

“Health and Development“ Initiative (HDI)  
~ Japan’s contribution in achieving the health related MDGs ~

June 2005  
Government of Japan

**1. Japan’s basic position**

(1) In the year 2000, the United Nations member states adopted the Millennium Declaration, in which development goals were incorporated, putting poverty reduction at the center of concerns. Those Development Goals, which later came to be known as Millennium Development Goals (MDGs) and established the time-bound targets to be achieved by 2015, are composed of eight goals, three of which explicitly refer to health. Achieving the health MDGs is recognized to be important in order to attain all the eight MDGs. However the progress toward achieving MDGs is lagging in many developing countries.

(2) The issues related to health services in developing countries are not simply medical problems but also serious inhibiting factors in the pursuit of development because health problems are not only threats to individual lives, “human security”, but also have negative socioeconomic impacts on societies. For example, people’s health conditions become worse with the problems caused by a fragile health system, such as a lack of access to health services, health education, safe drinking water and adequate sanitary facilities, as well as malnutrition, resulting in, at the national level, the shrinkage of labor force, increase in the cost of medical care, and loss of the educational opportunities among those affected by poor health and leading to poverty worsens. It is therefore extremely significant to achieve health MDGs to address poverty reduction.

(3) With the advancement of globalization, there has been a growing threat that infectious diseases such as HIV/AIDS, avian flue and Severe Acute Respiratory Syndrome (SARS) are spreading easily across country borders. Infectious diseases, which the “ODA Charter” and the “Mid-Term Policy on ODA” regards as one of the global issues, are a common threat to human beings. Japan has responsibility to take measures against infectious diseases for the protection of the people’s health not only in Japan, but also throughout the world, in collaboration with the international community including the developing countries, other donor countries and international organizations.

(4) Through the Okinawa Infectious Disease Initiative (IDI) announced at the Kyushu-Okinawa G8 Summit in 2000, Japan has implemented assistance in health-related areas that considerably exceeds US\$ 3 billion, the amount pledged in 2000 in the five years between FY2000 and FY2004. The initiative not only helped the international community acknowledge the importance of infectious disease control, but also paved the way for the establishment of the Global Fund to fight AIDS, Tuberculosis and Malaria, thus realizing the concept of a public-private partnership. Looking also to the past, in 1994 Japan

announced the “Global Issue Initiative on Population and AIDS” in collaboration with the United States, and gave comprehensive support to actions against HIV/AIDS as well as family planning and population control. In 1997, Japan announced the “International Parasite Control Initiative (also known as Hashimoto Initiative),” and in 1998, Japan adopted the “TICAD Tokyo Action Plan”, which included measures against various health problems in Africa such as infectious diseases.

(5) With the completion of IDI in March 2005 and the importance of MDG-related measures, and in view of the convening of the United Nations High-level Plenary Meeting on the Millennium Declaration, the Government of Japan launches this initiative, to continue and further enhance its active contribution in the health-related sector through ODA, with an emphasis on the achievement of MDGs by 2015.

## 2. Basic Policies

Based on the following basic policies, Japan will support the self-help efforts of developing countries through its ODA in order to promote people's health in developing countries and thereby contribute to achieving the health MDGs.

### (1) Emphasizing the "Human Security"<sup>1</sup> perspective

The international community has become interdependent to an unprecedented degree. Against this background, in order to address humanitarian crises resulting from the spread of infectious diseases including HIV/AIDS, it is necessary to provide assistance with the perspective of "human security", which places the focus on individual people, along with national perspectives. "Human security" focuses on individual people and aims at building societies in which everyone can live with dignity, by protecting and empowering individuals and communities that are exposed to threats. The perspective of "human security" is particularly important in health which is directly related to human lives. Based on this recognition, in order to address various health threats including malnutrition, a lack of safe water supplies and sanitary facilities, and health services, and the spread of infectious diseases, and enable individuals and local communities to protect themselves from ill health, Japan will support sustained capacity development in order for individuals to protect themselves from health problems by providing quality health services, prevention education and enlightenment. In case regions or socially disadvantaged people such as ethnic minorities without adequate access to health services due to regional, income or gender disparities, Japan will give consideration to enabling them to have access to such services.

