as a trial, and the results shown are tentative

Healthcare cost per person: difference among prefectures

Negative correlation is implied between health index (healthy life expectancy, health awareness, consultation rate) and healthcare cost per person

<Health index regional difference>



<Healthcare cost / person (National Health Insurance) >

	Prof. with LOW cost	Cost/person (yen) (Actual)	Cost/person (yen) (age adjusted)	Regional Diff. Index
1	Ibaraki	280,331	311,276	0.90
2	Nagano	305,793	336,597	0.91
3	Tochigi	287,801	316,804	0.91
4	Chiba	293,209	322,114	0.91
5	Aichi	296,675	325,641	0.91
6	Shizuoka	306,899	333,126	0.92
7	Saitama	297,898	323,285	0.92
8	Gunma	303,483	323,506	0.93
9	Aomori	297,717	316,983	0.94
10	Kanagawa	306,773	325,247	0.94

	Prof. with HIGH cost	Cost /person (yen) (Actual)	Cost/person (yen) (age adjusted)	Regional Diff. Index
1	Saga	390,114	324,059	1.20
2	Kagawa	389,407	343,652	1.13
3	Yamaguchi	402,177	358,210	1.12
4	Kochi	388,381	348,057	1.12
5	Oita	385,031	344,862	1.12
6	Tokushima	380,865	342,403	1.11
7	Hiroshima	390,657	353,314	1.11
8	Nagasaki	358,861	325,284	1.10
9	Kumamoto	361,674	327,111	1.10
10	Kagoshima	361,938	326,878	1.10

(Remark) Health index is calculated from an arithmetic mean using deviation values of (1) healthy life expectancy (2) health awareness from Comprehensive Survey of Living Conditions 2013 (ratio of Good, Fine) (3) inpatient/outpatient consultation rate. Used 2010 data for healthy life expectancy, 2011 data for inpatient/outpatient consultation rate. With regard to deviations, they are simply used for healthy life expectancy and health awareness, but for inpatient/outpatient consultation rate the deviation value has been adjusted so that deviation grows as figures become smaller since the smaller figure is preferable.

(Remark) Created based on MHLW "Analysis on regional difference of healthcare cost"
 * Regional difference index is a relative figure of healthcare cost per person in a region with adjustment considering its age-structure, setting a national average index at 1. Regional difference index = healthcare cost per person in a region/healthcare cost per person assuming that the region's healthcare cost per person by age group is same as the national average
 * The figures of each prefecture are calculated from an arithmetic mean using figures per insurer within the prefecture