### (2) Cross-sectoral Actions

Since the challenges existing in the field of health and the causes of problems are diverse and complex, it is important to implement cross-sectoral actions in order to effectively address those challenges and problems. To this end, in addition to dealing directly with individual health related challenges on a case-by-case basis, Japan will implement comprehensive assistance that cover the whole sector including strengthening health systems. Furthermore, taking into consideration its support for other sectors which relate closely to health, Japan will seek to provide the integral support that combines the various modalities of its assistance.

In the post-Second World War era, Japan drastically reduced the infant mortality rate and improved life expectancy through improving nutritional status, the promotion of the Mother-and-Child Health Handbook and health education in schools, improvement of water supply and sanitation systems, local health activities and institutional capacity building. Furthermore, concerning infectious

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<sup>1</sup> "Human Security" means focusing on individuals and building societies in which everyone can live with dignity, and protecting and empowering individuals and communities that are exposed to actual or potential threats. In concrete terms, it aims at protecting individuals from "fears," such as conflict, terrorism, crime, human-rights violation, displacement, disease epidemics, environmental destruction, economic crises and natural disasters, and "wants" such as poverty, hunger and lack of educational and health services, and empowering people so that they can make choices and take actions for improving the quality of their lives.

diseases, Japan substantially reduced the number of tuberculosis patients and eradicated some parasitic diseases including malaria, schistosomiasis and filariasis. Utilizing its own experience and expertise that Japan has developed in improving people's health through such cross-sectoral actions, Japan is determined to extend effective cooperation in the health and medical field.

In concrete terms, establishing a basic infrastructure for health services and health systems thereby improving the quality of medical services are measures which will contribute to overcoming many challenges in the health field. By combining assistance directly related to health and assistance indirectly related to health, including the improvement of water supplies and sanitation, education and infrastructure (roads, communication networks, electric power systems and garbage dump systems), Japan will work for the achievement of MDGs. Furthermore, Japan will take into consideration gender perspectives in taking these actions.

### (3) Collaboration and coordination with the international community

Collaboration with other donor countries and international organizations as well as other developing countries need to be strengthened in order to enhance the effectiveness of assistance. Japan will promote South-South cooperation<sup>2</sup> in which developing countries share their experiences and the measures that were effective, and utilize them fully to address their common concerns. Collaborating with other donor agencies, Japan will endeavor to provide assistance effectively in a unified and coherent manner by sharing strategies and goals. With regard to the approaches in which international organizations have comparative advantages, Japan will seek to contribute through financial cooperation, taking into due consideration synergies with Japan's bilateral aid. Cooperation with NGOs and civil societies pertaining to health will be strengthened with a view towards achieving MDGs.

### (4) Formulation of assistance programs in accordance with various local needs in developing countries

It is necessary to formulate an aid strategy in the health field based on an accurate understanding of the health needs of each partner country. By understanding the priority needs of partner countries and then formulating an appropriate strategy in light of those priorities, Japan is determined to provide its assistance effectively and efficiently. When developing countries have their own development programs or strategies related to health, Japan will implement its assistance in a coordinated manner, taking into full consideration those strategies.

### (5) Strengthening the research capacity on the ground and paying due respect to local conditions

In providing assistance, it is essential to fully understand local culture and traditions, and the social norms and practices toward illness. For instance, in a

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<sup>2</sup> South-south cooperation is an exchange of resources, experiences and know-how among developing countries and newly emerging donors. It enables a smooth transfer of technologies sustainable for a recipient country from a country with a similar background of economic development.

society where a certain type of diarrhea is considered an initiation in order for children to become adults, there might be difficulties in conducting appropriate diarrhea control in a timely and efficient manner. Japan will thus seek to extend its assistance, taking into due consideration those local culture, traditions and norms toward ill health. Utilizing its own experience and know-how not only in health and medical fields, but also in other fields, such as sociology and anthropology, Japan will seek to strengthen research capacity at the field level, in particular research activities for project implementation<sup>3</sup>.

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<sup>3</sup> One example of research activities for project implementation is “operational research”, which is the research that gives an answer to what the problems are and thus what technologies or models are appropriate to find the solutions to those problems.

### 3. Concrete measures

#### (1) Assistance for strengthening institutional capacity development in the health sector

Japan will take the following measures in order to support strengthening the basic capacity for all health-related MDGs. Local health systems are the basis of the health sector in developing countries, and support for the construction of systems through the following measures promotes development. Moreover, in developing those health and medical systems, Japan will implement multi-dimensional assistance, which includes human resources development in particular for those involved in national and local health administration and improvement of facilities such as construction of core hospitals, attaching great importance to addressing capacity-building and the correction of disparities in local communities.