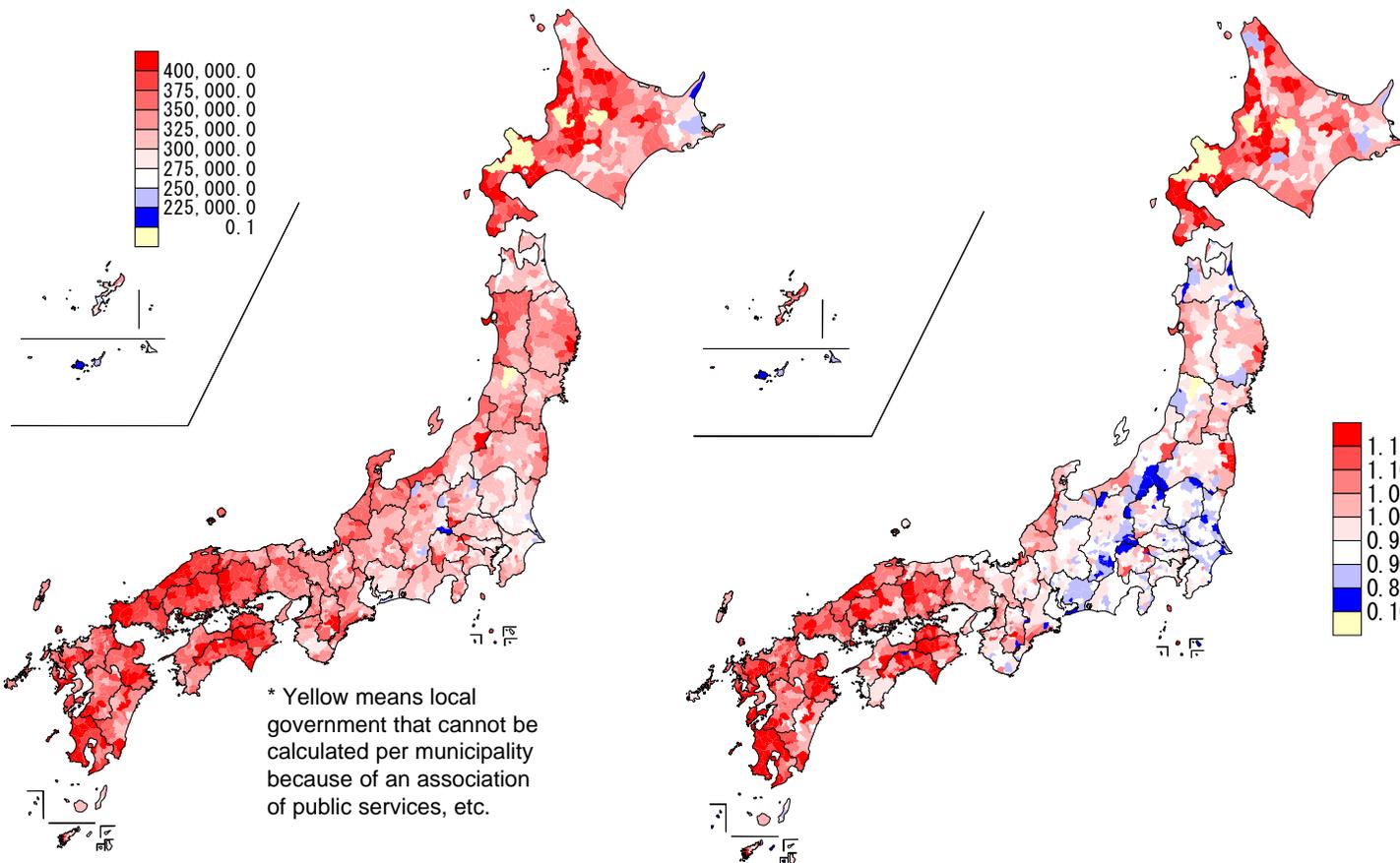
Healthcare cost per person: difference among municipalities

Even after being age-adjusted, Hokkaido, Chugoku/Shikoku and Kyushu areas mark high. On the other hand, Ibaraki, Nagano and Tochigi pref. have considerably lower costs.

<Healthcare cost / person (Actual, 2013) >

<Regional difference index (2013) >

<Municipalities with low regional difference index >



	Insurer	Cost/person (yen) (Actual)	Cost/person (yen) (age-adjusted)	Regional Diff. Index
1	Kitadaitou vil. OKINAWA	179,302	314,403	0.570
2	Ogasawara vil. TOKYO	168,415	242,270	0.695
3	Taketomi town, OKINAWA	179,503	254,758	0.705
4	Toyooka vil. NAGANO	226,016	318,950	0.709
5	Okawa vil. KOCHI	282,415	394,453	0.716
6	Shimokitayama vil. NARA	259,004	358,548	0.722
7	Mikurajima vil. TOKYO	185,976	255,510	0.728
8	Otari vil. NAGANO	234,436	315,820	0.742
9	Zamami vil. OKINAWA	175,379	234,969	0.746
10	Ohshika vil. NAGANO	246,674	329,275	0.749
11	Minamimaki vil. NAGANO	179,122	236,219	0.758
12	Yoron town, KAGOSHIMA	228,571	300,395	0.761
13	Koumi vil. NAGANO	248,394	321,263	0.773
14	Hakuba vil. NAGANO	235,774	300,095	0.786
15	Tsumagoi vil. GUNMA	232,124	294,441	0.788
16	Katashina vil. GUNMA	237,310	295,991	0.802
17	Kitaaiki vil. NAGANO	247,774	308,654	0.803
18	Anan town, NAGANO	291,316	361,792	0.805
19	Tarama vil. OKINAWA	234,768	291,442	0.806
20	Kosuge vil. YAMANASHI	270,854	335,681	0.807
21	Ohira vil. MIYAGI	250,394	310,289	0.807
22	Matsukawa town, NAGANO	263,658	326,425	0.808
23	Asahi city, CHIBA	237,495	292,889	0.811
24	Tahara city, AICHI	230,867	284,623	0.811
25	Toshima vil. KAGOSHIMA	247,662	304,606	0.813
26	Hinoemata vil. FUKUSHIMA	269,039	330,892	0.813
27	Hara vil. NAGANO	263,856	322,739	0.818
28	Karumai town, IWATE	264,620	323,055	0.819
29	Hokuto city, YAMANASHI	274,992	335,402	0.820
30	Mitsue vil. NARA	303,636	369,418	0.822
31	Toride city, IBARAKI	283,908	344,492	0.824
32	Yuzawa town, NIIGATA	268,413	325,478	0.825
33	Kikai town, KAGOSHIMA	265,164	321,313	0.825
34	Ijima town, NAGANO	290,795	351,996	0.826
35	Yasuoka vil. NAGANO	312,456	378,023	0.827
36	Ajigasawa town, AOMORI	259,562	313,474	0.828
37	Tokashiki vil. OKINAWA	215,659	260,297	0.829
38	Ohizumi town, GUNMA	239,410	288,842	0.829
39	Kawakami vil. NAGANO	186,016	223,876	0.831
40	Nogi town, TOCHIGI	273,264	328,790	0.831

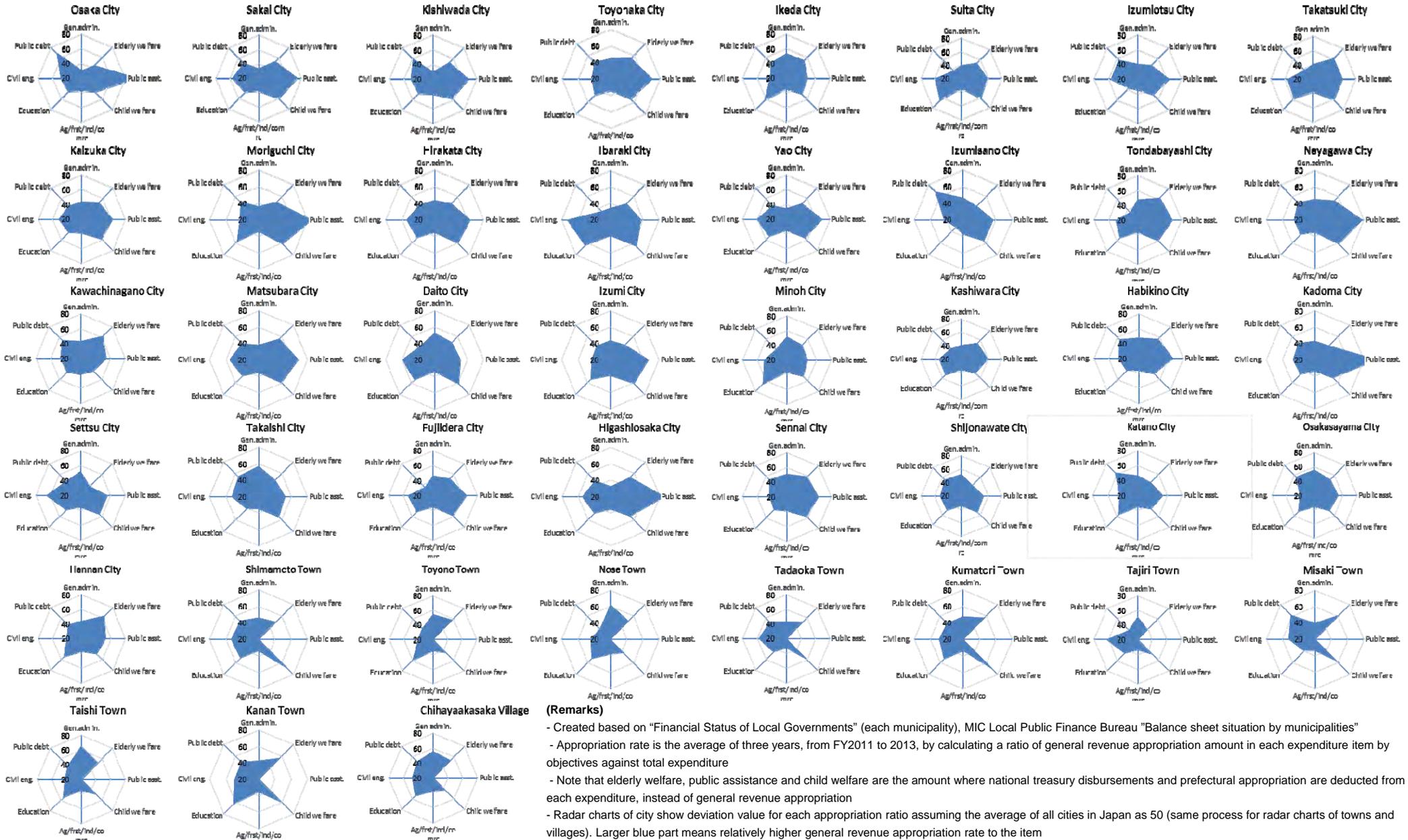
(Remark) Created based on MHLW "Analysis on regional difference of healthcare cost"

* Regional difference index is a relative figure of healthcare cost per person in a region with adjustment considering its age-structure, setting a national average index at 1.