##### (a) Strengthening health systems

Japan will support the construction and strengthening of referral systems<sup>4</sup>, improvement of infectious disease surveillance functions<sup>5</sup>, construction of a medical care information management system, and development of an essential drug supply system. Japan will also provide its assistance for the improvement of a health and population statistics system, and for the development of monitoring and evaluation capacities.

##### (b) Capacity building for health workers

Japan will support the formulation of medium- and long-term programs on human resources development and also support capacity development for those involved in national and local health administrations, as well as the health workers including doctors and public health nurses.

##### (c) Development of health facilities and strengthening of their functions

Japan will support the development of health facilities and strengthening their functions through the construction of health centers, hospitals and other health-related facilities, and providing for medical equipment.

#### (2) Assistance in areas that reinforce the health sector and cross-cutting actions

In order to achieve health MDGs, assistance solely in the health sector is insufficient. It is therefore important to make efforts to address various problems, combining support in the health sector with other sectors. As an example, safe water supplies prevent children from infectious diarrhea and thereby contributes to the improvement of children's health overall. The improvement of literacy and health education contributes to illness prevention by understanding and conveying basic knowledge about diseases. The construction and maintenance of roads contributes to improved access to local health services. From a gender perspective, it is important to pay proper attention to women because women are often placed in a weak position socially and have more difficulties than men accessing health services. Based on such recognition, Japan will take the following measures which contribute to the achievement of

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<sup>4</sup> The system which offers high quality service by information exchange and close communication among health centers, clinics and hospitals enabling to transfer patients smoothly to appropriate health facilities.

<sup>5</sup> Continuous observation and analysis on the distribution and spread of infectious diseases and related factors with sufficient accuracy and perfection, and thereby establish efficient counter measures.

health MDGs.

(a) Promoting gender equality

Gender equality should be addressed across all measures taken in the health sector. Japan will provide assistance on reproductive health and rights<sup>6</sup>, for addressing gender disparity in access to health services, and capacity development for women, in response to the particular needs of women's health.

(b) Assistance in the education sector

Japan will provide assistance for education focusing on sanitation and prevention such as against HIV/AIDS and parasitic diseases to address local health issues, at primary and secondary schools, non-formal schools for out-of-school children, school dropouts and street children, and literacy classes for adults. Moreover, support will be given to protect AIDS orphans from dropout and discrimination. Furthermore, Japan will support school meal programs and thereby improve the nutritional status of children.

(c) Assistance on water and sanitation

A safe water supply and access to adequate sanitary facilities greatly contribute to improving public health and prevents children from diarrhea, which is one of the major causes of infant death. Moreover, assistance for sanitary facilities such as the provision of safe water and installation of latrines is effective as a measure to control parasitic diseases. Japan will therefore support these activities in a comprehensive manner, for instance, combining the installation of water supply equipment and toilets, and health education at schools in implementing a project for school construction, or combining the appropriate development of safe water supplies and sanitary facilities, and health education in areas where the frequent epidemics of waterborne infection are recognized.

(d) Assistance for improving socio-economic Infrastructure

Assistance for development of roads, telecommunication systems, electric power systems, and garbage dump systems are important so as to improve access to health services and to preserve quality health services. Japan will support infrastructure development to improve the quality of health services and medical care. Moreover, Japan will conduct surveys and studies to maximize the effect of cross-sectoral assistance, including consideration of the necessary factors to be considered for the improvement of health services in developing infrastructure such as roads.

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<sup>6</sup> Reproductive health and rights are those related to sex and reproduction. Programme of Action adopted at the 1994 International Conference on Population and Development states that "reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so".