Regional difference index = healthcare cost per person in a region/healthcare cost per person assuming that the region's healthcare cost per person by age group is same as the national average

□ Use of general revenue per municipality (e.g. Osaka pref.)

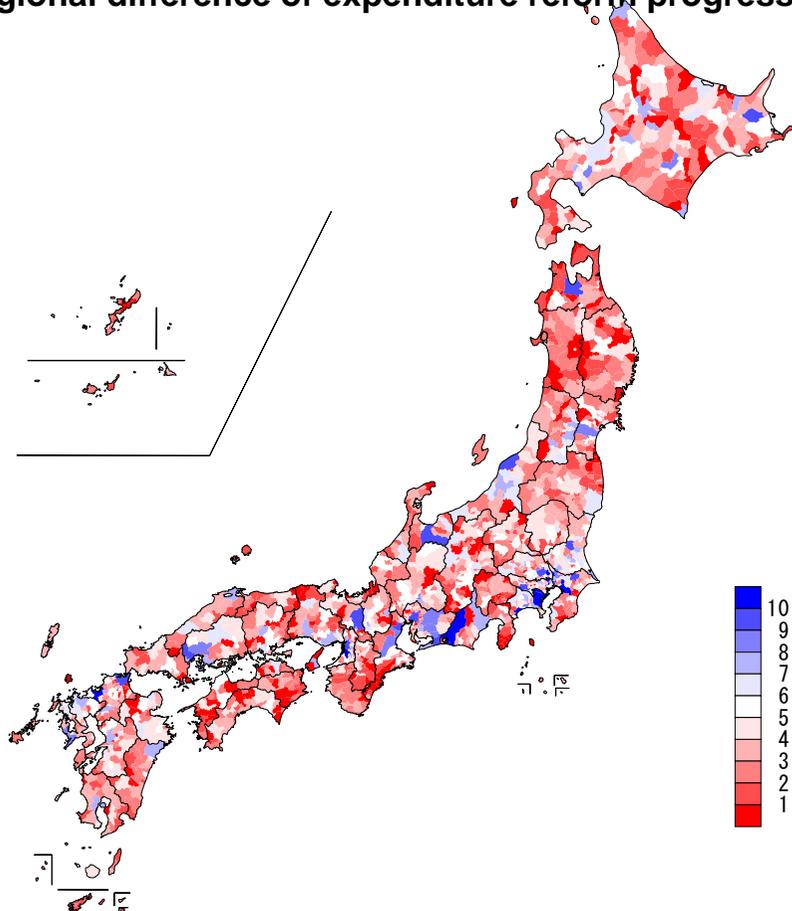
- ▣ Considerable differences are identified between municipalities by comparing use of general revenue.
- ▣ For example, Osaka city has high public debt and public assistance costs while Takatsuki city and Suita city use revenues for education and child welfare.



□ Relationship between the progress of expenditure reform and general affairs administrative cost in municipalities

- Major efforts regarding expenditure reform (outsourcing to private sectors, using double-entry bookkeeping, utilizing cloud-computing technology, formulating a comprehensive management plan for public facilities, etc.) are evaluated by three stages (0-2 points). The progress has been quantified using seven items in total, resulting in 0-14 points.
- Negative correlation is implied between the progress of expenditure reform and changes in general affairs administrative cost in municipalities.

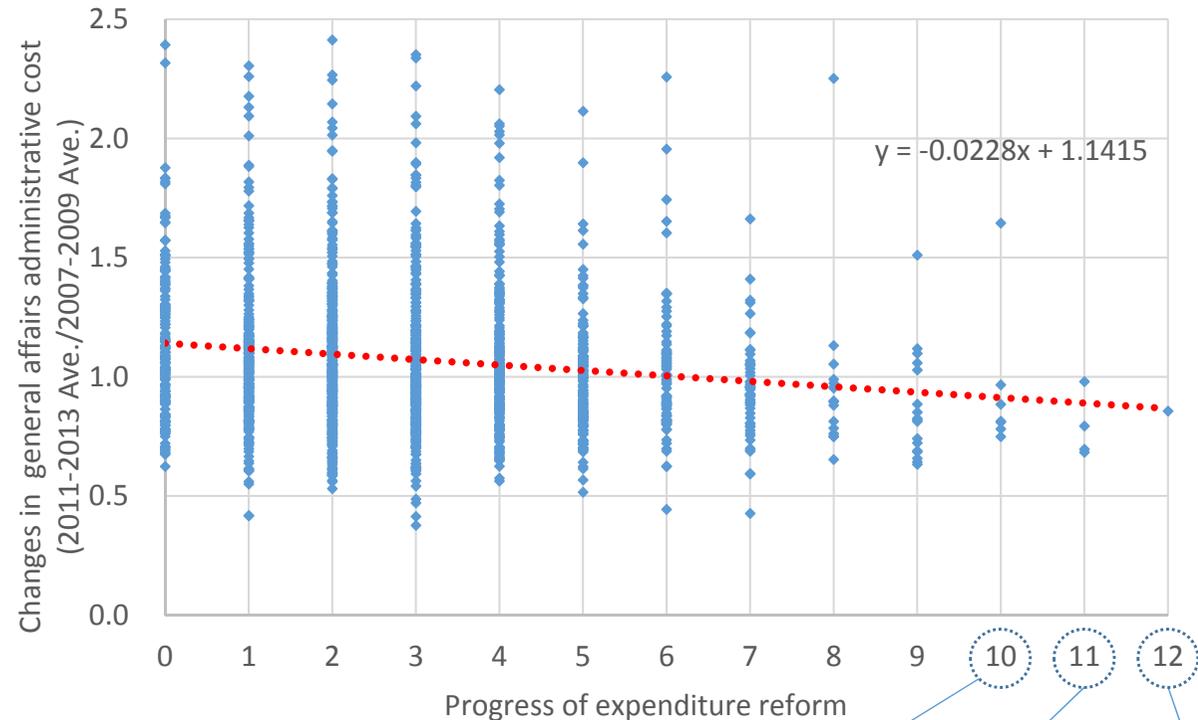
<Regional difference of expenditure reform progress>



(Remarks) Evaluation methods for expenditure reform progress are as follows.

(1) outsourcing to public sectors (five items with low execution rate such as school janitors): 2 points if executing four items or more (467 municipalities), 1 point if executing three (468 mun.) (2) general affairs (six items) delegation to public sectors: 2 points if executing three or more items (102 mun.), 1 point if executing two items (216 mun.) (3) using double-entry bookkeeping: 2 points if used (272 mun.) (4) utilizing cloud-computing technology: 2 points if utilized (432 mun.), 1 point if scheduled to utilize it (441 mun.) (5) formulating a comprehensive management plan for public facilities: 2 points if formulated (64 mun.), 1 point if scheduled to formulate by FY2015 (452 mun.) (6) PFI experience: 2 points if experienced (163 mun.) (7) "Survey on the current status of Integrated Economic and Fiscal Reforms in local governments" (October 2015, Cabinet Office): regarding efforts for innovation in public services, 2 points if answered "making efforts in multiple areas" (57 mun.), 1 point if "making efforts although few" (348 mun.). Note that municipalities affected by the Great East Japan Earthquake and spending remarkably high administrative cost are excluded.

<Relationship between the progress of expenditure reform and changes in general affairs administrative cost (2011-2013 Ave./2007-2009 Ave.) >