### **(3)Actions toward achieving MDGs**

In addition to the actions mentioned in (1) and (2) above, the initiative focuses on practical actions to achieve the health MDGs, namely Goals 4, 5 and 6, as follows;

#### **Goal 4: Reduce Child Mortality**

Target 5: Reduce under-five mortality rate by two thirds by 2015

Indicator 13: under-five mortality rate

Indicator 14: infant mortality rate

Indicator 15: proportion of 1 year-old children immunized against measles

#### **(Current situation)**

Approximately 11 million children die every year in the world. The majority are children living in developing countries and most of them die of diseases that are preventable and treatable with existing medical technology and care. It is reported that the indicators in sub-Saharan Africa are now at the worst levels and their infant mortality rate per 1000 births in most of the countries in the region is over 100. It is foreseen that the goal could be achieved in North Africa, Latin America, Caribbean and Southeast Asia. However there are enormous disparities within regions, between urban and rural areas, the rich and the poor, and gender disparity, even in those regions with positive perspectives. It is expected that at the current pace no more than a 42 % reduction (the target is two thirds=about 67% reduction) in child mortality can be achieved. ARI, diarrhoea, malaria, measles and HIV/AIDS are the major causes of the infant mortality. More than 60% of infants are suffering from malnutrition. Most child deaths are preventable if the appropriate interventions are made, such as nutritional treatment, and hygienic environment, immunisation, education and ensuring access to health services. It is also important in achieving improved child health to ensure children are protected against child abuse, sexual exploitation and child labour.

#### **(Measures)**

Japan will support the efforts made by developing countries including coping, for example, with diarrhoea by universal usage of ORS (Oral Rehydration Salt<sup>7</sup>) and ensuring access to safe water and adequate sanitary facilities, and as per ARI (Acute Respiratory Infections) by providing antibiotics. Concurrently Japan will also support developing countries in providing vitamin A and iodine to improve the nutritional status of the children. Against malaria, Japan will provide the insecticide-treated bed nets and treatment with effective anti-malarias. For measles, which is still a killer disease against children,

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<sup>7</sup> ORS contains a variety of salts (electrolytes) and sugar. The combination of electrolytes and sugar stimulates water and electrolyte absorption from the intestines. It therefore prevents or reverses dehydration.

Japan will extend its support for immunisation since measles is preventable by safe, effective and relatively cost-effective vaccination. At the same time, Japan will support the prevention interventions for improvement of the health status of infants by ensuring health check-ups and weighing children regularly. As the various factors are related to children's death, Japan will support developing countries in promoting the IMCI (Integrated management of Childhood Illness<sup>8</sup>), which many countries have adopted as the comprehensive approach to children's health and establishing antenatal care in local communities.

## **Goal 5: Improve Maternal Health**

Indicator 16: Maternal mortality ratio

Indicator 17: Proportion of births attended by skilled health personnel

### **(Current situation)**

13% of deaths of women of reproductive age (15-49 years of age) occur in pregnancy or childbirth, and it is the third major cause of death followed by HIV/AIDS and injuries. Maternal mortality is often preventable with appropriate interventions. Although the impact of the death of women who play important roles to ensure family health is not measurable, it certainly seriously affects the children's health and family health status. The situation in sub-Saharan Africa and the South Asian region is especially serious. Since maternal mortality is related to not only economic factors (MMR is relatively high in rural areas and among the poor) but also the social factors (gender disparities in access to health services, and some traditional practices which influence women's health), the challenges to improve the situation are enormous. It is presumed that the goal will not be achieved except in the Middle East and North Africa. In order to achieve this goal, it is indispensable to ensure the universal access to reproductive health, greater skilled attendants at delivery, improved prenatal health check-ups, improved use of family planning, etc. At the same time, it is important to coordinate these interventions in an effective manner with those to achieve MDG Goal 2 (Achieve universal primary education) and Goal 3 (Promote gender equality and empower women).

### **(Measures)**

In order to protect maternal health and reduce maternal mortality in pregnancy and childbirth, avoiding unwanted pregnancy, premature labor and appropriate spacing, Japan will support awareness raising and community education and distribution of contraceptive, especially focusing on adolescents. Japan will support training for health staffs to increase skilled attendants at delivery. By providing medical equipments, medicines, ambulances and

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<sup>8</sup> Because most child deaths occur at home, before reaching health facilities, improving children's health through the community are at the core of IMCI. This strategy has three main areas of focus: improving health worker skills, improving health systems and improving family and community practices.

supporting clinics and hospitals, Japan will ensure the safe delivery and improve emergency obstetric care<sup>9</sup>. In addition, Japan will provide assistance to improve access to health facilities by rehabilitating infrastructure such as roads. In addition, bearing in mind the importance of continuous care for maternal and children's health, Japan will endeavour to disseminate Mother-and-Child Health Handbooks and to increase prenatal health check-ups and thereby protect maternal health.