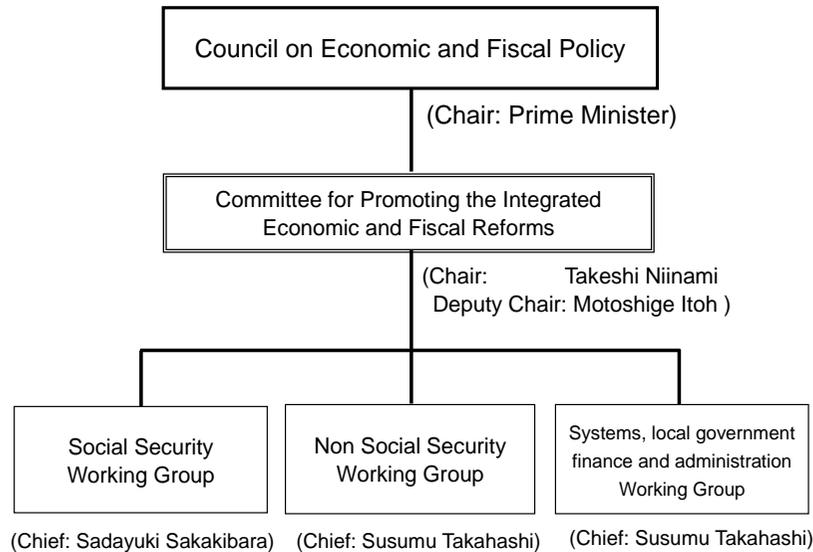


Chiba city, CHIBA	Koshigaya city, SAITAMA	Nagareyama city, CHIBA
Yachiyo city, CHIBA	Kawasaki city, KANAGAWA	
Sumida city, TOKYO	Hamamatsu city, SHIZUOKA	
Adachi city, TOKYO	Sakai city, OSAKA	
Yokohama city, KANAGAWA		
Odawara city, KANAGAWA		
Fukuoka city, FUKUOKA		

(Reference) Committee for Promoting the Integrated Economic and Fiscal Reforms: Working Structure and Past Meetings

Under the structure below, five committee meetings and 18 working group meetings have been held since August 10, 2015.

<Committee for Promoting the Integrated Economic and Fiscal Reforms Working Structure>



<Past Meetings held by Committee and WG>

Committee for Promoting the Integrated Economic and Fiscal Reforms

1st mtg	Aug 10	(Committee discussion points, committee operation, etc.)
2nd mtg	Oct 13	(Interim summary (draft), future discussion)
3rd mtg	Nov 26	(WG discussion status, Committee report (proposal))
4th mtg	Dec 1	(Committee report (original draft), etc.)
5th mtg	Dec 16	(Committee report (draft), etc.)

Social Security WG

1st mtg	Aug 28	(Discussion topics and process, KPI, etc.)
2nd mtg	Sept 24	(Hearing from relevant ministries on future direction, etc.)
3rd mtg	Oct 2	(Hearing from relevant ministries on future direction, etc.)
4th mtg	Oct 29	(Hearing from relevant ministries, KPI presentation by expert committee members)
5th mtg	Nov 16	(KPI, reform schedule)
6th mtg	Nov 20	(KPI, reform schedule)

Non Social Security WG

1st mtg	Aug 28	(Social infrastructure improvement, items to consider regarding education and science technology)
2nd mtg	Sept 11	(Hearing from relevant ministries, etc.)
3rd mtg	Oct 2	(Hearing from relevant ministries, etc.)
4th mtg	Oct 28	(Hearing from relevant ministries, etc.)
5th mtg	Nov 10	(Hearing from relevant ministries, discussion status, etc.)
6th mtg	Nov 17	(Social infrastructure improvement (reform schedule, KPI), etc.)
7th mtg	Nov 18	(Education and science technology (reform schedule, KPI), etc.)

Systems and local government finance and administration WG

1st mtg	Aug 31	(WG process, etc.)
2nd mtg	Sep 17	(Hearing from relevant ministries, etc.)
3rd mtg	Oct 6	(Hearing from relevant ministries, etc.)
4th mtg	Nov 10	(Discussion on reform schedule and KPI original draft, etc.)
5th mtg	Nov 18	(Discussion on reform schedule and KPI draft)

Nobuo Akai	Professor, Osaka School of International Public Policy, Osaka University
Motoshige Itoh	Professor, Graduate School of Economics, The University of Tokyo
Yukiko Ito	Associate Professor, Department of Economics, Faculty of Humanities and Social Sciences, Tokyo Gakugei University
Hiroshi Ohashi	Professor, Graduate School of Economics, The University of Tokyo
Sadayuki Sakakibara	Chief Senior Advisor, Chief Senior Counselor, Toray Industries, Inc.
Motohiro Sato	Professor, Faculty of Economics, School of International and Public Policy, Hitotsubashi University
Hitoshi Suzuki	Chief Researcher, Head of Public Policy Team, Daiwa Institute of Research Ltd.
Susumu Takahashi	Chairman, The Japan Research Institute
Takeshi Niinami	President & Chief Executive Officer, Member of the Board, Representative Director, Suntory Holdings Limited
Eiji Hato	Professor, School of Engineering, The University of Tokyo
Yuji Furui	Assistant Professor, Policy Alternatives Research Institute, The University of Tokyo
Mitsuo Makino	Mayor of Iida City, Nagano Prefecture
Shinya Matsuda	Professor, School of Medicine, University of Occupational and Environmental Health
Daisuke Yamada	Managing Executive Officer, Mizuho Bank, Ltd.

(Japanese alphabetical order)
(Honorifics omitted)