## **Goal 6: Combat HIV/AIDS, malaria and other diseases**

### **Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS**

Indicator 18: HIV prevalence among pregnant women aged 15-24 years

Indicator 19: Condom use rate of the contraceptive prevalence rate

Indicator 20: ratio of school attendance of orphans to school attendance of non-orphans aged 10-14.

#### **(Current situation)**

Estimates suggests that approximately 3 million people died of AIDS just in 2003, and more than 25 million people have died of AIDS since the inception of its pandemic. As of now, it is estimated that about 90% of the people living with HIV/AIDS are in developing countries. HIV/AIDS affects populations at productive ages, and thereby seriously affects the society and the economy. HIV/AIDS is one of the major causes of poverty.

With regard to areas or regions, Sub-Saharan Africa is most affected by HIV/AIDS, followed by the Caribbean, Eastern-Europe, Russia and newly independent countries from former Soviet Union where prevalence of HIV is increasing drastically. HIV/AIDS has been spreading among general population quite rapidly in Asia, especially in East and South Asia. Furthermore, particularly regarding women, there exist a number of social factors that make women more vulnerable to HIV infection. Actions need to take into account the gender perspective. Since, as of the end of 2003, there were about 15 million children who lost at least one parent to HIV/AIDS, actions must address the issue of AIDS orphans.

#### **(Measures)**

In order to reduce the risk of being infected with HIV/AIDS, prevention through awareness raising and education, condom use are important activities. With emphasis on adolescents, Japan will support human resource development in order to facilitate prevention activities and provide such supplies as condom. For effective prevention, various measures will be targeted to those at a high risk of HIV infection. In providing assistance to build a large-scale infrastructure, it is also important to include prevention interventions to those who are part of a

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<sup>9</sup> It is the emergency care to prevent pregnancy related mortality and morbidity. The emergency obstetric care is to focus on dealing with bleeding during pregnancy, pregnancy induced hypertension, pre-term labor, obstructed and prolonged labor, intrauterine death, anemia, and post-partum hemorrhage. For this emergency care to function efficiently, community education, quality antenatal care and transfer systems for the emergency patients are essential.

migratory labor force, as well as to those living in the surrounding area, for instance, through prevention education or provision of condoms. In addition, Japan will provide support to control Sexually Transmitted Infections, which increase the risk of acquiring HIV, paying a close attention especially to the most vulnerable populations.

With regard to treatment and care for HIV/AIDS, Japan will promote Voluntary Counseling and Testing (VCT) through the supply of test kits, support to develop human resources for counseling, and providing health care facilities. Through its contribution to the related international organizations, Japan also will seek to help scale up anti-retrovirus therapy (ART), and to support treatment and care for opportunistic infections. At the same time, Japan will provide assistance for the prevention of mother-to-child transmission, and for the greater involvement of people living with HIV/AIDS (GIPA). Japan will address the issue of protection of AIDS orphans from social dropout and discrimination. Japan will also support the development of the health system in order to supply safe blood, and thereby reduce the risk of acquiring HIV. In order to make the aid more effective at the field level, Japan attaches importance to aid harmonization and alignment, emphasizing the importance of the principles of "Three Ones"<sup>10</sup> that UNAIDS advocates. Moreover, through utilizing the program funds approved by the Global Fund to Fight AIDS, Tuberculosis and Malaria, Japan will seek to develop human resources and support areas where Japan has a comparative advantage at the field level such as prevention.

## **Goal 6: Combat HIV/AIDS, malaria and other diseases**

### **Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other diseases**

Indicator 21: Prevalence and death rate associated with malaria

Indicator 22: Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures

Indicator 23: Prevalence and death rate associated with tuberculosis

Indicator 24: proportion of tuberculosis cases detected and cured under DOTS

#### **(A) Malaria and tuberculosis (Current situation)**

Each year, there are 300 million people throughout the world who newly acquire malaria and 60 million who are newly infected with tuberculosis- about 1 million die of malaria and 2 million die of tuberculosis. With regard to malaria, 80% of deaths are found in children who live in Sub-Saharan Africa. As for tuberculosis, Asia and the Pacific account for approximately 57% of the patients and 55% of deaths due to tuberculosis. Tuberculosis is the common infectious disease in Asia and the Pacific, and those who suffer are adults who are at the

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<sup>10</sup> To achieve the most effective and efficient use of resources, and to ensure rapid action and result-based management, the USAIDS and other major donors advocate one agreed HIV/AIDS action framework; one national AIDS coordinating authority; and one agreed country-level monitoring and evaluation system.

center of the society and whose productivity is high.

Despite the fact that there exist effective measures to control or treat these diseases, a large number of people die from them. Furthermore, tuberculosis is closely related with HIV/AIDS and those infected with tuberculosis is increasing along with the spread of HIV/AIDS. The resulting decrease in the labor force, either directly or indirectly, and the increase in the cost to treat sick people is a serious cause of poverty for individuals as well as for government finance.

**(Measures)**

With regard to malaria, Japan will support prevention education, check-ups and treatment. In particular it will provide assistance to supply anti-malaria drugs and insecticide-treated bed nets, if possible long-lasting ones, which is considered a useful measure in the “Roll back malaria”<sup>11</sup> initiative endorsed by WHO, UNICEF and World Bank. Further, when constructing dams or irrigation facilities, Japan also will provide assistance to raise awareness for the prevention of malaria.

With regard to tuberculosis control, since it is known that the DOTS<sup>12</sup> strategy is quite effective, Japan will seek to supply anti-TB drugs and test kits, and provide assistance to develop human resources that are needed to promote the DOTS strategy.

**(B) Other infectious diseases**

**(a) Polio**

**(Current situation)**

The number of polio cases reported around the world decreased dramatically from 35,251 in 1988 to 1,919 in 2002. Although polio eradication was declared successful in North and South America, the Western Pacific regions and Europe, polio cases still remain, if smaller in number, in South Asia and sub-Saharan Africa..

**(Measures)**

Japan will continue to support polio eradication programs through the supply of polio vaccine, and technical cooperation on diagnosis, surveillance and production of vaccine.

**(b) Parasitic diseases**

**(Current situation)**

Major parasitic diseases in the developing countries are filariasis, schistosomiasis, duracunculiasis, onchocerciasis, and tripanosomiasis. Throughout the world, more than half the population is infected with those parasitic diseases, many of them in the developing countries.

**(Measures)**

In order to control parasitic diseases, it is effective to support prevention, treatment and education through schools and local communities. Providing assistance, including through South-South cooperation, Japan will support

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<sup>11</sup> The Roll Back Malaria (RBM) Global Partnership was launched in 1998 by the WHO, UNICEF, UNDP and the World Bank. RBM's goal is to halve the burden of malaria by 2010.

<sup>12</sup> Directly Observed Treatment, Short course; it is the treatment in which anti-tuberculosis drugs are given to the patients under directly observed conditions.

human resource development to control parasitic diseases including filariasis, schistosomiasis, dracunculiasis, onchocerciasis, and tripanosomiasis. In close collaboration with WHO/WPRO, Japan is seeking to eradicate filariasis in the Western Pacific region with the objective of achieving this by 2010. In addition, since construction of irrigation facilities may lead to prevalence of parasitic diseases, in connection with such assistance, Japan will provide assistance to raise awareness of prevention and countermeasures against parasitic diseases.

**(c) Emerging diseases  
(Current situation)**

Infectious diseases such as SARS or avian flu are newly emerging threats to human beings and thus might result in severe damage to people's health. Besides, viruses such as influenza mutates so rapidly that it might attain the potential ability to easily spread world-wide.

**(Measures)**

Cooperating with other donors and international organizations such as the WHO, Japan will support the establishment of the worldwide surveillance system for early detection, thereby contributing to taking countermeasures against epidemics at an early stage.

**(4) Strengthening the Japan's aid implementation capacity**

Japan will further endeavor to strengthen its own capacity for development aid in order to put this initiative into operation. In concrete terms, Japan will develop human resources so as to provide health-related assistance. In formulating its aid strategies and implementing related projects, Japan will seek close collaboration among ministries concerned and the establishment of the networks among research institutions. Furthermore, Japan will strengthen collaboration between government and other stakeholders such as NGOs, universities and research institutes, and private enterprises so as to ensure implementation of its economic cooperation in a unified and coherent manner. Japan will also strengthen monitoring and evaluation systems in order to have effective feedback for more efficient and effective implementation.